



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

**HomeBASE
NOTICE
REGARDING LEVEL AND TYPE OF HOMEBASE BENEFIT**

Date: _____ Administering Agency _____

Name of Recipient: _____

Last 4 of SSN: _____

Address, City and Zip:

This notice is to inform you that based on a HomeBASE assessment you have been approved for the following benefits (check all that apply):

List and describe all benefits provided, including dollar sum of each benefit item/activity:

Household Assistance (rent or utility arrearages, payments to offset housing costs, furniture, or other assistance necessary to maintain housing):

See Program Guidance, Attachment A for the definition of allowable expenses.

Out-of-State Relocation Assistance _____

Moving Assistance (First, Last, and Security Deposit)

Capped at one time per year. See 760 CMR 65.00 for exceptions.

Note: Household Assistance may be granted in an amount not greater than \$4000 in the first year of program participation, with a \$200 per year declining benefit in subsequent years.

Rental Assistance: _____

Note: Household contribution towards Rent and Utilities not to exceed 35 percent of household's gross income.

Temporary Accommodation: _____

Explanation of Benefit Type (describe or attach the assessment of how benefit determination was made):

If you are requesting a **reasonable accommodation** to a disability in regard to your HomeBASE benefits determination, please specify on reverse side of form.

HB Provider/ Authorized Signer's Signature

Printed Name

APPEAL REQUEST

I, _____, hereby request an appeal concerning the above decision. (See next page for information about Appeal Rights.) Requests for a **reasonable accommodation** to a disability in regard to a HomeBASE benefits determination should be specified on the reverse side of form. The reasons for this appeal are:

Signature

Date

Phone number

Original and Copy to HomeBASE applicant family and Copy to client File at HomeBASE Administering Agency and to DHCD.

Appeal Rights

If you have trouble reading or understanding this notice, please feel free to call your HomeBASE Administering agency at _____. If you cannot locate or contact the agency, you can call the Department of Housing and Community Development (DHCD) at 617.573.1100. They can help explain it to you.

If you would like to review the information or documentation supporting the decision above, please contact your HomeBASE administering agency.

Right to Appeal

You have the right to an administrative hearing at a HomeBASE administering agency to challenge an action or decision about your case. The Participant (“Appellant”) may make a written request for a hearing to the administering agency, which must be received by the administering agency at its mail office, by mail or other means of delivery, within seven (7) calendar days after a notice of action by the administering agency has been given to the Participant.

How to Appeal

If you want your case reviewed, fill in the appeal request included on this form and mail or fax the entire form to your HomeBASE administering agency *to ensure that it is received seven (7)*

calendar days after a notice of action by the administering agency has been given to Participant at:

[Insert Administering Agency name, address, telephone number, fax number, and email address here.].

When the Appeal Will Be Held

The administering agency shall schedule such a hearing on a date within fifteen (15) days from the date of a request for a hearing and shall give written notice of not less than three (3) business days of the time and place to the Appellant. The Appellant can only change the hearing date if he/she have a good reason (good cause), which should be documented in writing. To ask for a change in the hearing date for good cause, call or write the administering agency. If you miss the hearing without good cause, you may lose your rights to a hearing.

Written Decision

Within fourteen (14) days following the hearing or as soon thereafter as reasonably possible, the hearing officer at the HomeBASE Administering Agency will provide the Appellant with a written decision.

Case Review by the Department of Housing and Community Development (DHCD)

By filing a request received by the Department within seven (7) calendar days of mailing or other delivery of the hearing officer's decision, the Appellant or the administering agency may request review of the decision by the Department.

Upon receipt of a request for review, the Department shall, within three (3) business days, notify the Appellant and the administering agency that they may submit written documentation in regard to whether the hearing officer's decision should be upheld, set aside, modified, or remanded. This documentation must be submitted within seven (7) calendar days from the Department's request for more information.

After the expiration of the time for submission of documentation, the Department shall promptly decide whether to uphold, set aside or modify the hearing officer's decision. The decision of the Department shall be in writing and shall explain its reasoning if the decision does not uphold the hearing officer's decision.

If a written decision is not rendered within fifteen (15) days from the expiration of the time for submission of documentation, the decision of the hearing officer shall be upheld.

Your Right to Get Help for the Appeal

You have the right to bring an attorney or anyone else as your representative to the hearing. To try to get free legal help for your hearing, contact legal services or other community agencies. For contact information for legal services providers covering your area, you can call the Legal Advocacy Resource Center (LARC) at 1-800-342-5297. Your local HomeBASE administering agency office can give you information about community agencies in your area.

You or your representative have the right to see your case file before the hearing, to bring witnesses and present evidence at the hearing, and to question (cross-examine) witnesses against you. The hearing officer must make a decision based on all the evidence presented.

If you do not speak, understand, read, or write English well and want an interpreter, please write this on your case review conference request or call _____, as soon as possible before the hearing. Agency specific TTY and translation information can be accessed at: _____.

You have the right to request assistance as a *reasonable accommodation on the basis of disability*. Your HomeBASE administering agency will work with you to see if a reasonable accommodation can be provided. Although you can ask for a reasonable accommodation at any time, it is best to do it as soon as possible. If your reasonable accommodation request is denied, you can ask your administering agency to reconsider. If that reconsideration request is denied, you can file a complaint with an agency that enforces rights of disabled persons such as the Massachusetts Commission Against Discrimination or the U.S. Department of Justice.

If you are requesting a **reasonable accommodation** for a disability, please detail your request below. Please use additional sheets if necessary.

Nondiscrimination Notice for Clients

Under federal and state law the Massachusetts Department of Housing and Community Development does not discriminate on the basis of race, color, sex, sexual orientation, national origin, religion, creed, age, disability, familial status, children, marital status, military/veteran status, receipt of public assistance/housing subsidy, ancestry, and genetic information.

For help with these matters, we encourage you to contact the Associate Director, Division of Housing and Stabilization, DHCD, 100 Cambridge St., 4th Fl., Boston, MA 02114, Tel. (617) 573-1370, TTY (617) 573-1140 for the Deaf or hard-of-hearing.

My authorized representative is:

Name _____ Title _____

Address _____

Telephone () _____

A Spanish language version of this document is available from your HomeBASE provider upon request.

Una versión en español de este documento está disponible a través de su proveedor o su coordinador de personas sin hogar si usted lo solicita.

Certificate of Service of Notice Regarding Level and Type of HomeBASE Benefit

On _____ [date], I served a copy of the attached Notice Regarding Level and Type of HomeBASE Benefit, on _____ [Name of Head of Household] by:

- 1. Serving the Notice in hand to the Head of the Household: _____; or
- 2. Serving the Notice in hand to an adult household member of the HomeBASE Household: _____ [Name of recipient]. In addition, at the same time, I (a) left a copy of the Notice for the Head of the Household under the door of his/her unit, and (b) mailed a copy of the same to the Head of the Household at the unit by first-class mail, postage pre-paid;
- 3. Serving the Notice by leaving the same under the door of the unit of the Household. In addition, at the same time, I mailed a copy of the same to the Head of the Household at the unit by first-class mail, postage pre-paid; or
- 4. Serving the Notice by mailing the same to the Head of the Household at the unit by first-class mail, postage pre-paid.

signature

printed name and title

Acknowledgment of Receipt (to be used only for alternatives 1 or 2 above)

By signing below, I acknowledge that I received the Notice Regarding Level and Type of HomeBASE Benefit on _____ [date].

Signature

Printed Name of HomeBASE Adult Household Member

- If an Adult Household member is served in hand but refuses to sign the Acknowledgment of Receipt, check here.