



**BOSTON HOUSING AUTHORITY**

52 Chauncy Street  
Boston, Massachusetts 02111

Phone: 617-988-4000  
TDD: 800-545-1833 x420  
www.BostonHousing.org

**DEPARTMENT OF GRIEVANCES AND APPEALS  
REQUEST FOR INFORMAL HEARING  
SECTION 8 APPLICANT**

\*PLEASE PRINT\*

APPLICANT'S NAME \_\_\_\_\_

BHA CLIENT # \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_  
Street and apartment number

\_\_\_\_\_  
City, State, zip code

TELEPHONE # ( \_\_\_\_\_ ) \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

ADVOCATE (if you would like a copy of the hearing notice to be sent to your advocate):

\_\_\_\_\_  
Agency and advocate's name

\_\_\_\_\_  
Complete mailing address (street, suite #, city, state, zip code)

\_\_\_\_\_  
Telephone #

REASON FOR APPEAL (if known):

- Application withdrawn
- Priority / Preference denial
- Ineligible for public housing
- Reasonable Accommodation denial
- Other \_\_\_\_\_
- Reconsideration of hearing decision

**RETURN HEARING REQUEST FORM TO  
THE DEPARTMENT OF GRIEVANCES AND APPEALS:**

52 Chauncy St., 9<sup>th</sup> Floor  
Boston, MA 02111

FAX: (617) 988-4301

You may call the Department of Grievances and Appeals if you have any questions: (617) 988-4579

**BHA USE ONLY - DO NOT WRITE BELOW THIS LINE**

Date received: \_\_\_\_\_ Reason: \_\_\_\_\_

Notes: \_\_\_\_\_

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