

EXHIBIT A

TENANT'S WRITTEN REQUEST FOR HEARING

Tenant Name: _____

Tenant Address: _____

Phone Number: _____

Date: _____

Manager's Name: _____

Please check the appropriate reason:

_____ 1. I am requesting a hearing regarding my fourteen (14) day
eviction notice.

_____ 2. I am requesting a hearing regarding my thirty (30) day
eviction notice.

_____ 3. I am requesting a hearing regarding my Maintenance
Charges.

_____ 4. I am requesting a hearing regarding my
Vacancy/Transfer/Move-out Charges.

_____ 5. I am requesting a hearing regarding my denial/rejection for
housing.

_____ 6. Other: _____

Tenant's Signature

****Under the terms of the notice you have a right to request a hearing in accordance with the Ashtabula Metropolitan Housing grievance procedure. The hearing must be requested in writing within ten (10) days of the date of the notice to 3526 Lake Avenue, P. O. Box 2350, Ashtabula, Ohio 44004, Attn: Public Housing Property Manager.**