



Una versión en Español de este documento está disponible en su Oficina de Gestión, en la Oficina Central del CHA o en la página web de CHA: www.cambridge-housing.org  
Yon vèsyon Kreyòl Ayisyen pou dokiman enpòtan sa-a disponib nan Biwo Administrasyon-a, nan Biwo Santral CHA, epi nan sit intènèt CHA: www.cambridge-housing.org.  
A versão em Português deste documento está a sua disposição no seu Escritório de Gerencia, no Local Central de Gerencia do CHA, e no Website do CHA: www.cambridge-housing.org

### REQUEST FOR HEARING

Return completed form to:

Cambridge Housing Authority  
Office of General Counsel  
362 Green Street  
Cambridge, MA 02139

Applicant/Participant Name

Applicant/Participant Address City State Zip Code

I, \_\_\_\_\_, am requesting a hearing because I disagree with the following decision made against me by CHA:

#### Conference Panel

#### Grievance Panel

- |   |   |
|---|---|
| <input type="checkbox"/> Denied emergency housing   | <input type="checkbox"/> Denied transfer                                |
| <input type="checkbox"/> Termination or other action related to the Federal voucher program | <input type="checkbox"/> Rent calculated incorrectly                    |
| <input type="checkbox"/> Denied a Hardship Waiver   | <input type="checkbox"/> Terminated from state voucher program          |
| <input type="checkbox"/> Denied public housing after reconsideration                        | <input type="checkbox"/> Legal or other adverse action initiated by CHA |

Why do you disagree with Cambridge Housing Authority's decision? Please describe what happened in detail including, if appropriate, any dates and names of CHA staff with whom you spoke or corresponded about the situation. Please write as neatly as possible. Please use the back of this form if you need more room.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Applicant/Participant

Date

Telephone Number

