



**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 PARTICIPANT**

\*PLEASE PRINT\*

PARTICIPANT'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):

- Proposed termination of assistance
- Income / Rent Share determination
- Unit size determination
- Residual Tenancy denial
- Reasonable Accommodation denial
- Other \_\_\_\_\_

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

Leasing Officer: \_\_\_\_\_ Date PT sent: \_\_\_\_\_

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