REQUEST FOR HEARING

Return completed form to:

Cambridge Housing Authority
Office of General Counsel
362 Green Street
Cambridge, MA 02139

Applicant/Participant Name

Applicant/Participant Address       City      State   Zip Code

I, ________________________________, am requesting a hearing because I disagree with the following decision made against me by CHA:

- [ ] Denied emergency housing
- [ ] Termination or other action related to the Federal voucher program
- [ ] Denied a Hardship Waiver
- [ ] Denied public housing after reconsideration
- [ ] Denied transfer
- [ ] Rent calculated incorrectly
- [ ] Terminated from state voucher program
- [ ] Legal or other adverse action initiated by CHA

Why do you disagree with Cambridge Housing Authority’s decision? Please describe what happened in detail including, if appropriate, any dates and names of CHA staff with whom you spoke or corresponded about the situation. Please write as neatly as possible. Please use the back of this form if you need more room.

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Signature of Applicant/Participant    Date    Telephone Number