



THE HOUSING AUTHORITY OF GLOUCESTER COUNTY

REQUEST FOR APPEAL TO EXECUTIVE DIRECTOR

Head of Household: _____

Last 4 digits of Social Security #: _____ **Email:** _____

Address: _____

Phone No: _____ (home), _____ (cell)

Are you a program Participant or Applicant? _____, Program: _____

Date of denial or termination: _____

Date of Hearing: _____

The Appeal must be submitted to the Executive Director within 14 calendar days. Unless proof of extraordinary circumstances is provided, late Appeals will not be considered. Failure to submit a timely Appeal is a waiver of the right to Appeal to the Executive Director.

Provide a clear and concise statement of the reason(s) for disagreeing with the Hearing Officers' decision. All documents and evidence which support the Appeal should be attached. This may include letters from doctors, landlords, employers, rehabilitation centers, counselors, photographs, and notarized statements. If the Appeal is based on your failure to appear at the scheduled Fair Hearing, detail the reasons leading to the failure to appear and provide proof to support the failure to appear. *(you may attach any additional pages as necessary):*

Print Name

Signature

Date _____

