



CHATTANOOGA HOUSING AUTHORITY

Housing Choice Voucher Program

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www.chahousing.org

REQUEST FOR AN INFORMAL APPEALS HEARING

DATE: _____

PLEASE CHECK ONE: PARTICIPANT ON THE PROGRAM
 NEW APPLICANT

PRINTED NAME: _____

ADDRESS: _____

EMAIL ADDRESS: _____

PHONE NUMBER: _____

I _____ DISAGREE WITH THE DENIAL
DECISION AND I AM REQUESTING AN APPEAL HEARING.

PLEASE STATE THE REASON YOU ARE REQUESTING AN APPEAL HEARING
FOR THE DENIAL OF RENTAL ASSISTANCE:

SIGNATURE _____