

# DISPUTE RESOLUTION REFERRAL FORM

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

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*Date Submitted*

## TAP Site Information

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*TAP Member Site* *Management Company Name* *Total # Units* *Project ID*

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

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*Phone* *Email Address*

*Referral Contact Name* *Title*

*Dispute Resolution Requested* *If mediation, all parties have agreed to participate*

## Reason for Referral

### Note about Mediation Services:

The TAP site acknowledges that mediation is a confidential process (Massachusetts General Law (MGL) Ch.233 s.23c) and will provide suitable space, as determined by the mediation provider, for mediation sessions to take place in private.

### Official Use Only

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*Assigned Center* *Assigned Case Number*

*MassHousing/TAP Approved:*    *Yes*    *No*

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*MassHousing/TAP Staff Name* *Title*

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*Date*