

# HOARDING CONSULTATION REQUEST FORM

*\*Please submit completed forms to TAPresidentprograms@masshousing.com  
Scanned forms are not accepted.*

*Date Submitted*

## TAP Site Information

*TAP Member Site Name*

*Project ID*

*Street*

*City*

*State*

*Zip Code*

*Site Contact Name*

*Title*

*Phone*

*E-mail*

*Is it OK for the consultant to text to schedule  
the consultation?*

*yes      no*

*Cell Phone*

**Please be aware, 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.**

**Please also note that if a follow up consultation is requested, the full onsite management team will be required to participate (i.e. Resident Service Coordinator and Property Manager).**

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## Official Use Only

Hoarding Consultation Case Number:

MassHousing/TAP Approved: Yes      No

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*MassHousing/TAP Staff Name*

*Title*

**Rev 9.1.24**

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*Date*