



**Wildwood Housing Authority**  
**3700 New Jersey Avenue**  
**P.O. Box 1379**  
**Phone: 609-729-0220 - Fax: 609-729-4168**  
**TDD: 1-800-545-1833 Ext. 851**  
[www.wildwoodhousing.org](http://www.wildwoodhousing.org)

**REQUEST FOR HEARING**

**In Accordance with the provisions of the Hearing Policy of the Wildwood Housing Authority, I am requesting a hearing for the following action:**

REASON (Check off appropriate box):

- |  |  |
|--|--|
| <input type="checkbox"/> The non-payment of rent         | <input type="checkbox"/> Lease violation (NTQ - cause eviction)        |
| <input type="checkbox"/> Lease Violation (NTC)           | <input type="checkbox"/> Denied request for reasonable accommodation ☒ |
| <input type="checkbox"/> Remove off Trespass list        | <input type="checkbox"/> Denied request for addition to household      |
| <input type="checkbox"/> Denied Transfer                 | <input type="checkbox"/> Denied applicant – Due to Criminal record     |
| <input type="checkbox"/> Denied applicant – Due to Fraud | <input type="checkbox"/> Other: _____                                  |
|  | _____  |

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Requestors Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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DO NOT WRITE BELOW THIS LINE

Date Request Received: \_\_\_\_\_