



HOUSING AUTHORITY

OF THE COUNTY OF KERN

Creating brighter futures...one home, one family at a time

PLEASE READ **BEFORE** REQUESTING A HEARING/REVIEW

- This is an informal proceeding which is under oath and recorded. _____
Initial
- You have the right to be represented by an Attorney or representative. _____
Initial
- The Hearing Officer will hear the presentations of both the HACK
representative and you. _____
Initial
- You have the right to review all the documents and regulations that concern
this matter. _____
Initial
- Records are located at: **601 24th Street, Bakersfield, CA 93301**, and are
available between the hours of **8:00 a.m. and 5:00 p.m. Monday through
Thursday**, except major holidays. You must contact your Housing Specialist
to schedule an appointment to review documents. _____
Initial
- You may copy documents at your expense. _____
Initial



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REQUEST FOR HEARING/REVIEW

Name

Date: _____

Address

City/State/Zip

SECTION 8 - _____
HOUSING SPECIALIST

ASSISTED SITE DEVELOPMENT - _____
DEVELOPMENT

APPLICATIONS DEPARTMENT

Reason for Termination/Withdrawal: _____

Date of Notice: _____

*Please explain why you do not agree with the Termination/Withdrawal:

Check this box if you will need an interpreter. Language _____

Check this box if you will be represented by an attorney or representative. (Specify Name and Address).

Name: _____ Address: _____ Phone: _____

***Note:** You **MUST** explain why you do not agree with the Termination/Withdrawal.

Signature: _____

Date: _____