Metro Housing™
BOSTON
People First. Housing Always.

Request for Hearing/Review

Please return this form to:
Appeals Administrator
Email: appeals@metrohousingboston.org
Fax: 617-532-7631
OR Mail to: Metro|Housing at the address below.

Participant: _____

Date: _____

Current Address: _____ Apt./Unit #_____

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 rent share** (I believe that Metro Housing overestimated how much income I receive, or I informed Metro of my medical expenses which they did not include/deduct from the calculation)
- □ **A fair housing determination letter denial**
- □ **Other** (please specify):_____

PLEASE NOTE: Participants cannot appeal certain decisions, such as a contract rent increase, the expiration of your voucher, or changes in policies and procedures. If you have questions about which decisions you can 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.

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Metro Housing™
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Statement (continued):

Name: _____ Date: ___/___/___

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1411 Tremont Street, Boston, MA 02120-3401
Phone 617-859-0400 | Toll-Free 800-272-0990 | MetroHousingBoston.org