



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 REVIEW: *Denial of Assistance*

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

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

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 Review within 10 calendar days of the Denial of Assistance Letter.

 Applicant Signature

 Date

FOR OFFICIAL USE ONLY

<input type="checkbox"/>	Approve	<input type="checkbox"/>	Deny	Review date scheduled for: Date: _____	Time: _____
<input type="checkbox"/>	Cancel Review: _____				
<input type="checkbox"/>	Reschedule - New date: _____				
<input type="checkbox"/>	Other: _____				
Reviewed By: _____					

