



BOSTON HOUSING AUTHORITY
 Occupancy Department
 52 Chauncy Street, Floor 3
 Boston, Massachusetts 02111

Phone: 617-988-4200
 Fax: 617-988-4214
 TDD: 800-545-1833 x420
 www.BostonHousing.org

This information is available in alternative format upon request.

PUBLIC HOUSING DIVISION

REQUEST FOR INFORMAL HEARING

APPLICANT'S NAME (Print) _____

CLIENT # _____ SOCIAL SECURITY NUMBER _____

MAILING ADDRESS _____ Apt _____

City _____ State _____ Zip Code _____

PLEASE CHECK THE BOX IF THIS IS A NEW MAILING ADDRESS

Applicant's Signature: _____ Date _____

APPEAL STATUS:

- | | |
|---|--|
| <input type="checkbox"/> Denied Priority Status | <input type="checkbox"/> Withdrawal of Application – Housing offer refusal |
| <input type="checkbox"/> Denied Preference | <input type="checkbox"/> Withdrawal - Failure to provide eligibility documents on time |
| <input type="checkbox"/> Denied Good Cause | <input type="checkbox"/> Withdrawal - No Response |
| <input type="checkbox"/> Denied Reasonable Accommodations | <input type="checkbox"/> Withdrawal – Failure to keep scheduled appointment |
| <input type="checkbox"/> Denied SPAR Status | <input type="checkbox"/> Withdrawal – Failure to respond to Housing Update |
| <input type="checkbox"/> Denied Residual Tenancy | <input type="checkbox"/> Withdrawal – Post Office returned mail – Failure to provide current mailing address |
| <input type="checkbox"/> Ineligible for Public Housing | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Ineligible– Over Income | |
| <input type="checkbox"/> Ineligible – Rent Arrearage | |
| <input type="checkbox"/> Ineligible for Federal Public Housing – Immigration Status | |

Please list attorney, service agency or medical provider(s) that will be representing you at the informal hearing. List mailing address: _____

Telephone number(s): (_____) _____

PLEASE PROVIDE YOUR OWN INTERPRETER, IF NECESSARY.

PLEASE MAIL REQUEST TO:

Boston Housing Authority
 Department of Grievances & Appeals
 52 Chauncy Street, 9th Floor
 Boston, MA 02111

For your information the Department of Grievance & Appeals: Telephone number: **(617) 988-4579**
 Fax number: **(617) 988-4301**

DO NOT WRITE BELOW THIS LINE

Date Request Received _____
 Hearing Date _____ Hearing Number _____