Christopher Nunn
Commissioner

1)	Date)
	(Name)
	(Street Address)
	(City, State, Zip Code)
RE:	(Street Address) (City, State, Zip Code)
Subsidy # VO0	
Dear Participar	nt:
(time) time ofyour hea	your hearing request, a Telephonic Informal Hearing has been scheduled forat .Please follow these steps to connect to the Telephonic Informal Hearing on the scheduled day and aring: -470-582-0138 a prompted, enter the Conference #:
During the hea you will be repr	ring, you may be represented by legal counsel or others at your own expense. Please notify me if resented by counsel at the hearing. In addition, you may produce evidence and/or witnesses on If and cross examine other witnesses.
emailed to	de copies of all evidence that you intend to produce at the hearing. The information must be by Evidence not previously submitted to the Department of Community or our review prior to the hearing will not be accepted at the hearing.
order to reques	le you with an opportunity to examine all evidence that we intend to introduce at the hearing. In st complete copies of the evidence you must email a request to (email er than listed at the bottom of this letter no later than
emergency pre	le to attend this hearing you must notify me 24 hours in advance and provide documentation of the venting your attendance at the hearing. If this scheduled hearing must be canceled due to the e final hearing will be scheduled.
	el the hearing and the termination will be upheld if you fail to connect to the conference call as in 15 minutes of the scheduled time of the hearing. Hearing decisions are final and cannot be
contract unless	ake any future payments to your landlord, schedule any HQS inspections, or approve any lease or the results of the hearing require that your assistance be reinstated. You will be responsible for the of the contract rent.
If you have any	questions or require additional information, please contact me at
Sincerely,	(Phone Number)
Compliance Of	ficer
	(Phone Number)

