# HOARDING CONSULTATION REQUEST FORM

***Submit completed forms to TAPresidentprograms@masshousing.com***

*Date Submitted*

## TAP Site Information

*TAP Member Site* | *Management Company Name* | *Project ID*

*Street* | *City* | *State* | *Zip Code*

*Phone* | *Email Address*

*Site Contact Name* | *Title*

*Is it ok for the consultant to text to schedule the consultation?* *Yes* ☐ *No* ☐ *Cell Phone:* _____

## Note about Hoarding Consultation:

The TAP site acknowledges that hoarding consultation services are available to management prior to eviction action against the resident. Once a Notice to Quit is filed, the consultation services will no longer be available. If a follow up consultation is requested, the full onsite management team will be required to participate.

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**OPTIONAL: TAP FY 27 Bonus Benefit**

*Hoarding Resident Workshop requested*

## Official Use Only

*MassHousing/TAP Approved:* ☐ *Yes* ☐ *No* *Hoarding Consultation Case Number:* _____

*MassHousing/TAP Staff Name* | *Title*

*Date*

## ClearPath Planning Notes

*Time estimate:*