



## Bridge Track Length of Stay – Request for Reconsideration

This form is for families in EA Family Shelter Bridge Track who want to ask for reconsideration of a decision related to their shelter time limit, also called their Length of Stay.

What type of decision are you asking us to reconsider?

- ☐ I was denied a hardship waiver (102 notice)
- ☐ I was denied a lease bridge (106 notice)



Requests for reconsideration for Hardship Waivers must be received by EOHLC within 7 calendar days of your denial notice. Requests for reconsideration for lease bridges must be received **before** your required exit date. Requests received after this time will not be accepted.

## Personal Information

Head of Household Name

Family Case Number

Head of Household Date of Birth

M	M	D	D	Y	Y	Y	Y
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Phone Number

Notice Code Notice Date (MM/DD/YYYY)

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Email Address

## How to Submit Your Reconsideration Request Online

Reconsideration Requests should be submitted via the Hardship Waiver Application Upload Tool. If you are uploading supporting documents, you should also upload them through this tool.

1. Go to the **Hardship Waiver Application Upload Tool** at <https://applyhousinghelp.mass.gov/s/hardshipcasesearch>
2. Provide your **Last Name** and **Family Case Number**.
3. Click the "Next" option.
4. Click "Upload Documents" or drag and drop documents to upload your application form and any other supporting documents.
5. Click "Done".

If you don't know your **Family Case Number**, ask your EA Shelter Provider to help you find it.

## What Happens Next?

We will review the original decision and any additional information you submitted. If necessary, we may reach out to you for more information. You will receive a final decision within 14 days.



## Request for Reconsideration

In English, please tell us why you believe the original decision was incorrect. If you need support to write in English, please contact your EA Shelter Provider for help.

## Additional Documents

You may submit additional documents for consideration if you wish. Please upload them with your application in the document upload portal.



**Please do not submit medical documents with your application. We are not able to process medical documents. This is to protect your sensitive personal information.**

## Confirmation and Signature

I confirm this information is complete and accurate at the time the Reconsideration Request was completed and understand it is a crime to knowingly give false information. I give the Executive Office of Housing and Livable Communities permission to contact other state agencies about my application.

Signature

Date

M	M
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D	D
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Y	Y	Y	Y
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