

Housing Authority of the City of Lubbock

1708 Crickets Avenue Lubbock, TX 79401 Phone (806) 762-1191 Fax (806) 765-2710



Hearing Request

Date _____

Head of Household Name: _____

Telephone #: _____

Alternate Telephone# _____

I wish to exercise my right to a review/hearing related to the following:

My Application was denied

I was removed from the Waiting List

My housing assistance is being terminated

Other

Briefly state your primary reasons for opposing the Housing Authority' Action

Please list two dates and times within the next ten calendar days that you are available for a hearing.

Date/Time 1 _____

Date/Time 2 _____

Signature