REQUEST FOR LOCAL LEVEL HEARING

_____, whose
APPELLANT'S NAME

address is _____ hereby request a hearing at the Shelby County Government Community Services Agency (1188 Minna Place, Memphis, TN 38104), level through the "Right to Appeal Process" because:

- ☐ I was not provided the opportunity to submit an application; or
- ☐ I was denied Rental/Mortgage Assistance (for reasons other than a lack of funding); or
- ☐ I did not receive notification concerning the status of my application request by the local agency within the required 30-day time period; or
- ☐ I am dissatisfied with the assistance or services; or
- ☐ Other: _____

_____ _____
Signature of Appellant or Representative Date*

**Requests for a Hearing must be mailed within 30 days of denial or receipt of assistance or services*

FOR AGENCY USE ONLY

_____ _____
Date Place

_____ _____
Time Address

_____ _____
Telephone City/County

Disposition _____ Assistance Approved in the Amount of $ _____

_____Assistance Denied-Reasons: _____

Date Appellant notified of action taken: _____

Signatures:

_____ _____
Administrator/Department Manager Date