



HOUSING AUTHORITY AND URBAN RENEWAL AGENCY OF POLK COUNTY  
 204 S.W. WALNUT, P.O. BOX 467, DALLAS, OREGON 97338  
 503-623-8387 \* FAX 503-623-6907 \* TDD 1-800-735-2900

**REQUEST FOR AN INFORMAL HEARING: Termination**

PARTICIPANT INFORMATION		
Participant Name ( <i>print</i> ): _____		Date: _____
Social Security Number: _____	Email: _____	
Home Telephone: _____	Work Telephone: _____	
Current Address: _____		
City: _____	State: _____	Zip Code: _____

I hereby request an Informal Hearing because I disagree with West Valley Housing Authority's decision regarding the determination to terminate my family's assistance. I believe I have been wrongfully terminated for the following reason(s):  
**(Please be as brief as possible. If you need more writing space, use back of form).**

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I am submitting a Request for Reasonable Accommodation, as I believe that my disability is a contributing factor to this determination. (Please attach the Request for Reasonable Accommodation Form).

**By signing below, I certify that the information above is true and complete. I understand that I must submit my Request for Informal Hearing within 10 calendar days of the Notice of Termination of Assistance.**

\_\_\_\_\_  
 Participant Signature

\_\_\_\_\_  
 Date

**FOR OFFICIAL USE ONLY**

<input type="checkbox"/>	Approve	<input type="checkbox"/>	Deny	Hearing date scheduled for: Date: _____	Time: _____
<input type="checkbox"/>	Schedule another inspection in lieu of hearing				
<input type="checkbox"/>	Warning letter in lieu of hearing: <input type="checkbox"/> Missed Inspection <input type="checkbox"/> No Utilities <input type="checkbox"/> Rescind				
<input type="checkbox"/>	Cancel hearing: _____				
<input type="checkbox"/>	Reschedule - New date: _____				
<input type="checkbox"/>	Other: _____				
<b>Hearing Held By:</b> _____					

