



**BOSTON HOUSING AUTHORITY**  
 Occupancy/Leased Housing Department  
 52 Chauncy Street, Floor 3  
 Boston, Massachusetts 02111

Phone: 617-988-4579  
 Fax: 617-988-4301  
 TDD: 800-545-1833 x420  
 www.BostonHousing.org

This information is available in alternative format upon request.

**LEASED 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: \_\_\_\_\_

**APPEAL STATUS:**

- Denied Priority One Status
- Denied Preference
- Denied Reasonable Accommodations
- Eviction from federally assisted housing for serious and repeated violation(s)
- Eviction from federally assisted housing for drug-related criminal activity with the last three (3) years
- Fraud
- Ineligible – Immigration Status
- Ineligible – Money currently owed to BHA or another Authority for a federal housing program
- Ineligible – Section 8 assistance because of Negative CORI check
- Over-income for the Section 8 Program
- Withdrawal from Waiting List – Failure to keep scheduled appointment
- Withdrawal from Waiting List – Failure to provide Eligibility Document in time prescribed
- Withdrawal from Waiting List – No Response
- Withdrawal from Waiting List – Post office returned mail; Failure to provide current mailing address
- Other Denial of Section 8 Assistance: \_\_\_\_\_

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

**PLEASE PROVIDE YOUR OWN INTERPRETER, IF NECESSARY.**

**PLEASE MAIL REQUEST TO:**

Boston Housing Authority  
 Department of Grievances & Appeals  
 52 Chauncy Street, 9<sup>th</sup> Floor  
 Boston, MA 02111-02375

**PLEASE SEE REVERSE SIDE FOR REASONABLE ACCOMODATIONS INFORMATION.**

**DO NOT WRITE BELOW THIS LINE**

Date Request Received \_\_\_\_\_  
 Hearing Date \_\_\_\_\_ Hearing Number \_\_\_\_\_

**REASONABLE ACCOMMODATION:**

If you have a disability that could affect your participation at the informal review, you have the right to request a reasonable accommodation. For example, if you have a hearing impairment, you may ask the BHA to provide a sign language interpreter. Request for reasonable accommodation shall be made in writing and shall state specifically the nature of the accommodation requested. The written request must be made no less than forty-eight (48) hours before the scheduled hearing. A Civil Rights Hearing Officer will either make the requested arrangement or advise you before the hearing that the request has been denied.