



# Length of Stay Extension Appeal Request Form

This form is for families who want to appeal one of the following notices:

- 006 INELIGIBLE FOR FIRST 90-DAY EXTENSION AFTER RECONSIDERATION
- 006 INELIGIBLE FOR SECOND 90-DAY EXTENSION AFTER RECONSIDERATION



Please answer all questions carefully – the form has 2 pages. Not answering every question on both pages of this form may result in a delay or denial of your appeal.

If you have any trouble reading or understanding this form, please contact your case manager or other shelter support staff.

## Personal Information

Head of Household Name

Head of Household Date of Birth  
(MM/DD/YYYY)

Notice ID

Notice Date (MM/DD/YYYY)

Family Case Number

Phone Number

Email Address

## Deadline to appeal

Appeal requests must be received by the Executive Office of Housing and Livable Communities (EOHLC) within 21 days of the date of the notice that is being appealed.

## Where to submit this form

Appeals can be submitted by:

Fax: (617) 573-1515

Email: [EOHLCAppeals@mass.gov](mailto:EOHLCAppeals@mass.gov)

Mail:

MA HLC Hearings Division c/o LOS Appeals  
100 Cambridge Street, Suite 300  
Boston, MA, 02114

## Next Steps

We will review the information you provide on this form. If we have enough information to grant your extension based on your answers, we will do so. If not, we may contact you for more information or to schedule a hearing.



## Questions about Your EA Household

Please answer the following questions truthfully. These questions are about your EA household, which means the family members who live in shelter with you. Please select your answer to each question (Yes or No).

1. Are you, or another EA household member, currently employed?  
 Yes     No
2. Are you, or another EA household member, currently enrolled in a job training program or education that can help you get a job?  
 Yes     No
3. Do you have a home to move into within 30 days from the day on your termination notice?  
 Yes     No
4. Is anyone in your EA household a “veteran”, as defined at [www.mass.gov/VeteranEligibility](http://www.mass.gov/VeteranEligibility)?  
 Yes     No
5. If there is a “veteran” in your EA household, are they enrolled in veteran’s support services? Answer “No” if there is no veteran in your EA household.  
 Yes     No
6. Do you, or another EA household member, have a disability or health issue that affects your ability to find housing?  
 Yes     No
7. Are you a single parent or caretaker of a child under 21, who cares for a family member with a disability?  
 Yes     No
8. Are you a single parent or guardian of a child under 21, with childcare or dependent care needs that prevent you from working?  
 Yes     No
9. Are you, or another EA household member, pregnant?  
 Yes     No
10. Did you, or another EA household member, give birth in the last 3 months?  
 Yes     No
11. Is any member of your EA household less than 9 months old?  
 Yes     No
12. Is your family at risk of harm due to domestic violence or child protection concerns?  
 Yes     No
13. Is your family involved with the Department of Children and Families (DCF)?  
 Yes     No
14. Are your children enrolled or registered in childcare or school and a move would disrupt their education if you were to leave shelter? \   
 Yes     No
15. Is any member of your EA household 9 months old or younger?  
 Yes     No

We will review the information you provide on this form. If we have enough information to grant your extension based on your answers, we will do so. If not, we may contact you for more information or to schedule a hearing.

**If you don’t know your Notice ID #, please attach a copy of the Extension Denial Notice to this form.**

**Signature**

**Date (MM/DD/YYYY)**