



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

**NOTICE OF TERMINATION
 of HomeBASE BENEFITS**

Date: _____ HomeBASE Administering Agency _____

Name: _____ Last four of SSN: _____

Address, City and Zip: _____

Your HomeBASE assistance is **terminated** effective _____ (no less than 14 days from the date of this notice), for the reason(s) stated below.

If you disagree with this decision, you should appeal right away (See below).

The reason(s) for this termination are:

- You or a member of your family engaged in criminal conduct. 760 CMR § 65.05 (A) (f).
- A guest of your family engaged in criminal conduct. 760 CMR § 65.05 (A) (g).
- You, or a member or guest of your family possessed a lawful firearm in your unit, the building, or on the building's grounds. 760 CMR § 65.05 (A) (h).
- You or a member or guest of your family destroyed someone else's property in your unit, in the building, or on the building's grounds. 760 CMR § 65.05 (A) (i).
- You or a member or guest of your family engaged in conduct that constitutes a health and/or safety threat. 760 CMR § 65.05 (A) (j).
- Your family failed to use the HomeBASE unit as your primary residence. 760 CMR § 65.05 (A) (k).
- You abandoned your HomeBASE unit. 760 CMR § 65.05 (A) (l).
- A person who is not an authorized member of your family resided in the HomeBASE unit without permission. 760 CMR § 65.05 (A) (m).
- You committed fraud while on the HomeBASE program or failed to adequately inform your administering agency of your income, assets, and family composition, and/or failed to report changes to income or assets within 10 days of a change. 760 CMR § 65.05 (A) (n).
- You rejected an offer of safe, permanent housing, as defined in 106 CMR § 309.040(D)(2), without good cause, as defined in 106 CMR § 309.040(F)(1)(b). 760 CMR § 65.05 (A) (o).
- You failed to pay your rent on a timely basis and have not repaid your landlord in full or agreed to a repayment plan with you landlord. 760 CMR § 65.05 (A) (p).
- You failed to provide documentation for your annual recertification. 760 CMR § 65.05 (A) (q).
- Your family has become categorically ineligible for HomeBASE assistance, including if your family income exceeds 50 percent of Area Median Income. 760 CMR § 65.05 (A) (r).
- You violated your lease, your stabilization plan, or your Program Participation Agreement (including the Temporary Accommodation Rules) on 2 or more occasions. 760 CMR § 65.05 (A) (c), (d), (e).

Administering agency explanation: If termination of benefits is based on violation(s) of HomeBASE Program Guidance or Regulations, the administering agency must set forth who, what, where, when, and how, including dates (include extra pages if necessary). If the decision is based on 2 or more violations of the lease, stabilization plan, and/or program participation agreement (including Temporary Accommodation Rules), enclose copies of all written documentation of the prior violations:

If you would like to review the information or documentation supporting the administering agency's decision, please contact your HomeBASE Manager _____ at

Printed Name

Phone Number

APPEAL REQUEST - IMPORTANT: YOU HAVE ONLY A FEW DAYS TO APPEAL. A FINDING OF A VIOLATION OF HOMEBASE PROGRAM GUIDANCE OR REGULATIONS ALSO MAKES YOU INELIGIBLE FOR EA TEMPORARY EMERGENCY SHELTER FOR 12 MONTHS IF YOU RECEIVED NON-RENTAL ASSISTANCE IN THE FORM OF RENT ARREARS, PAST DUE UTILITY CHARGES, OR EXTRAORDINARY MEDICAL BILLS AND 24 MONTHS FOR HOMEBASE RENTAL ASSISTANCE.

If you disagree with this decision, you have the right to an appeal. The reverse side of this notice contains important information about your rights, including the right to request a reasonable accommodation for a disability. To appeal, complete the section below.

I, _____, hereby request an appeal regarding the above decision. The reasons for this appeal (including any asserted good cause defenses) are:

Signature

Date

Phone number

Original & 1 Copy to HomeBASE family - Copies to Administering Agency and 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 on the opposite side, 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 applicant or Participant. Any notice to be delivered by the United States Postal Service shall be deemed received by a Participant three (3) business days after mailing by the Department or an administering agency.

How to Appeal

If you want your case reviewed, fill in the appeal request included on this form and mail, fax, or hand-deliver the entire form to your HomeBASE administering agency to ensure that it is received *within seven (7) calendar days after a notice of action by the administering agency has been given to applicant or Participant*. The appeal request should be send or delivered to:

[Insert administering agency name, address, telephone number, fax number, and email address here].

When the Appeal Will Be Held

The administering agency will schedule such a hearing on a date within fifteen (15) days from the date of a request for a hearing and will give you written notice of not less than three (3) business days of the time and place of the hearing. You can only change the hearing date if you 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 you with a written decision.

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.

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 () _____

**Certificate of Service of Notice of Termination of
HomeBASE Benefits**

On _____ [date], I served a copy of the attached Notice of Termination, on
_____ [Name of Participant/Head of Household] by:

- 1. Serving the Notice in hand to the Participant/Head of the Household: _____; or
- 2. Serving the Notice in hand to an adult family member of the HomeBASE family: _____
_____ [Name of recipient]. In addition, at the same time, I (a) left a copy of the Notice for the
Participant/Head of the Household under the door of his/her unit, and (b) mailed a copy of
the same to the Participant/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 family. In addition,
at the same time, I mailed a copy of the same to the Participant/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 Participant/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 attached Notice of Termination on _____
[date].

signature

Printed Name of HomeBASE Adult
Family Member

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