

HOUSING AUTHORITY OF THE COUNTY OF KERN

REQUEST FOR INFORMAL REVIEW OR HEARING

Please print all information

| | | | |
|-------------------------|---------------|---------------------------------|-----|
| Head of Household | | Tenant ID/Last 4 Numbers of SSN | |
| Current Mailing Address | City | State | Zip |
| Contact Number | Email Address | | |

I am an **Applicant** requesting an **Informal Review/Hearing** because my application was **withdrawn**.

I am a **Participant** or **Resident** requesting an **Informal Review/Hearing** because my **assistance is being terminated**:

Name of your Housing Specialist/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 Email Address: _____

Attorney/Representative Phone Number: _____

Signature

Date

