

Massachusetts Section 8 Housing Choice Voucher Centralized Waiting List

Request to Reinstate Application

This form should be used only by an applicant who was removed from the waiting list by the waiting list administrator due to no response to an update mailing, and believes he/she was removed in error. Requests for reinstatement will not be considered without supporting documentation. No other requests will be accepted. If your application was removed by a participating housing authority, please contact that housing authority for an appeal.

DATE: _____

NAME: _____

SOCIAL SECURITY NO. _____ - or - APPLICANT ID NO. _____

ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

I recently discovered that my application was removed from the Massachusetts Section 8 Centralized Waiting List because I did not respond a waiting list update mailing. I would like to appeal that decision for the following reason:

I did not receive the update mailing because my address was never changed by the housing authority.

I moved on _____ [date] and sent a change of address to the _____ [name of housing authority] Housing Authority.

**A copy of the change of address is included.*

I did not receive the update mailing because the post office didn't deliver it.

I never moved and have been at the same address since _____ [date]

**A copy of a piece of mail sent to me successfully at the above address is included.*

I missed the deadline because

**Proof of the above special circumstances is included.*

Send completed form and documentation to:

Mass. Sec. 8 Centralized Waiting List

ATTN: Waiting List Update

P.O. Box 308

Dedham, MA 02027

or fax to: 617-720-2529

**Requests for reinstatement will not be considered without supporting documentation*

This request is only valid for removal related to an update mailing. No other requests will be accepted.