



Housing Authority and Urban Renewal
Agency of Polk County

204 S.W. Walnut Avenue, Dallas, OR 97338

Phone (503) 623-8387 • Fax (503) 623-6907 • VSR (877) 326-3877

www.wvpha.org

REQUEST FOR INFORMAL HEARING - *Termination of Assistance*

PARTICIPANT INFORMATION:

Name (Please print)

Address

In response to the Notice of Termination of Assistance I received, I hereby request an Informal Hearing as I disagree with West Valley Housing Authority's decision regarding the determination to terminate my family's assistance. I believe that I have been wrongfully terminated for the following reason(s):
(Please be as brief as possible. If you require more writing space, you may use the back of this form).

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

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.

Signature

Date



