

**Notice of Termination
of HomeBASE Benefits**

If you need help understanding this form, contact your HomeBASE Administering Agency for help.

Date: _____ **HomeBASE Administering Agency:** _____

Name of Recipient: _____ **Last four of SSN:** _____

Address, City, and Zip Code: _____

Email Address: _____

Your HomeBASE assistance is **terminated** (ended) effective _____ for the reason(s) stated below. (Month Day, Year)

(Important note to HomeBASE Administering Agency: Enter “termination date” as the same date you mail or send this notice out to HomeBASE participant.)

If you disagree with this decision, you should **appeal right away**. There is information on how to appeal below. You have **7 business days** from the date of this notice to appeal this HomeBASE decision.

The reason(s) for ending your HomeBASE assistance are:

- You or a member or guest of your family broke the terms of your lease. This could mean: A violation of lease for failure to pay your rent or utilities that you are responsible to pay no more than five days after the due date. 760 CMR 65.05(1)(d).
- You or a member of your family were involved in drug or criminal activity. 760 CMR 65.05 (1)(f).
- A guest of your family were involved in criminal conduct. 760 CMR 65.05 (1)(g).
- You, or a member or guest of your family had a lawful firearm in your unit, the building, or on the building’s grounds. 760 CMR 65.05 (1)(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 (1)(i).
- You or a member or guest of your family were involved in acts that are considered a

health and/or safety threat of EOHLC staff, provider, host, or co-share family, and/or landlord. 760 CMR 65.05 (1)(j).

- Your family did not use the HomeBASE unit as your primary residence.
760 CMR 65.05 (1)(k).
- You abandoned your HomeBASE unit. 760 CMR 65.05 (1)(l).
- A person who is an unapproved member of your family lived in the HomeBASE unit without permission. And/or you illegally sublet the rental unit.
760 CMR 65.05 (1)(m).
- You committed fraud while on the HomeBASE program. This could mean: not telling your HomeBASE Administering Agency of changes in your income, assets, and family composition, or not telling your HomeBASE Administering Agency of changes to income or assets within 10 days of a change. 760 CMR 65.05 (1)(n).
- You rejected an offer of safe, permanent housing, without good cause.
760 CMR 65.05(1)(o).
- You did not give us all the documents we need to re-certify your HomeBASE benefits. 760 CMR 65.05(1)(q).
- Your family no longer meets all the requirements to get HomeBASE.
760 CMR 65.05(1)(r).
- Other: _____

* * * * *

If we are ending your benefits because you violated HomeBASE rules, the HomeBASE Administering Agency has to tell you all of the details of the alleged violation(s) including at least:

- Who is alleged to have violated the rules;
- What the alleged violation(s) are;
- Where the alleged violation(s) happened; and
- What dates the alleged violation(s) happened.;

HomeBASE Administering Agency explanation (please attach extra pages if needed):

* * * * *

If you would like to review the information or documents supporting the HomeBASE Administering Agency's decision, please contact your Stabilization Case Manager:

Name

Phone Number

Email Address

Appeal Information

You will have **seven (7) business days** to file an appeal with your HomeBASE Administering Agency from the date of this notice. If you are found in violation of HomeBASE program regulations, guidance, or rules, you will also be ineligible for EA Family Shelter.

If you disagree with this decision, you have the right to an appeal. The back side of this notice has important information about your rights. This includes the right to request a reasonable accommodation. Reasonable accommodation is for people who need help or changes to HomeBASE rules or requirements because of a disability. A disability¹ is a health condition that affects someone's major ways. This can be your physical, mental, or emotional health. To appeal, fill out the section below. If you need more room, please attach additional pages.

I, _____, request an appeal regarding the above decision.
The reasons for this appeal are (Include any reasons relating to good cause.):

Signature: _____ Date: _____
Phone number: _____ Email Address: _____

Please provide the original & 1 Copy to the HomeBASE family. Additional copies should be provided to the RAA and EOHLC.

¹ The law defines a disability as a physical or mental impairment that substantially limits one or more major life activities.

Appeal Rights

If you have trouble reading or understanding this notice, please call your HomeBASE Administering Agency at _____ for help. If you cannot find or contact the agency, call the Executive Office of Housing and Livable Communities (EOHLC) at **877-418-3308**. They can help explain it to you.

If you would like to review the information or documents supporting the decision on the opposite side, please contact your HomeBASE Administering Agency.

Right to Appeal

You have the right to an administrative (appeal) hearing at a HomeBASE Administering Agency to challenge an action or decision about your case. You may ask for a hearing by writing to the HomeBASE Administering Agency. This request must be received by the HomeBASE Administering Agency within **seven (7) business days** from the date of this notice. You can deliver the request for appeal to the HomeBASE Administering Agency by hand delivery or by another delivery service at the HomeBASE Administering Agency's main office.

Please note that any notice sent by United States Postal Service (USPS) mail is treated as received by the HomeBASE Administering Agency three (3) business days after it is mailed.

How to Appeal

If you want your case reviewed,

- 1) Fill in the appeal request included on this form; and
- 2) Mail, fax, hand-deliver, or deliver by any other delivery service the entire form to your HomeBASE Administering Agency. Make sure that it is received **within seven (7) business days**.
- 3) The appeal request should be sent or delivered to:

When the Appeal Will Be Held

The Administering Agency will schedule your appeal hearing within **fifteen (15) days** of the date of the hearing request. The HomeBASE Administering Agency will also give you written notice of the time and place of the hearing at least **three (3) business days** ahead of the hearing. You can only change the hearing date if you submit a written a good reason (alsoknownasa“good cause”reason) to the HomeBASE Administering Agency. To ask for a change in the hearing date for good cause, call, email, or write the HomeBASE Administering Agency. If you miss the hearing without good cause, you may lose your appeal and your right to a rescheduled hearing.

Written Decision

Within **fourteen (14) days** following the hearing or as soon 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 Hearing

You have the right to bring an attorney or anyone else as your representative to the hearing. To get free legal help for your hearing, contact your local legal services organization or other community agency. 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,
- Bring witnesses and present evidence at the hearing, and
- Question (cross-examine) any witness who testifies against you.

The representative I give permission to represent me is:

Name: _____

Title: _____

Address: _____

Telephone: _____ Email Address: _____

The hearing officer must decide the appeal based on all the evidence given to them. 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 _____. Please do this as soon as possible before the hearing.

You have the right to request assistance as a **reasonable accommodation on the basis of disability**. Reasonable accommodation is for people who need help or changes to HomeBASE rules or requirements because of a disability. A disability² is a health condition that affects someone's life in major ways. This can be your physical, mental, or emotional health. Your HomeBASE administering agency will work with you to see if a reasonable accommodation can be given to you.

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 HomeBASE Administering Agency to reconsider. If that request is denied, you can file a complaint with an agency that enforces rights of disabled persons. There is more

² The law defines a disability as a physical or mental impairment that substantially limits one or more major life activities.

information on this on page 6 of this notice.

If you are requesting a **reasonable accommodation**, please explain below. Please use more pages, if needed.

Nondiscrimination Notice

Under applicable federal and state law, EOHLC does not discriminate on the basis of race, color, sex, sexual orientation, gender identity, national origin, religion, creed, age, disability, familial status, children, marital status, military/veteran status, receipt of public assistance/housing subsidy, ancestry, and genetic information. If you believe that you have been discriminated against, you may file a discrimination complaint with the [Massachusetts Commission Against Discrimination](#). You may also file a discrimination complaint with other agencies that enforce civil rights, including the Massachusetts Office of the Attorney General Civil Rights Division ([File a civil rights complaint](#)); the United States (U.S.) Department of Housing and Urban Development (HUD) ([Report Housing Discrimination | HUD.gov / U.S. Department of Housing and Urban Development \(HUD\)](#)); and/or the U.S. Department of Justice, [Civil Rights Division](#).

**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:

- Serving the Notice in hand to the Participant/Head of the Household: _____.
- Serving the Notice in hand to an adult family member of the HomeBASE family:

(Name of HomeBASE Recipient Family)

In addition, at the same time, I did both of the following:

- left a copy of the Notice for the Participant/Head of the Household under the door of his/her unit, and
 - mailed a copy of the Notice to the Participant/Head of the Household to the unit by first-class mail, postage pre-paid.
- Serving the Notice by leaving it under the door of the unit of the family. In addition, at the same time, I mailed a copy of the Notice to the Participant/Head of the Household at the unit by first-class mail, postage pre-paid.
 - Serving the Notice by mail to the Participant/Head of the Household by first-class mail, postage pre-paid.
 - Serving the Notice by email to the Participant/Head of the Household to the email address of record provided by the Head of Household in the initial HomeBASE application.

Signature

Printed Name and Title

Acknowledgment of Receipt

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

By signing below, I acknowledge (agree) that I received the attached Notice of Termination on _____ [date].

Signature of HomeBASE Adult Family Member

Printed Name of HomeBASE Adult Family Member

If an Adult Family member is served in hand but refuses to sign the Acknowledgment of receipt of Notice of Termination.