



**NOTICE OF APPROVAL or DENIAL FOR EMERGENCY ASSISTANCE (EA) and HomeBASE REFERRAL**

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

Field Office: \_\_\_\_\_  
 SSN (last four (4) digits): \_\_\_\_\_

Address, City and Zip: \_\_\_\_\_

This notice is to inform you that your request to be determined eligible for:

- EA  EA Presumptive Eligibility
- Is approved  Is denied

Responses to a Request for HomeBASE Referral:

- You are being referred to HomeBASE because you were determined eligible for EA and are also eligible for HomeBASE.
- You were determined eligible for EA, but are not being referred to HomeBASE because:
  - your 24-month HomeBASE rental assistance benefit was completed in the past 12 months,  you received HomeBASE cash assistance in the past 12 months, or  you received more than \$4000 in assistance from RAFT in the past 12 months.
- You are being referred to HomeBASE because you are currently receiving EA benefits and you are eligible for HomeBASE.
- You are currently receiving EA benefits, but are not being referred to HomeBASE because:  you received a noncompliance notice, other than for a hotel rule violation, within the past six months, or  you have EA benefits for more than 32 weeks.

If eligibility is denied, please mark below all reasons for ineligibility that apply:

**Reasons for Ineligibility:**

- You did not become homeless due to one of the following qualifying reasons: domestic violence; flood, fire, or natural disaster; “no fault” (foreclosure or condemnation) or excused fault (loss of income, medical expenses, etc.) eviction; or health and safety risk. 760 CMR 67.06(1)(a).
- You did not complete required verifications within 30 days of EA presumptive placement. 760 CMR 67.06(1)(c).
- You did not complete your application within 30 days of initial request for assistance. 760 CMR 67.06(1)(c).
- You did not provide basic verifications of identity (including Massachusetts residency) & relationship. 760 CMR 67.03(3).
- You did not present as a household with children or a pregnant woman. 760 CMR 67.02(1)(a),(b).
- Your income is above the maximum income limit. 760 CMR 67.02(5)(c).
- No member of your household is a citizen, permanent resident, or individual permanently residing in the United States under color of law. 760 CMR 67.02(7).
- Alternative feasible housing is available to you. 760 CMR 67.06(1)(b).
- An adult household member refused employment without good cause. 760 CMR 67.02(2).
- An adult household member terminated employment or reduced hours of employment within the past 90 days without good cause. 760 CMR 67.02(3).
- Your household’s assets exceed in value the household asset limit. 760 CMR 67.02(6)(a).
- You transferred assets within the past year to become eligible. 760 CMR 67.02(8).
- A member of your household has an outstanding warrant. 760 CMR 67.02(11).
- You received Emergency Assistance benefits, or refused an EA placement within the past 12 months. 760 CMR 67.06(1)(d).
- You were terminated from the HomeBASE program for cause within the past 24 months. 760 CMR 65.03(4)(a).

You became homeless for one or more of the following reasons:

- You became homeless to make yourself eligible for EA. 760 CMR 67.06(2)(a).
- You became homeless to obtain a housing subsidy. 760 CMR 67.06(2)(b).
- You abandoned public or subsidized housing within the past year without good cause. 760 CMR 67.06(2)(c).
- You were evicted from public or subsidized housing within the past three years for nonpayment of rent or fraud. 760 CMR 67.06(2)(c).
- You were evicted from private, public, or subsidized housing for criminal activity or destruction of property. 760 CMR 67.06(2)(d),(e).
- You did not cooperate with an EA or non-EA Housing Assistance Program, including a non-EA shelter. 760 CMR 67.06(2)(g).

You were asked to leave three Teen Living Programs or you refused to accept placement in a Teen Living Program. 760 CMR 67.06(2)(h).

**Please explain:** State who, what, where, and when, including date(s). \_\_\_\_\_

If you claim **good cause** for the actions that led to your denial or are requesting a **reasonable accommodation** to a disability, please specify on reverse side of form.

\_\_\_\_\_  
Homeless Coordinator's Signature

\_\_\_\_\_  
Supervisor's Signature

**APPEAL REQUEST**

I, \_\_\_\_\_, hereby request a hearing of the above decision before a Hearing Officer. (See next page for information about Appeal Rights).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone number

**Appeal Rights**

If you have trouble reading or understanding this notice, please feel free to call the Division of Housing Stabilization (DHS) at 1-877-418-3308. We can help explain it to you.

If you would like to review the information or documentation supporting the Division’s decision, please contact your Homeless Coordinator at \_\_\_\_\_ or call the Division at 1-877-418-3308.

**Your Right to Appeal**

You have the right to a hearing with a Hearing Officer to challenge an action or decision by the Massachusetts Department of Housing and Community Development about your case.

**How to Appeal**

If you want a hearing, fill in the above form and mail, fax or email the entire form to us at: Massachusetts Department of Housing and Community Development, Hearings Division, 100 Cambridge Street, Suite 300, Boston, MA 02114; fax to 617-573-1515 or email to DHCDEAHearings@massmail.state.ma.us (if you are able to scan).

If we receive your hearing request within 10 days from the date of this notice, and you have been placed presumptively in EA pursuant to 760 CMR 67.06(1)(c), you can keep your shelter benefits while you are waiting for your hearing and the decision. We must receive your hearing request no later than 21 days from the date of this notice or you will not get a hearing.

**When the Hearing Will Be Held**

Your hearing will be held as soon as possible. You will get notice at least two days in advance of the date, time and place for the hearing. You can only change the hearing date if you have a good reason (good cause). To ask for a change in the hearing date for good cause, call the Hearings Division at (617)-573-1528 or 1-877-418-3308. If you miss the hearing without good cause, you may lose your rights to a hearing.

**Your Right to Get Help for the Hearing**

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 DHS 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 hearing request or call the Hearings Division at (617)-573-1528 (TTY (617)-573-1140 for the Deaf or hard-of-hearing) , as soon as possible before the hearing.

You have the right to request assistance as a *reasonable accommodation on the basis of disability*. Your Homeless Coordinator 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 us to reconsider through the Central Office ADA Accommodation Team. If that reconsideration request is denied, you can appeal to the Division of Hearings, Office of the Chief Counsel, DHCD, or 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.

\_\_\_\_\_  
\_\_\_\_\_

If you claim **good cause** for the actions that led to your denial, please specify here:

\_\_\_\_\_  
\_\_\_\_\_

**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 Division of Housing and Stabilization, DHCD, 100 Cambridge St., Suite 300, Boston, MA 02114, Tel. (617) 573-1370 or (877) 418-3308, TTY (617) 573-1140 for the Deaf or hard-of-hearing.

**My authorized representative is:**

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

Telephone (     ) \_\_\_\_\_