



## **Request for Hearing/Review**

Please return this form to:  
Appeals Coordinator  
Email: [appeals@metrohousingboston.org](mailto:appeals@metrohousingboston.org)  
Fax: 617-532-7631  
OR Mail to: MetroHousing 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 Appeals Coordinator at [appeals@metrohousingboston.org](mailto:appeals@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<sup>TM</sup>

**People First. Housing Always.**

**Statement (continued):**

Name: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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