

Don't staple the pages of this application together!

1. Some providers *scan* the application, and if you staple, that means removing staples from 1000 applications every week or month.
2. If you include a letter, don't staple that either: providers need to quickly get to your waitlist data and your cover page just gets in the way.

Use #10 double window envelopes. Fold on the line, and addresses will fit in the windows.

Dear

I am applying to the following waitlist, which I believe is open:

App Generated:

 **ATTN: WAITLIST ADMINISTRATOR** 

**Is this waitlist closed? Anything else you want to tell the 900 Housing Advocates and the nearly 200,000 applicants using our system?**

**USE BLOCK PRINT to fill in the appropriate information below.** Save paper and ink by faxing only this one page to HousingWorks – we will immediately update your information! See fax number below.

☐ **This particular waitlist is closed: At present, our only open waitlists are:**

\_\_\_\_\_

☐ **This is not the correct application. The correct application is available in this way:**

\_\_\_\_\_

Your position or title at this housing program: \_\_\_\_\_

Your signature: \_\_\_\_\_

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

*If you direct applicants to try our free search to locate OTHER HOUSING OPTIONS, you reduce frivolous applications and eliminate possibly hundreds of phone calls:*

**www.HousingWorks.net**



**SOME ITEMS ON THIS PAGE ARE NOT YET ANSWERED – DO NOT LEAVE ANYTHING BLANK!**

- ☐ HEAD OF HOUSEHOLD'S FIRST NAME
- ☐ HEAD OF HOUSEHOLD'S COMPLETE MIDDLE NAME
- ☐ HEAD OF HOUSEHOLD'S LAST NAME (EX: BAEZ GONZALEZ) ☐ SUFFIX
- ☐ YOUR MOTHER'S LAST NAME WHEN SHE WAS A CHILD

ANSWER THIS: ☐ Yes ☐ No Does the HoH have a Social Security Number? *If "Yes" you must provide the full SSN!*

- ☐ HEAD OF HOUSEHOLD'S SOCIAL SECURITY NUMBER ☐ HEAD OF HOUSEHOLD'S DATE OF BIRTH ☐ GENDER

- ☐ ETHNICITY ☐ RACE: Asian , Black, White, Native American, Pacific Islander, Multi-racial

- ☐ REQUESTED ACCOMMODATIONS Fill in the circle for anything you need:
- ☐ **Fully Accessible Wheelchair Unit** ☐ **Blind Accessible Unit** ☐ Need an **Interpreter**
- ☐ **No-Steps unit** (elevator to any floor) ☐ **Deaf Accessible Unit** ☐ **Domestic Violence Victim**
- ☐ **First-Floor unit only** ☐ unit designed for **Environmental Allergies**

- ☐ HoH's CAREER STAGE ☐ ANY VETERANS in HH? ☐ Yes ☐ No
- ☐ Employed ☐ Unemployed ☐ Retired ☐ FT Student ☐ PT Student

- ☐ PERMANENT MOBILE RENTAL ASSISTANCE, if any
- ☐ I do not have mobile rental assistance ☐ Mobile Section 8 voucher ☐ MRVP ☐ AHVP ☐ VASH or similar

- ☐ CRIMINAL RECORD AND SEX OFFENDER
- Head of Household:** Any **Felony/Conviction?** ☐ Yes ☐ No Any **Misdemeanor Conviction?** ☐ Yes ☐ No
- Other Members:** Any **Felony Convictions?** ☐ Yes ☐ No Any **Misdemeanor Conviction?** ☐ Yes ☐ No
- Is anyone in HH subject to a **lifetime sex offender registration** in any state? ☐ Yes ☐ No

- ☐ ANY PETS? ☐ Yes ☐ No Describe: \_\_\_\_\_

- ☐ HOUSEHOLD SIZE AND COMPOSITION ☐ ANNUAL INCOME ☐ DOCUMENTED DISABILITY?
- ← # Adults ← # Children ← Total # in Household ☐ Yes ☐ No

- ☐ CURRENT HOUSING STATUS ☐ Homeless ☐ Housing Loss in 14 days ☐ Homeless under other federal status
- ☐ Homeless because Fleeing domestic violence ☐ At risk of homelessness ☐ Stably Housed

- ☐ BEST TELEPHONE NUMBER TO USE ☐ SECOND TELEPHONE

- ☐ EMAIL ADDRESS

- ☐ WHERE YOU LIVE OR BACKUP ADDRESS

- ☐ BEST MAILING ADDRESS

- ☐ # BEDROOMS NEEDED? ☐ SPECIAL CIRCUMSTANCES? (*some programs may grant you priority status*)
- ☐ Disability ☐ Elder ☐ Veteran ☐ Fleeing Domestic Violence
- ☐ Rent-burdened ☐ Displaced by: \_\_\_\_\_ ☐ Other

**ACCEPTABLE TYPES OF VERIFICATION OF INCOME, ASSETS  
AND FAMILY. PLEASE SUPPLY THE VERIFICATION WHICH  
ONLY APPLIES TO YOUR SITUATION\*\*\*\*\***

_____ Four (4) recent consecutive ***** pay stubs for working people	_____ Copy of stub of pension check annuity check, etc.
_____ A current letter from the Social ***** Security office verifying your your SSA or SSI. Such letters are usually called "Report of Social Security Benefits"	_____ Credit union statement
_____ An up-to-date letter from welfare statement ***** showing amount your receive (NOT A COPY OF A CHECK)	_____ Copy of saving bank statement for the past three (3) months
_____ Copy of lease or rent receipt *****	_____ Copy of IRA or Keough
_____ For children 18 years of age or older, proof of student status	_____ Copy of birth certificate for all family members
_____ Copy of court order covering alimony or child support payments	_____ Copy of unemployment
_____ Copy of Social Security card	***** Copy of letter from social services agency assisting with your support such as Jewish Family Services
_____ Copy of Alien Card *****	***** Statement from family members assisting with your your support
_____ Last three (3) months of checking account statements	

In certain cases, it may be necessary that we request additional verification. Photocopies will be made free of charge if the above documentation is brought into the office.

**PLEASE NOTE: AN APPLICATION WILL BE RETURNED TO YOU IF NOT COMPLETELY  
FILLED OUT, SIGNED OR ACCOMPANIED BY PROOF OF INCOME AND ASSETS.**

Failure to disclose all income, assets and family composition may disqualify you for the program.

If you have any questions regarding the completion of this application, please call 617-552-5501 and we will attempt to assist you. Your cooperation in providing all verification will enable us to process your application more quickly.



**Universal STANDARD Application for  
State-Aided Public Housing,  
MRVP & AHVP**

This box is for Office Use Only	
Date of Receipt:	_____
Time of Receipt:	_____
Control Number:	_____
Barrier free:	_____
First Floor:	_____
Elderly Handicapped:	_____
Race and/or Ethnicity:	_____
Priority /Preference Category:	_____
Language:	_____

**Incomplete applications will not be processed.** Please complete all information requested on the application. **If a question is not applicable, please write N/A.** **Make sure you sign the last page.** **If you need additional space to provide an answer, please attach an additional sheet(s).** **Once completed please mail or hand carry to local housing authorities at which you want to apply.** **Please check the list of local housing authorities for availability of family or elderly/non-elderly handicapped housing.**

1. Name of Applicant: \_\_\_\_\_

Current Residence Address: \_\_\_\_\_ Apt No: \_\_\_\_\_

City / Town / State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Best # to Reach Applicant: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt No: \_\_\_\_\_

City / Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. Type of Public Housing You are Applying For: ☐ Elderly ☐ Non-Elderly, Handicapped

☐ Congregate Elderly/Handicapped ☐ Family ☐ MRVP ☐ AHVP

Note: To be eligible for elderly/handicapped housing you must be at least 60 years old or a person with a handicap. If you have a handicap, the handicap must be other than a history of alcohol/drug abuse. If you have a handicap, you must provide certification by a doctor clearly stating that you have a handicap and it is expected to be of long and indefinite in duration lasting at least six months. In addition, the LHA will need to determine that certain special architectural features OR low rent housing is not available in the private market AND that the applicant is faced with living in an institution or decadent substandard housing OR the applicant is paying excessive rents.

3. If you want to apply for emergency Housing you must select one of the categories below:

Note: To be eligible for Emergency applicant status you must be "homeless," which is defined by state regulations as: an applicant who is without a place to live or who is in a living situation in which there is a significant, immediate and direct threat of life or safety that would be alleviated by placement in an appropriate unit, who has not caused or substantially contributed to the situation, who has made reasonable efforts to prevent or avoid the situation and to locate alternative housing, and who is displaced from his/her primary residence for one of the following reasons. Please check the reason that applied to your situation.

- ☐ Displaced by Natural Forces (i.e. Fire, Flood, Earthquake)
- ☐ Displaced by Public Action (i.e. Urban renewal, eminent domain)
- ☐ Displaced by Public Action (i.e. Condemnation of home, code violations)
- ☐ Displaced by No-fault of housing, Severe Medical emergency and/or Victim of Abuse (domestic violence) where the housing situation significantly contributes to or is direct threat to the life and safety of the applicant.

**If you have selected one of the above emergency categories in this section, you must complete an EMERGENCY APPLICATION in addition to this Standard Application. All emergency applications must be accompanied by third party written documentation.**



4. **Local Preference:** In addition to receiving local preference for the City or Town where you principally reside, you may receive local preference based on where you are employed.

Please answer the following:

- Provide the name of the City/Town in which you are employed: \_\_\_\_\_
- Provide the dates of employment: From: \_\_\_\_\_ To: \_\_\_\_\_
- Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

5. **Veteran Preference:** You may apply for Veteran Preference if you are a Veteran, the spouse, surviving spouse, dependent parent or child or divorced spouse with a dependent child of a Veteran.

If you wish to apply for Veteran Preference, list the dates of U.S. military service. Include service dates for service in the U.S. Army, Marine Corps, Coast Guard, Air Force or National Guard.

Service Date: From: \_\_\_\_\_ To: \_\_\_\_\_

**A Copy of the Veteran's Department of Defense Form DD214 must be submitted with this application.**

6. Do you have any special needs due to a disability or need a reasonable accommodation such as a first floor unit for medical reasons? ☐ yes ☐ no

Please Specify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Do you need a wheelchair accessible apartment? ☐ yes ☐ no

8. Number of Bedrooms needed: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Note: Most elderly / handicapped housing developments only have 1 bedroom units.

9. Are you currently living in a non-permanent transitional housing which is subsidized under the Massachusetts Alternative Housing Voucher Program? ☐ yes ☐ no

10. Does anyone in your household own a car? ☐ yes ☐ no

Make of car \_\_\_\_\_ Year: \_\_\_\_\_ Reg. Number: \_\_\_\_\_

Make of car \_\_\_\_\_ Year: \_\_\_\_\_ Reg. Number: \_\_\_\_\_

11. Members of household to live in unit, **including yourself as Head of Household**:

First & Last Name	Relationship To Head of Household	Racial Designation*	Ethnic Designation**	Social Security Number***	Sex	Date of Birth	Occupation • Employed • At Home • Handicapped • Student
	<b>Head</b>						

**\*Racial Designation:** American Indian or Alaska Native; Asian; Black or African American; Native Hawaiian or Other Pacific Islander, White; Other (specify).

**\*\*Ethnic Designation:** Hispanic/Latino or Not Hispanic/Latino  
Responding to these two questions is optional. Your status with respect to tenant selection procedures may be affected by this information. "Minority" does not include "White" unless there is also a designation of another race, or "Hispanic/Latino".

**\*\*\*SSN:** This information will be used to verify income, assets, and criminal record information.

12. Is a change in the household composition expected? ☐ yes ☐ no

If yes, what type \_\_\_\_\_

When? \_\_\_\_\_



13. **Income Before Deductions:** Estimate the Gross Income anticipated for ALL household members from all sources for the next 12 month. **Specify all sources.**

Household Member Name		Name & Address of Employer or Source of Income	Gross Income for Next 12 Months
	Salaries, Wages, including Overtime / Tips		\$
	Salaries, Wages, including Overtime / Tips		\$
	Net Income from Business or Profession		\$
	Trust Income, Interest & Dividends		\$
	Unemployment or Disability Compensation		\$
	Pensions & Annuities		\$
	Regular Social Security Benefits and / or SSI		\$
	VA Disability Income		\$
	TAFDC or Public Assistance		\$
	Regular Alimony Support Payments		\$
	Other Income		\$

**Total Gross Income: \$**

14. **Expenses:**

Un-reimbursed Medical Expenses:	\$
Alimony of Child Support Payments:	\$
Health Insurance:	\$
Other (i.e. expense for care of sick children, or sick incapacitated person if necessary for employment)	\$

15. **Assets:** Do you own any real estate? ☐ yes ☐ no

If yes, please provide the address: \_\_\_\_\_

List below the assets of everyone to live in the unit. Include **all** bank accounts, stocks and bonds, trusts, real estate, etc. **DO NOT** include clothing, furniture or cars. Use additional paper if necessary.

Household Member	Asset Type	Asset Value or Current Balance	Name of Financial Institution	Account No.
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		

16. Have you sold, transferred or given away any real property or assets in the last three (3) years? ☐ yes ☐ no

**If yes:** Date of sale / transfer: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Amount of the sale / transfer: \_\_\_\_\_

Value of the sale / transfer: \_\_\_\_\_



17. **References:** List two references. These references should not be relatives or household members.

(1) Name \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(2) Name \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

18. **List Addresses for each Adult Household Member** for the Last Five Years in Reverse Order.

Please list primary lease holder (head of household) if someone other than yourself. Use additional sheet if necessary

(1) Name of Primary Leaseholder: \_\_\_\_\_

Address: \_\_\_\_\_ Apt # \_\_\_\_\_ Date From: \_\_\_\_\_ To: **Present Day**

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Landlord Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Did this landlord bring any court action against the leaseholder or you? (check one) ☐ yes ☐ no

Did this landlord return your security deposit? (check one) ☐ yes ☐ no ☐ n/a

(1) Name of Primary Leaseholder: \_\_\_\_\_

Address: \_\_\_\_\_ Apt # \_\_\_\_\_ Date From: \_\_\_\_\_ To: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Landlord Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Did this landlord bring any court action against the leaseholder or you? (check one) ☐ yes ☐ no

Did this landlord return your security deposit? (check one) ☐ yes ☐ no ☐ n/a

(1) Name of Primary Leaseholder: \_\_\_\_\_

Address: \_\_\_\_\_ Apt # \_\_\_\_\_ Date From: \_\_\_\_\_ To: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Landlord Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Did this landlord bring any court action against the leaseholder or you? (check one) ☐ yes ☐ no

Did this landlord return your security deposit? (check one) ☐ yes ☐ no ☐ n/a

19. Have you, or any member of your household ever received housing assistance from this or any other housing agency? (check one) ☐ yes ☐ no

If yes, Name of Head of Household at that time: \_\_\_\_\_

Relation to Applicant: \_\_\_\_\_

Name of Housing Agency: \_\_\_\_\_

Date Moved Out: \_\_\_\_\_

Reason Moved Out: \_\_\_\_\_

When you moved out, were you in compliance with the lease and other program requirements?  
(check one) ☐ yes ☐ no

If Yes, Please Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

20. Are you a Board Member, employee, or a member of the immediate family of an employee of a board member of this housing Authority? *If so, this will not necessarily disqualify your application.*  
(check one) ☐ yes ☐ no

If Yes, Please Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

21. Do you have any pets? ☐ yes ☐ no If so, how many? \_\_\_\_\_

Please describe: \_\_\_\_\_

\_\_\_\_\_

22. Emergency Reference: Name of a relative or friend NOT planning to live with you. We will contact this person if we are not able to reach you in the case of an emergency.

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

23. **Criminal Record:** Have you or any member of your household who will live in the unit ever been convicted of a felony? ☐ yes ☐ no

If Yes, Please Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

24. Do you or any member of your household who will live in the unit have any criminal matters pending? ☐ yes ☐ no

If Yes, Please Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### **APPLICANT'S CERTIFICATION:**

I understand that this application is not an offer of housing. I understand that a Housing Authority will make no more than one offer of an appropriate public housing unit. If I do not accept that offer, my application will be removed from the waiting list; and, if I reapply, my application will not receive any priority or preference that was granted on the prior application for a three (3) year period.

Based on this application, I understand I should not make plans to move or end my present tenancy until I have received a written **Unit Offer** from a Housing Authority. I understand that it is my responsibility to inform the Housing Authority in writing of any change of addresses, income, or household composition. I authorize the Housing Authority to make inquiries to verify the information I have provided in this application. I certify that the information I have given in this application is true and correct. I understand that any false statement or misrepresentation may result in the denial of my application. **I understand that the Housing Authority will request Criminal Offender Record Information from the Criminal History Systems Board and perform credit checks and internet searches for all adult members of the household.**

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY; I understand that a photocopy of this application and a photocopy of this signature as valid as the original.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Reviewer's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **Applicant's Declaration of Residency and Authorization to Release Information**

Control No. \_\_\_\_\_

I hereby declare that I am “homeless” as defined by the state regulations, and that I am  
a resident of the City/Town: \_\_\_\_\_

(check one)

\_\_\_\_\_ from which I was displaced through no fault of my own.

\_\_\_\_\_ in which I am temporarily housed.

I certify that I have not declared myself a resident in any other city or town for the  
purpose of obtaining local resident preference, and I hereby authorize other local housing  
authorities and nonprofit agencies to release information to the Housing Authority to  
verify this certification. If my temporary address changes, and I need to change my  
declaration of local residency, I will immediately notify the Housing Authority, and I  
authorize other local housing authorities and nonprofit agencies to immediately notify the  
Housing Authority of the change.

**Signed under the pains and penalties of perjury.**

Dated: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

## RELEASE AND AUTHORIZATION

I, \_\_\_\_\_,

of \_\_\_\_\_  
Street City State Zip Code

hereby authorize:

Name \_\_\_\_\_

Address 1 \_\_\_\_\_

City State Zip \_\_\_\_\_

Agency \_\_\_\_\_

to discuss any and all matters with the \_\_\_\_\_, its agents, servants or employees which they may wish to discuss with me regarding any matters which the Housing Authority may feel are related to my housing or my application for housing. I further authorize the aforesaid to provide the Housing Authority, its agents, servants or employees with copies of any and all documents which refer to me which may be requested by the Housing Authority through its representatives.

I hereby waive any and all claims, confidentiality and request that the above named cooperate with the Housing Authority to provide the information requested.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Witness \_\_\_\_\_ Date \_\_\_\_\_



**UNIVERSAL EMERGENCY APPLICATION FOR  
STATE-AIDED HOUSING**

Date of Receipt: \_\_\_\_\_  
Time of Receipt: \_\_\_\_\_  
Control Number: \_\_\_\_\_  
Barrier Fee: \_\_\_\_\_  
First Floor: \_\_\_\_\_  
Elderly/Handicapped: \_\_\_\_\_  
Race: \_\_\_\_\_  
Priority Category: \_\_\_\_\_  
Preference Category: \_\_\_\_\_  
Language: \_\_\_\_\_

**Incomplete applications will not be processed.** Please complete all information requested on the application. If a question is not applicable, please write N/A. Make sure you sign the last page.

(PLEASE PRINT)

Name of Applicant: \_\_\_\_\_

Mailing Address of Applicant: \_\_\_\_\_

City/Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number that Applicant can be Reached at: \_\_\_\_\_

This Emergency Application must include written verification by a third party as to the priority status that you are claiming. **The Housing Authority will not accept this application without third party verification, and a completed Standard Application.** Verification includes letters from social workers, shelters, social service agencies, or code enforcement agencies that confirm that you meet the definition of "homeless applicant". Your application will not be processed until you have provided everything required by the Emergency Application Package and a completed Standard Application.

**In order to be found eligible for Emergency Case Status, you must be a "Homeless Applicant" as defined below AND qualify for one of the priorities listed below.**

Definition of Homeless Applicant

An Applicant who:

- (a) is without a place to live or is in a living situation in which there is a significant, immediate, and is a direct threat to the life or safety of the applicant or a household member which situation would be alleviated by placement in a unit of appropriate size, **and**
- (b) has made reasonable efforts to locate alternative housing, **and**
- (c) has not caused or substantially contributed to the safety or life threatening situation, **and**
- (d) has pursued available ways to prevent or avoid the situation by seeking assistance through the courts or appropriate administrative or enforcement agencies, **and**
- (e) is displaced from the residence in which the applicant household lived at least nine (9) months of the year.



- If YES, describe how you meet **each** of the above requirements: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

- Please provide the name of the community you choose to be declared a resident for the purposes of tenant selection.

4. Check off the priority category that you believe applies to your situation:

If you have checked off Priority 3, you must attach proof of Displacement due to State Sanitary Code enforcement such as a copy of the complaint listing code violations, placard, notices or letter from Board of Health documenting condemnation.

#### **PRIORITY 4 – EMERGENCY CASE PLAN CATEGORIES**

- A. Homeless and Facing a Significant Immediate and Direct Threat to the Life or Safety of the Applicant or any Household Member for Causes Other than the Fault of the Applicant or Member of the Applicant Household.**

If you have checked off Priority 4A, you must attach: Proof of No-Fault Loss of Housing such as summary process summons and complaint, court decision and execution from the court.

- B. Severe Medical Emergencies. An applicant is suffering from a severe medical emergency if the applicant household is suffering from an illness or injury posing a severe and medically documented threat to life which has been significantly caused by the lack of suitable housing or as to which the lack of suitable housing is a substantial impediment to treatment or recovery.**

If you have checked off Priority 4B, you must attach:

1. Proof of Medical Condition such as certification by physician on Housing Authority form.
  2. Proof of Unsuitable Housing such as letter from landlord, visiting nurse or Board of Health documenting unsuitability of current housing, or photographs of current housing showing unsuitable features.
- C. Abusive Situation. An applicant is in an abusive situation if the applicant or member of the applicant household is determined by the LHA to be a victim of abuse as defined in the Abuse Prevention Act (G.L. c.209A, §1), which abuse constitutes a significant and direct threat to life or safety. The Abuse Prevention Act defines “abuse” as the occurrence of one or more of the following acts between “family or household members”: (1) attempting to cause or causing physical harm; (2) placing another in fear of imminent serious physical harm; or (3) causing another to engage in involuntarily in sexual relations by force, threat or duress. “Family or household members” are individuals who are related by blood or marriage, have a child together, or who now or formerly resided in the same household or dated each other.**

If you have checked off Priority 4C, you must attach: Proof of Abusive Situation such as copies of medical reports, police reports, restraining orders, applications for criminal complaints, social service evaluations.

#### **EMERGENCY APPLICATIONS SUBMITTED WITHOUT REQUIRED DOCUMENTATION WILL BE DENIED.**

##### **APPLICANT’S CERTIFICATION:**

I certify that the information that I have given in this application is true and correct, and I understand that any false statement or misrepresentation may result in the rejection of my application. I authorize the Housing Authority to make inquiries to verify the information that I have provided in this application.

**SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY. I understand a photocopy of this application and a photo copy of this signature is valid as the original.**

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Reviewer’s Signature

\_\_\_\_\_  
Date



## **Notice to All Applicants: Reasonable Accommodations are available for Applicants with Mental and/or Physical Disabilities**

Local Housing Authority (LHA) does not discriminate against applicants on the basis of mental or physical disabilities. In addition, the LHA has an obligation to provide "reasonable accommodation" on account of a disability if an applicant or a household member is limited by the disability and for this reason needs such an accommodation. A reasonable accommodation is a change that the LHA can make to its facilities or practices that will assist an otherwise eligible person with a disability to overcome the limitations imposed by his or her disability and to be able to participate in the LHA's housing or programs. Such a change must be financially and programmatically feasible for the housing authority.

An applicant household which has a member with a mental and/or physical disability must still be able to meet essential obligations of tenancy (for example, the household must be able to pay rent, to care for the apartment, to report required information to The LHA, and to avoid disturbing neighbors), but an accommodation may be the basis by which the household is able to meet those obligations of tenancy.

The LHA has an Accommodation Coordinator. If you need an accommodation because of a disability, please complete the attached form and return it to the LHA. You must also submit medical documentation verifying the existence of a disability, and the need for an accommodation to overcome these limitations and to participate in the LHA's housing or programs. Within thirty (30) days of receipt of your request and documentation, the Accommodation Coordinator will contact you to discuss what the LHA can reasonably do to accommodate you on account of your disability.

If you or a member of your household has a mental and/or physical disability, and as a result you need an accommodation, you may request it at any time. However, you are not obliged to make such a request, and if you prefer not to do so that is your right.

## Request for Accommodations

To: Accommodation Coordinator at

Authority Address: \_\_\_\_\_  
\_\_\_\_\_

From: Applicant Name \_\_\_\_\_  
(please print name)

Control Number \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. I have a disability which limits me in the following ways (describe):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. On account of these limitations, I request the following be done in order to permit me to participate fully in the Housing Authority's housing programs. (Describe)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Documentation verifying the existence of my disability, my limitations on account of it, and my need for accommodation is attached. (Attach appropriate documentation)

4. I attest that the foregoing information is true and correct.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## Physician's Verification of Handicapped Status for State-Aided Elderly/Handicapped Housing

Name of Physician: \_\_\_\_\_

Physician's Address \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

Applicant's Name \_\_\_\_\_

Applicant's Control Number \_\_\_\_\_

Applicant's Address \_\_\_\_\_

\_\_\_\_\_

I hereby authorize release of the following information: \_\_\_\_\_  
Applicant's Signature

The Housing Authority is required by state regulations to obtain a physician's certification documenting that an applicant has a qualifying physical or mental impairment in order to determine the applicant's eligibility for elderly/handicapped housing. The applicant has authorized above your release of the requested information. We would appreciate your prompt response to the questions on the reverse side of this letter. If you have questions, please contact our office. Thank you for your anticipated cooperation.

Sincerely,

\_\_\_\_\_  
Executive Director or Tenant Selection Coordinator

(continued on next page)

**THE FOLLOWING TO BE COMPLETED BY PHYSICIAN**

1. The applicant must have a physical or mental impairment which substantially impedes his or her ability to live independently? Comment:

---

---

---

2. The applicant must have an impairment other than a history of alcohol or substance abuse. Comment:

---

---

---

3. What is the anticipated duration of the Applicant's impairment? (If indefinite so specify, and estimate the approximate duration to the best of your ability).

---

4. Would suitable housing conditions improve the applicant's ability to live independently and, if so, what sort? Be specific.

---

---

---

---

5. Other comment:

---

---

---

**PHYSICIAN'S CERTIFICATION;** I certify that the information provided above represents my professional judgment and is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Signature                      MD                      Date: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

# Checklist of Required Verification Document for Priority Status

## For Applicant Use

Please be advised that a request for priority consideration (emergency application) cannot be processed and will not be effective until such time as you have fully verified your housing circumstances and the events leading to your present situation. Until such time, the Housing Authority will process your standard application for housing. If you are found eligible pursuant to that application you will be assigned selection category 7, Standard. In doing so, should you fail to document priority status you will be on the waiting list as a Standard Applicant at the original date the LHA received your application.

**You should understand that priority status is only for an applicant who has been or is**

- o imminently faced with displacement from his/her primary residence (a primary residence is your principal home occupied not less than 9 months of the year) as a result of circumstances described below and who:
  - (a) is without or about to be without a place to live or is in a living situation in which there is a significant, immediate, and direct threat to the life or safety of the applicant or a household member which situation would be alleviated by placement in an appropriate unit . (Applicants temporarily residing in a shelter are considered without a place to live.); and
  - (b) has made reasonable efforts to locate alternative housing; and
  - (c) has not caused or substantially contributed to the safety or life-threatening situation (In cases of domestic violence, there is a presumption that victims did not contribute to their circumstances.); and
  - (d) has pursued available ways to prevent or avoid the safety or life-threatening situation by seeking assistance through the courts or appropriate administrative or enforcement agencies.

**The following is a list of the types of documents which you are responsible for obtaining to verify the information you provided in your emergency application. You must submit the documents that pertain to your circumstances. If you feel that you have documents over and above those required below, please provide the Housing Authority copies. If you need clarification or have questions, please call the Housing Authority to which you are applying.**

### **Priority #1 – Homeless, Displaced By Natural Forces**

If you can no longer live in your residence due to a fire, flood, or earthquake submit:

- o Fire: Copy of the Official Fire Report. Report must be mailed directly by the Fire Department to the Housing Authority. Report should be attested as a true copy.
- o Flood/Earthquake: Copy of the official report from the Red Cross or Federal Emergency Management Agency (FEMA). Report must be mailed directly to the Housing Authority. Report should be attested as a true copy.
- o Proof that you were a resident of the affected property. You should submit such items as: rent receipts, copy of your lease or rental agreement.

### **Priority #2 -Homeless, Displaced By Public Action (Type A)**

If you have been displaced within the past three (3) years due to public works, urban renewal, or public usage or improvement; submit the following:

- o Copy of the official notification of land/property taking and the stated purposes thereof from the public agency involved. Notification should include legislative authority exercised and date of displacement.

- o If public action is impending, notification should be sent from the public agency directly to the Housing Authority.
- o Proof that you were a resident of the affected property. You should submit items as: rent receipts, copy of your lease or rental agreement.

### **Priority #3 -Displaced By Public Action (Type B)**

If you have been displaced due to a public health agency's enforcement of local or state health codes:

- o Copy of the official order of displacement due to code enforcement. Order should be sent directly to the Housing Authority by the public health department involved. Document may be known as Declaration of Condemnation and should include the specific property involved.
- o A statement of efforts taken by you, the applicant, to remedy the situation prior to the actual condemnation and subsequent to the condemnation.
- o Attached documents, to demonstrate your action(s), such as letters to the landlord, previous board of health notices, or court records.
- o Proof that you were a resident of the affected property. You should submit such items as: rent receipts, copy of your lease or rental agreement.

### **Priority #4 -Emergency Case Category(ies)**

Our approved Emergency Case Plan is posted in our administrative offices and available for your review. Our emergency case plan is for applicants who have been displaced or are imminently faced with displacement because of circumstances as follows:

- o A. HOMELESS, applicant is homeless and facing an immediate and direct threat to life or safety through no fault of their own and for reasons outside their control including substandard housing conditions which directly and substantially endanger or impair the health, safety or well being of the household.
- o B. SEVERE MEDICAL, applicant household member is suffering from severe medical emergency, illness, or injury which is life-threatening and has been caused by the lack of suitable housing or the lack of such suitable housing is a substantial impediment to treatment or recovery.
- o C. ABUSE, applicant is in an abusive situation.

If your situation is one or more of the above, you need to submit the following:

- o A. HOMELESS If you are homeless and living in a hotel, motel, or shelter, your housing search worker or a shelter staff member must send written justification which certifies your homelessness directly to the Housing Authority. Substandard housing conditions must be verified under Priority No.
- o B. MEDICAL reasons need to be documented by your medical records. Your doctor needs to submit written certification of your medical condition, the contributing factors to that condition, and the prognosis of your condition directly to the Housing Authority.
- o C. ABUSIVE situation needs to be documented through some combination of the following, based on the applicant's individual circumstances. Since certain actions on the part of victims of domestic violence can trigger violent acts by the offenders, no particular item can be mandated as the required form of verification. Please remember that if any verification appears vague, an LHA must obtain additional documentation until the LHA feels that a reasonable showing of the abusive situation has been made. Examples of documentation could include one or more of the following:

- o medical incidences - pattern or repeated occurrence
- o police report
- o # reported occurrences
- o court reports
- o applicant has attempted to get restraining order
- o applicant has filed charges against accused
- o legal action
- o letter from attorney stating case
- o counseling
- o psychological report
- o director, social service agency
- o last permanent address
- o changed address
- o In all instances, you must be homeless as defined below:

- a. you are without or about to be without a place to live or are in a life threatening situation;
- b. you have made efforts to locate alternative housing;
- c. you did not cause or contribute to your present housing situation; (In cases of domestic violence, there is a presumption that victims did not contribute to their circumstances.) and;
- d. you have pursued ways to avoid or prevent the threatening situation.

If you believe that you meet all of the items "a" through "d" then you should write a detailed explanation of the circumstances that led to your present housing situation. Include names, address and relationship, if any, for each person(s) involved in the circumstances who can support your statements. It is your responsibility to prove your situation. When writing your explanation, you should try to detail what happened, why it happened, how you tried to prevent it from happening, what you did once it did happen, and what you have been doing since it happened. The Housing Authority will contact you if we need any additional information.

#### **Priority #5 - AHVP Participant**

**An applicant, otherwise eligible and qualified, who is living in a non-permanent, transitional housing subsidized by the AHVP.**

- o Letter from the LHA that issued AHVP Certificate verifying applicant is an active participant in the AHVP.

#### **Transfers: Priority #6 -Transfer For Good Cause**

Any current tenant of the housing authority seeking a transfer from his/her present unit must qualify for the sixth selection priority transfer. You must meet requirements as follows:

- o MEDICAL documentation from physician that current housing circumstances are a contributing factor to the overall health of the applicant. The documentation must be sent directly to the authority by your physician.
- o HOUSEHOLD SIZE, a change in your household composition now requires that you move to a different size apartment. You must submit copies of official documents which verify the change such as birth certificates, marriage licenses, adoption papers, or legal custody documents.

If you can verify the above, you must also be a tenant in good standing. All monies due the Authority must be current and you must be in compliance with the terms of your lease.

**Remove this page  
and  
replace it  
with a printed copy of the  
Housing Log:**

1. From the Advocate Dashboard, click on the number of “Search Results” for any client.
2. Then locate the Client Menu box at the far right, just underneath the blue rectangle containing your Client’s information.
3. Click “Update Waitlists/Mail Merge” and jump to the very bottom of the next page.
4. Last, click the “Printable Housing Log”. Print this (double-sided, if you can) and attach it to every Emergency Application you send!