



Massachusetts Department of Housing and Community Development
 Division of Housing Stabilization, 100 Cambridge Street, Suite 300, Boston, MA 02114

Temporary Emergency Shelter Interruption Request Form

Today's Date: _____

EA Household Family Name:

TESI Exp. Date: _____

Last 4 Digits of SSN:

My family and I will leave _____
 Name of Shelter

on _____ for no more than 30 days and temporarily move to:
 Date

 Street Address City, State

for one of the following reasons (please attach documentation):

- Death in family.
- Other-area employment.
- Medical treatment for an EA family member.
- Resolution of legal issues.
- Re-housing is imminent (within 30 days).
- EA Household has lost custody of all needy children under the age of 18.

We will move in with:

- relatives, _____
 Please provide full name.
- friends, _____
 Please provide full name.
- other, _____
 Please provide name and specify purpose, i.e., domestic violence shelter, or treatment program

How many people live there? _____ Private Housing Public Housing Subsidized Housing

Additional statement to describe the need to leave current shelter placement:

Request for up to one 30-day extension must be made in writing to DHS before expiration date of this TESI approval.

Approved Not approved Extension

EA Participant Signature

DHS Associate Director or Designee Signature

 Please print name.