

APPEAL FORM

You do not have to use this form to file an appeal. However, if you do not use it, please make sure that your appeal includes all the information requested on this form. The appeal, along with any required filing fee, must reach the Office of Hearing Examiner, no later than 5:00 p.m. of the last day of the appeal period.

APPELLANT INFORMATION (Person or group making appeal)

1. Appellant: 1205 NE 88th St, Lower Unit, Seattle WA
If several individuals are appealing together, list the additional names and addresses on a separate sheet and identify a representative in #2 below. If an organization is appealing, indicate group's name and mailing address here and identify a representative in #2 below.

Name Mitchell Fredericks - Donald Laporte

Address 1205 NE 88th St - Lower Unit

Seattle WA

Phone: Work: 425-931-3649 Home: 425-931-3649

Fax: _____

Email Address: Cherie.Fredericks@yahoo.com

2. Authorized Representative:

Name of representative if different from the appellant indicated above. Groups and organizations must designate one person as their representative/contact person.

Name _____

Address _____

Phone: Work: _____

Home: _____

Fax: _____

Email Address: _____

DECISION BEING APPEALED

1. Decision appealed (Departmental File or Reference #.): _____
2. Address (if any) connected to decision being appealed:
1205 NE 88th Street - Lower Unit Seattle WA 98115
3. Type of issue/decision being appealed if known (ask for assistance if unknown):

Relocation Assistance

RECEIVED BY
 2013 AUG 20 PM 2:30
 OFFICE OF
 HEARING EXAMINER

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APPEAL INFORMATION

Answer each question as completely and specifically as you can. Attach separate sheets if needed and refer to questions by number.

1. What is your interest in this appeal? (State how you are involved or affected by it)

I'm Interested in having the decision reversed. Our home is being torn down and we're requested to move. We need these funds to move. I provided all the possible information requested. I know your busy but please just take a quick min to review my request. We are struggling for these funds!

2. What are your objections to the issue being appealed? (List and describe what you believe to be the errors, omissions, or other problems and issues involved.)

I believe maybe that the Denial is a mistake. We certainly qualify for these funds. I'm thinking that the confusion possibly is the lack of work income for Don. There are no W2's taking papers for Don for income because he didn't work, he was busy recovering the after effects of an accident. He was hit by a car. I provided a statement that said I provided his support. I took what I made and divided it. Don - Me - Rent. We provided a statement from Victor's (Real properties) - a computer printout regarding his income. He does minor maintenance and repairs at this house - 1205 NE 77th. I provided - W2 Income verification and pay stubs regarding my income everything is very well documented and you will surely see that a mistake has been made, and we do qualify for this relocation assistance. Please if there are ANY questions give me a call - Michelle - 425-981-3649. If for some reason there was a question about my income, I work as a caregiver for seniors and disabled. Any paperwork can be obtained by contacting the state. I am on the Registry. Please just let me know if there's a need.

3. What relief do you want? (Specify what you want the Examiner to do: reverse the decision, modify conditions, etc.)

Reverse the decision or modify conditions, whatever is necessary to get the funds to move. These funds are a need not a want, as you will see regarding income.

Thank you for your time!

Signature

Michelle Medina

Date

Aug 17, 2013

Appellant or Authorized Representative

Deliver or mail appeal and appeal fee to:

Mailing Address: City of Seattle
OFFICE OF HEARING EXAMINER
P.O. Box 94729
Seattle WA 98124-4729

Physical Address: SEATTLE MUNICIPAL TOWER
700 5th Avenue, Suite 4000
Seattle, WA 98104

Phone: (206) 684-0521

Fax: (206) 684-0536

www.seattle.gov/examiner