



David P. Connor
Executive Director



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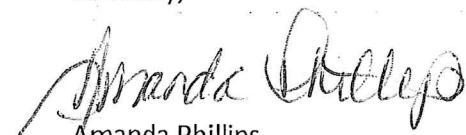
EMERGENCY APPLICATION INSTRUCTIONS

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 WHA needs to determine your eligibility for Emergency Case Status as well as for the program(s) for which you have applied. Your Emergency Application must be complete and eligible for this priority to be put into force. If you do not complete your Emergency Application, you may remain on the waiting list as a standard applicant.

If you have any questions or concerns regarding your application do not hesitate to contact our office.

Sincerely,



Amanda Phillips
Assistant Executive Director



**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.



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 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 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.



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

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.

Applicant's Signature

Date

Reviewer's Signature

Date





David P. Connor
Executive Director



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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

Medical Emergency Verification (Medemver)

11/2000

EQUAL HOUSING OPPORTUNITY

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: (_____) _____

Housing Search Form

I, _____ declare that I have made reasonable efforts to locate alternative housing in order to address my critical need for housing. These efforts, are documented below:

Type of Contact (Tel/Visit/Etc.):

Contact Person/ Address /Telephone Number:

Bedrooms:

Rent:

Reason Unavailable:

Type of Contact (Tel/Visit/Etc.):

Contact Person/ Address /Telephone Number:

Bedrooms:

Rent:

Reason Unavailable:

Type of Contact (Tel/Visit/Etc.):

Contact Person/ Address /Telephone Number:

Bedrooms:

Rent:

Reason Unavailable:

Type of Contact (Tel/Visit/Etc.):

Contact Person/ Address /Telephone Number:

Bedrooms:

Rent:

Reason Unavailable:

Type of Contact (Tel/Visit/Etc.):

Contact Person/ Address /Telephone Number:

Bedrooms:

Rent:

Reason Unavailable:

I understand that any false statement or misrepresentation may result in the denial of emergency case status. Signed under the pains and penalties of perjury.

Signature: _____ Date: _____