

# KIAMICHI HOUSING AUTHORITY

## REQUEST FOR AN INFORMAL HEARING/REVIEW ATTENTION: HEARING COORDINATOR

(PLEASE PRINT LEGIBLY)

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

CONTACT TELEPHONE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

I, (signature) \_\_\_\_\_ do hereby request an Informal Hearing/Review because I disagree with the proposed termination of my housing benefits. Please mail Notice for Informal Hearing/Review to the address above. I believe I have been terminated/denied wrongly because:

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Please attach copies of supporting documentation if available (Example: hospital discharge paperwork, receipts, court papers, etc...)