

PLEASE MAIL (or EMAIL) ME AN APPLICATION

Use double-window envelopes. Fold on the line, and addresses will fit in the windows.

Dear Waitlist Administrator:

I am applying to the following waitlist: \_\_\_\_\_

**Please mail (or email) the application to:**

**HousingWorks \* P.O. Box 231104 \* Boston, MA 02123 \* [support@housingworks.net](mailto:support@housingworks.net)**

My signature below affirms that there is nothing preventing me from becoming a resident in this particular area of the state, so I am not sending a frivolous application. My household size is \_\_\_\_\_, my gross annual income is \_\_\_\_\_, and I'm seeking:

- ☐ I am 62 or older.      ☐ I have a mobile rental voucher.
- ☐ I have enclosed a SASE (self-addressed, stamped envelope) to make it easier for you to mail the application.
- ☐ I am requesting a reasonable accommodation – I need to have the application mailed to me because of a disability. I **have provided written verification of my disability (not substance abuse).**

Thank you, *Signature of Applicant:* \_\_\_\_\_

**THE HOUSING AUTHORITY OR PROGRAM MAY USE THIS SECTION TO REPLY:**

- ☐ We have enclosed our application – please complete it and return to our office.
- ☐ We have not sent you an application because:
- ☐ this waitlist is closed.
  - ☐ you do not appear to qualify for this property, specifically: \_\_\_\_\_
  - ☐ we require you to pick up the application in person unless you send verification of disability. Our office hours: \_\_\_\_\_

There ☐ is ☐ is not **public transportation** within walking distance of our office: the closest bus or rail stop, bus number, approximate fare or parking options are: \_\_\_\_\_

If you have further questions, call us and ask for: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Name Phone

**HousingWorks Fax: 617-536-8561**



## **Greater Bristol County/Attleboro/Taunton, Fall River and New Bedford Continuums' of Care**

There are 15 MRVPs available for chronically homeless individuals in any of the communities located in the Greater Bristol County/Attleboro/Taunton, Fall River and New Bedford Continuums' of Care. Specialized Coordinated Entry Applications are being used to establish eligibility and are available by calling 1-800-HOMELESS or contacting the CoC's Collaborative Applicant who will help facilitate the process. Deadline for receipt of applications for the MRVPs is *April 7<sup>th</sup>, 2016*.

*Chronically Homeless individual is defined as:*

*Chronically homeless means:*

*(1) A "homeless individual with a disability," as defined in the Act, who:*

*a. Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and*

*b. Has been homeless (as described above) continuously for at least 12 months or on at least 4 separate occasions in the last 3 years where the combined occasions must total at least 12 months*

*i. Occasions separated by a break of at least seven nights*

*ii. Stays in institution of fewer than 90 days do not constitute a break*

*(2) An individual who has been residing in an institutional care facility for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility.*

**A list of Continuum of Care communities eligible for these vouchers can be found on the reverse of this flyer:**

**Acushnet  
Attleboro  
Berkley  
Dartmouth  
Dighton  
Easton  
Fairhaven  
Fall River  
Freetown  
Mansfield**

**New Bedford  
Norton  
North Attleboro  
Raynham  
Rehoboth  
Seekonk  
Somerset,  
Swansea  
Taunton  
Westport**

**Bristol County / Attleboro / Taunton, Fall River and New Bedford Continuums of Care  
Application for Lottery for MRVP for Chronically Homeless Persons**

<b>Section 1: Demographic Information</b>		
First Name:	Last Name:	
Date:	Where have you been staying at night?	
Preferred Language:	Secondary Language:	
How can you be contacted?	Date of Birth (xx/xx/xxxx)	Household Description: <input type="checkbox"/> Individual <input type="checkbox"/> Family

<b>Section 2: Housing/Homelessness</b>	
<b>In this Section choose only one answer in each Part</b>	
<b>Part A.</b>	
<b>Where you have been staying/sleeping at night.</b>	
Homeless in a place not meant for human habitation	
Homeless in shelter	
In Transitional Housing	
In substandard housing and/or rent is not affordable (over 30% of income)	
In stable housing that is only marginally adequate	
Housing is safe, adequate and affordable	
<b>Part B.</b>	
<b>If in shelter or a place not meant for human habitation, how long have you been staying/sleeping there?</b>	
More than 1 year	
6 months - 1 year	
1-6 months	
Less than 30 days	
<b>Part C.</b>	
<b>Answer Part C only if Part B is less than 1 year</b>	
<b>If homeless now, have you experienced periods of homelessness at least 4 times in the past 3 years?</b>	
Yes	
No	

<b>Section 3: Disability</b>	
<b>Do you have a Disabling Condition as defined by HUD?</b>	
Yes	
No	
HUD defines Disabling Condition as: A diagnosable substance abuse disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions that limits an individual's ability to work or perform one or more activities of daily living.	

## **Bristol County/Attleboro/Taunton, Fall River and New Bedford Continuums' of Care**

### **Application for Lottery for MRVP for Chronically Homeless Persons**

To be eligible to receive an MRVP from this lottery, the applicant must be a chronically homeless person. HUD defines Chronically Homeless as

- (1) A “homeless individual with a disability,” as defined in the Act, who:
    - a. Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
    - b. Has been homeless (as described above) continuously for at least 12 months or on at least 4 separate occasions in the last 3 years where the combined occasions must total at least 12 months
  - (2) An individual who has been residing in an institutional care facility for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility.
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This application must include attached documentation Chronic Homelessness. It should contain proof of

- 1 A diagnosable substance abuse disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions that limits an individual’s ability to work or perform one or more activities of daily living for the applicant and either;
  - 2a That the person lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
  - 2b Has been homeless (as described above) continuously for at least 12 months or on at least 4 separate occasions in the last 3 years where the combined occasions must total at least 12 months
- or
- 3a An individual who has been residing in an institutional care facility for fewer than 90 days and met all of the criteria above