CAMBRIDGE HOUSING AUTHORITY

675 Massachusetts Avenue
Cambridge, MA 02139
www.cambridge-housing.org
TDD 800 545 1833 x112

Una versión en Español de este documento está disponible en su Oficina de Gestión, en la Oficina Central del CHA o en la página web de CHA: www.cambridge-housing.org
Yon vèsyon Kreyòl Ayisyen pou dokiman enpòtan sa-a disponib nan Biwo Administrasyon-a, nan Biwo Santral CHA, epi nan sit intènèt CHA: www.cambridge-housing.org.
A versão em Português deste documento está a sua disposição no seu Escritório de Gerencia, no Local Central de Gerencia do CHA, e no Website do CHA: www.cambridge-housing.org

REQUEST FOR HEARING

Return completed form to:

Cambridge Housing Authority
Office of General Counsel
675 Massachusetts Avenue
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:

Conference Panel	**Grievance Panel**
☐ Denied emergency housing	☐ Denied transfer
☐ Termination or other action related to the Federal voucher program	☐ Rent calculated incorrectly
☐ Denied a Hardship Waiver	☐ Terminated from state voucher program
☐ Denied public housing after reconsideration	☐ 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