



**STANDARD APPLICATION FOR STATE-AIDED PUBLIC HOUSING, MRVP & AHVP**

Date of receipt: _____
Time of Receipt: _____
Control Number: _____
Barrier Free: _____
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. **If you need additional space to provide an answer, please attach an additional sheet(s).**

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

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

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

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

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

Home Telephone ( ) \_\_\_\_\_ Work Telephone ( ) \_\_\_\_\_

2. **Type of Public Housing you are applying for:** (Check one)
- a. Elderly      b. Non-Elderly Handicapped      c. Congregate Elderly/Handicapped
- d. Family      e. MRVP      f. 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 or 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 design 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 to 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 applies 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 loss of housing, Severe Medical emergency and/or Victim of Abuse (domestic violence) where the housing situation significantly contributes to or is a direct threat to the life and safety of the applicant.

If you have selected one of the above emergency categories, **you must complete an emergency application in addition to the standard application.** All emergency applications must be accompanied by third party written documentation. [Click here for Emergency Application and description of process.](#)

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:
- a. Provide the name of the city/town in which you are employed \_\_\_\_\_  
Provide the dates of employment: From \_\_\_\_\_ to \_\_\_\_\_
5. **Veteran's Preference:**
- a. (Only for Family Housing) You may apply for Veteran's Preference if you are a wartime Veteran, the spouse, surviving spouse, dependent parent or child or divorced spouse with a dependent child of a wartime Veteran.
- b. (Only for Elderly/Handicapped Housing) You may apply for Veteran's Preference if you are a wartime Veteran who resides in this City or Town.

If you wish to apply for Veteran's Preference, list dates of U.S. Military service.

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? Specify:
- \_\_\_\_\_

7. Do you need a wheel chair accessible apartment? (Check One) YES NO

8. **Number of Bedrooms Needed:** (Check one) 1 2 3 4 5  
Please note that most elderly/handicapped housing developments have only one bedroom units.

9. Are you currently living in non-permanent transitional housing which is subsidized under the Massachusetts Alternative Housing Voucher Program? (Check One) YES NO

**If yes, you must attach documentation verifying AHVP participation.**

10. **Racial Designation:** (Responding to this question is optional.) Your status with respect to tenant selection procedures may be affected by this information. If anyone in your household is a Minority, you may classify your household in that Minority Category. (Circle one)

American-Indian Asian Black Hispanic White Other (specify) \_\_\_\_\_



11. Does anyone in your household own a car? (Check one) YES NO

Make of Car \_\_\_\_\_ Year \_\_\_\_\_ Reg. Number \_\_\_\_\_

Make of Car \_\_\_\_\_ Year \_\_\_\_\_ Reg. Number \_\_\_\_\_

12. Members of household to live in Unit, including Head of Household:

Name: First, Middle, Last	Relationship	Social Security Number *	Sex	Date of Birth	Occupation (Employed, At Home, Handicapped, Or Student)
	HEAD				

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

13. Is a change in the household composition expected? (Check one) YES NO

If YES, what type of change? \_\_\_\_\_ When? \_\_\_\_\_

14. **INCOME BEFORE DEDUCTIONS** - Estimate the Gross Income anticipated for **ALL** Household Members from all sources for the next 12 months. Specify all sources.

Household Member Name		Name and 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 and Annuities		\$

Household Member Name		Name and Address of Employer or Source of Income	Gross Income For Next 12 Months
	Regular Social Security Benefits and/or SSI		\$
	VA Disability Income		\$
	T. A. F. D. C. or Public Assistance		\$
	Regular Alimony Support Payments, Gifts		\$
	Other Income		\$

**TOTAL GROSS INCOME \$ \_\_\_\_\_**

**15. EXPENSES**

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

**TOTAL EXPENSES: \$ \_\_\_\_\_**

**16. ASSETS**

Do you own any real estate? (Check one.)      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 Number
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		

17. Have you sold, transferred or given away any real property or assets in the last three (3) years?

YES NO (Check one)

**If YES:** Date of Sale/Transfer: Month\_\_\_\_\_ Day\_\_\_\_\_ Year\_\_\_\_\_

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

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

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

(1) Name:\_\_\_\_\_ Telephone #: ( )\_\_\_\_\_

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

(2) Name:\_\_\_\_\_ Telephone #: ( )\_\_\_\_\_

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

19. **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) Address:\_\_\_\_\_ Apt. No.:\_\_\_\_\_ Dates: from\_\_\_\_\_ to present

Name of Primary leaseholder:\_\_\_\_\_

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

Name of Landlord:\_\_\_\_\_ Telephone: ( )\_\_\_\_\_

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



(2) Address: \_\_\_\_\_ Apt. No.: \_\_\_\_\_ Dates: from \_\_\_\_\_ to \_\_\_\_\_

Name of Primary leaseholder: \_\_\_\_\_

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

Name of Landlord: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

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

(3) Address: \_\_\_\_\_ Apt. No.: \_\_\_\_\_ Dates: from \_\_\_\_\_ to \_\_\_\_\_

Name of Primary leaseholder: \_\_\_\_\_

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

Name of Landlord: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

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

20. Have you, or any member or 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 Present 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 NO, please explain: \_\_\_\_\_

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

21. Are you a Board Member, employee, or a member of the immediate family of an employee or a Board Member of this Housing Authority? (If so, this will not necessarily disqualify your application.) (Check one) YES NO

If YES, please explain: \_\_\_\_\_

\_\_\_\_\_



22. Do you have any pets? (Check one) YES NO If YES, how many? \_\_\_\_\_  
Please describe: \_\_\_\_\_  
\_\_\_\_\_

23. **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 or in case of an emergency.

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

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

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

Telephone: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

24. **Criminal Record:**

Have you or any member of your household who will live in the unit been convicted of a felony or misdemeanor? (Check one) YES NO

If YES, please explain: \_\_\_\_\_  
\_\_\_\_\_

25. Do you or any member of your household who will live in the unit have any criminal matters pending? (Check one) 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 any 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 address, 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.

I acknowledge receipt of the Fair Information Practices Act Statement of Rights for all adult members of the household.

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

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

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



Fair Information Practices Act  
Statement of Rights

Local Housing Authorities collect information about applicants and tenants for their housing programs as required by law in order to determine eligibility, amount of rent, and correct apartment size. The information collected is used to manage the housing programs, to protect the public's financial interest, and to verify the accuracy of information submitted. Where permitted by law, it may be released to government agencies, other housing authorities, and to civil or criminal investigators and prosecutors. Otherwise, the information will be kept confidential and only used by housing authority staff in the course of their duties.

The Fair Information Practices Act established requirements governing housing authorities' use and disclosure of the information it collects. Applicants and tenants may give or withhold their permission when requested by the housing authority to provide information. However, failure to permit the housing authority to obtain the required information may result in delay, ineligibility for programs, or termination of tenancy or housing subsidy. The provision of false or incomplete information is a criminal offense punishable by fines and/or imprisonment.

As an applicant or tenant, you have the following rights in regards to the information collected about you.

1. No information may be used for any purpose other than those described above without your consent.
2. No information may be disclosed to any person other than those described above without your consent. If we receive a legal order to release the information, we will notify you.
3. You or your authorized representative have a right to inspect and copy any information collected about you.
4. You may ask questions and receive answers from the housing authority about how we collect and use your information.
5. You may object to the collection, maintenance, dissemination, use, accuracy, completeness, or type of information we hold about you. If you object, we will investigate your objection and will either correct the problem or make your objection part of the file. If you are dissatisfied, you may appeal to the Executive Director who will notify you in writing of the decision and of your right to appeal to the Department of Housing and Community Development.

I have read and understand this Fair Information Practices Statement of Rights and have received a copy for future reference. This form must be signed, dated and mailed with your application to each authority where you apply for housing.

Date \_\_\_\_\_

Signature \_\_\_\_\_



**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 ACCOMMODATION**

To: Accommodation Coordinator  
\_\_\_\_\_ Housing Authority

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

From: \_\_\_\_\_  
Applicant Name (please print) Control Number  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Town/City, State, Zip  
\_\_\_\_\_  
(\_\_\_\_\_) \_\_\_\_\_  
Area Code/Telephone 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



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

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

Date \_\_\_\_\_

**PHYSICIAN'S VERIFICATION OF HANDICAPPED STATUS FOR  
STATE-AIDED ELDERLY/HANDICAPPED HOUSING**

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

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

\_\_\_\_\_

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

I herby 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*



**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 No. (\_\_\_\_) \_\_\_\_\_

## **EMERGENCY APPLICATION PACKAGE**

Dear Applicant:

In order to apply for Emergency Housing, you must fill out and provide documents specific to the priority you are requesting as described on the Checklist of Required Verification Documents for Priority Status. You will also need to provide other documents that the LHA needs to determine your eligibility for Emergency Case Status as well as for the program(s) for which you have applied. Your Emergency Application will not be processed until you have provided everything required. A complete application will contain:

1. Standard Application for State-Aided Housing with required verifications attached.
2. Emergency Application for State-Aided Housing with required verifications attached.
3. Verification of income and assets for all household members (for example, last ten (10) weeks pay stubs, letter from Dept. of Transitional Assistance, Bank statements).
4. Family Housing- proof of children's ages.
5. Elderly/Handicapped Housing - proof of age or handicap (handicapped status must be verified on form).
6. Declaration of Residency and Authorization to Release Information

You may submit your Emergency Application now or at a later time when you believe that your circumstances meet the Emergency Case criteria. When your application is complete, the Housing Authority will notify you. If you decide that you do not want to apply for Emergency Case Status now, you do not need to submit anything further at this time.



**EMERGENCY APPLICATION FOR STATE-AIDED HOUSING**

Date of receipt: _____
Time of Receipt: _____
Control Number: _____
Barrier Free: _____
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 Code: \_\_\_\_\_

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.



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 date 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 of 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

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**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".**

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

\_\_\_\_ **PRIORITY 1:** Displaced by Natural Forces such as a fire not due to the negligence or 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 Agency or other government agency documenting displacement 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 a severe medical emergency if the applicant or member of the applicant household is suffering from an illness or injury posing a severe and medically documented threat to life or safety 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 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 signature is as valid as the original.**

\_\_\_\_\_  
Applicant’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Reviewer’s Signature

\_\_\_\_\_  
Date

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



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

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

\_\_\_\_\_

Date \_\_\_\_\_

**PHYSICIAN'S VERIFICATION OF SEVERE MEDICAL EMERGENCY**

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

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

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

I hereby authorize release  
of the requested information.

\_\_\_\_\_

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

Dear Dr. \_\_\_\_\_:

The above named applicant is seeking state-aided housing with this Authority and has indicated that he/she is being displaced or has been displaced from his/her current housing because of a severe medical emergency.

In order to determine whether to grant priority status for this applicant, we must secure verification of a qualifying severe medical emergency. Therefore, we would appreciate your completing the verification on the reverse and returning this form directly to the Housing Authority. A representative of the Authority may contact you at a later date to confirm the information.

Sincerely,

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



**PHYSICIAN'S VERIFICATION OF SEVERE MEDICAL EMERGENCY**

1. Is the applicant or member of the applicant's household suffering from an illness or injury which poses a severe and medically documented threat to life or safety? (circle one)

YES NO NO OPINION

If YES, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Is the applicant's current housing situation a cause of the illness or injury or is it a substantial impediment to treatment or recovery from this illness or injury? (circle one)

YES NO NO OPINION

If YES, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. How long has the applicant or household member been your patient? \_\_\_\_\_

4. For what are you currently treating the patient? \_\_\_\_\_

**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.

\_\_\_\_\_,MD  
Signature

\_\_\_\_\_  
Date

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

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

Telephone: (\_\_\_\_) \_\_\_\_\_



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

**APPLICANT'S DECLARATION OF RESIDENCY  
AND AUTHORIZATION TO RELEASE INFORMATION**

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: \_\_\_\_\_

X \_\_\_\_\_

Signature of Applicant