# **DISPUTE RESOLUTION REFERRAL FORM**

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

Date Submitted

### **TAP Site Information**

TAP Member Site	Management Company Name	Total # Units	Project ID
Street	City	State	Zip Code
Phone	Email Address		
Referral Contact Name	Title		
Dispute Resolution Requested 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**

Assigned Center				Assigned Case Number
MassHousing/TAP Approved:	Yes	No		
MassHousing/TAP Staff Name			Title	
Date				