dhcd Massachusetts

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: _____ State: _____ 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.

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(Attach supporting documentation and return with complete Emergency Application Package)

EQUAL HOUSING OPPORTUNITY

1. Do you meet each of the requirements of the definition of "Homeless Applicant" set out on the previous page? (check one)

YES ☐ NO ☐

If YES, describe how you meet **each** of the above requirements: _____

_____

_____

_____

_____

_____

2. On what day did you become, or will you become displaced from your primary residence?
Day _____ Month_____ Year_____

3. **Local Preference, Emergency Applicants Only.** If you are homeless and applying for Emergency Housing you may choose to be considered a resident from the city/town from which you were displaced or a resident in the city/town in which you are temporarily housed.

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

ALL EMERGENCY APPLICANTS MUST ATTACH PROOF OF HOMELESSNESS. ACCEPTABLE VERIFICATION INCLUDES LETTERS FROM SOCIAL WORKERS, SHELTERS, SOCIAL SERVICE AGENCIES, OR CODE ENFORCEMENT AGENCIES THAT CONFIRM THAT YOU MEET THE DEFINITION OF "HOMELESS APPLICANT".

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

Priority 1: Displaced by Natural Forces such as a fire not due to the negligence of intentional act of applicant, or member of applicant's household, or by an earthquake, or flood, or by a disaster declared or formally recognized under disaster relief laws.

If you have checked off Priority 1, you must attach proof of Displacement by Natural Forces such as report from Fire Department, letter from Board of Health or other government agency documenting destruction of your residence by earthquake, flood or other disaster.

Priority 2: Displaced by Public Action such as the building of a low rent public housing project, a public slum clearance, urban renewal project or other public improvement.

If you have checked off Priority 2, you must attach proof of Displacement by Public Action such as Relocation Notice, letter from Urban Renewal or other government agency documenting for public works project.

Priority 3: Displacement due to enforcement of minimum standards of fitness for human habitation established by Article 2 of the State Sanitary Code or local ordinances.

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 eachother.

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

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