

**United States Department of Housing and Urban Development**  
**Office of Hearings and Appeals**  
**Pro Se Appearance Form**

An original form must be completed and signed by each Person appearing in a given case NOT represented by an attorney. Please type and sign each original form. This form must be returned to OHA within three business days of receipt, as indicated in the accompanying Order.

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Docket Number:

Case Name: HUD v. \_\_\_\_\_  
First Respondent/Petitioner Only if More than One

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Name:

Mailing Address:

Home Telephone:

Work Telephone:

Cell Telephone:

Fax:

Email:

Respectfully Submitted,

Date: \_\_\_\_\_