

Una versión en Español de este documento está disponible en la Oficina Central del CHA o en la página web de CHA: [www.cambridge-housing.org](http://www.cambridge-housing.org)  
Yon vèsyon Kreyòl Ayisyen pou dokiman enpòtan sa-a disponib nan Biwo Santral CHA, epi nan sit intènèt CHA: [www.cambridge-housing.org](http://www.cambridge-housing.org).  
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## EMERGENCY STATUS APPLICATION DENIAL OF PREFERENCE

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Applicant Address

\_\_\_\_\_  
City State Zip

Dear \_\_\_\_\_,

Your application for emergency status has been reviewed by staff. The CHA regrets to inform you that you do not meet the requirements for a preference to apply for emergency status.

To qualify for a preference you must be:

- A permanent resident of Cambridge (this includes Congregate Housing and Single Room Occupancy [SRO] located in Cambridge), or the applicant is temporarily living with relatives and or friends in Cambridge and their last permanent residence was in Cambridge
- A victim of domestic violence and the incident occurred in Cambridge
- Living in a Cambridge shelter or transitional facility or was living in a Cambridge shelter or transitional facility and was relocated by the Department of Transitional Assistance (DTA) or other service provider to a facility outside of Cambridge
- Employed or about to be employed in Cambridge
- A member of the household is a veteran or the surviving spouse, parent or other dependent of a veteran with a service connected death

You have the right to appeal this decision directly to the Executive Director by submitting a written response, and/or additional information, within 21 days of your receipt of this form. The appeal should be directed to: Executive Director, Cambridge Housing Authority, 675 Massachusetts Ave, Cambridge, MA 02139. The Executive Director's decision regarding preference eligibility is final with no right to further appeal.

For legal counsel, you may wish to contact Cambridge and Somerville Legal Services at 617-603-2700, Community Legal Services and Counseling Center at 617-661-1011, or the Tenant Advocacy Project (TAP) at 617-495-4394. You may also want to contact the Alliance of Cambridge Tenants (ACT). They can be reached at 617-499-7031.

If you are a person with a disability, you may wish to request a reasonable accommodation. If you wish to request a reasonable accommodation, please submit the request within five (5) business days of this letter to the staff person noted below.

Sincerely,

\_\_\_\_\_  
CHA Staff Signature

\_\_\_\_\_  
CHA Staff Name

\_\_\_\_\_  
Title

*Enclosure*



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## REQUEST FOR APPEAL FOR EMERGENCY PREFERENCE

Return completed form to: Cambridge Housing Authority  
Executive Director  
675 Massachusetts Avenue  
Cambridge, MA 02139

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Applicant mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

I, \_\_\_\_\_, am requesting an appeal because I disagree with CHA's decision that I do not meet a preference requirement for emergency status:

I have attached a written statement and additional verification that will support my appeal.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number