



Request for Hearing/Review

Participant: _____

Date: _____

Current Address: _____

City, State, ZIP: _____

Phone Number: _____

Email Address: _____

I hereby request a hearing/review because I disagree with:

- The termination of my voucher**
- The determination of my income for use in calculating my rent share** (For instance, I believe that Metro Housing overestimated how much income I receive per year. Or, I have medical expenses which should be deducted from my income)
- A fair housing determination letter denial**
- Other** (please specify): _____

Please note: Not all requests are subject to a hearing. Participants may not appeal certain decisions, such as contract rent increases or voucher expirations. If you have questions about which decisions are subject to appeal, please contact the Leased Housing Gateway at (617) 425-6611 or gateway@metrohousingboston.org.

Below, please briefly explain why you would like to appeal. If you need additional space, please write on the back of this form.

Please return this form to:

Appeals Administrator
Metro Housing|Boston
1411 Tremont Street
Boston, MA 02120
Fax: 617-532-7689
Email: Gateway@metrohousingboston.org



Metro Housing
B O S T O N

People First. Housing Always.

Statement (continued):

Name: _____

Date: ____/____/____
