

# HOUSING AUTHORITY OF THE COUNTY OF KERN

## REQUEST FOR INFORMAL REVIEW OR HEARING

Head of Household

Tenant ID #

Current Mailing Address:

City

State

Zip

Email Address:

Contact Number:

I AM AN APPLICANT REQUESTING AN **INFORMAL REVIEW** BECAUSE MY APPLICATION WAS **WITHDRAWN AND DENIED FROM THE FOLLOWING PROGRAM: (Check one)**

- THE HOUSING CHOICE VOUCHER PROGRAM (**SECTION 8**)  
 LOW INCOME PUBLIC HOUSING PROGRAM (**LIPH**)

I AM A PARTICIPANT or RESIDENT REQUESTING AN **INFORMAL HEARING** BECAUSE MY **ASSISTANCE WAS TERMINATED FROM THE FOLLOWING PROGRAM: (Check one)**

- THE HOUSING CHOICE VOUCHER PROGRAM (**SECTION 8**)

\*Name of your Housing Specialist: \_\_\_\_\_

- LOW INCOME PUBLIC HOUSING PROGRAM (**LIPH**)

\*Name of Housing Manager: \_\_\_\_\_

\*Date of Notice: \_\_\_\_\_

\*Reason for Denial/Termination: \_\_\_\_\_

\*Please explain why you do not agree with the Denial/Termination:(Attach any documentation or evidence): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check this box if you will need an interpreter. Language \_\_\_\_\_

Check this box if you will be represented by an Attorney or representative.

Attorney/Representative Name: \_\_\_\_\_

Attorney/Representative E-Mail Address: \_\_\_\_\_

Attorney/Representative Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

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