

# Abingdon Redevelopment and Housing Authority

190 East Main Street  
Ground Floor  
Abingdon, VA 24210



P.O. Box 248  
Abingdon, VA 24212  
276.628.5661

## **Section 8 Housing Choice Voucher**

### **INFORMAL HEARING REQUEST FORM**

I, \_\_\_\_\_, request an informal hearing/informal review  
of the termination of my Housing Choice Voucher. I do not agree with the decision to terminate  
my voucher based on the following grounds: \_\_\_\_\_

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I understand that I must submit this request to Abingdon Housing within 10 days of the date of  
the letter notifying me of the termination of my voucher. I additionally understand that failure to  
submit this request within the required time frame releases Abingdon Housing from the  
requirement to hold an informal hearing on my behalf.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date