



JACKSON HOUSING AUTHORITY
 2747 LIVINGSTON ROAD JACKSON, MS 39213
 P.O. BOX 11327 JACKSON, MS 39283
 PHONE: 601-362-0885 FAX: 601-982-4733

HEARING REQUEST FORM

Name: _____ Telephone: _____

Mailing Address: _____

City/State _____ Zip Code: _____

Program: _____

Signature: _____ Date: _____

In accordance with the grievance policy of Jackson Housing Authority, I am requesting a grievance hearing in reference to the following information.

REASON (Check appropriate box):

Eviction

Denied Transfer Request

Lease Violation

Denied Assistance

Other (Describe): _____

PLEASE MAIL OR HAND DELIVER REQUEST TO:

Jackson Housing Authority
 2747 Livingston Road
 Jackson, MS 39213

You will be notified by mail of a scheduled hearing, that more information is needed, or that the request has been denied.

INTERNAL OFFICE USE ONLY

Hearing is scheduled for: _____ Hearing Officer: _____

Hearing WILL NOT be scheduled (explain): _____

JHA Signature: _____ Date: _____