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 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.

Checklist of Required Verification Document for Priority Status

For Applicant Use

Checklist of Required Verification Documents for Priority Status

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

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.

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 verififying 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.

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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Department of Housing & Community Development

Revised 10/20/2004

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

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.

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

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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Department of Housing & Community Development

Revised 10/20/2004

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

TEWKSBURY HOUSING AUTHORITY
SAUNDERS CIRCLE
TEWKSBURY, MA 01876
978-851-7392

Name of Physician_____

Physician's Address_____
_____

Date_____

PHYSICIAN'S VERIFICATION OF SEVERE MEDICAL EMERGENCY

Control No._____

_____
Applicant's Name

_____
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,

_____
Tenant Selection Coordinator

EQUAL HOUSING OPPORTUNITY

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: (____)_____

Medical Emergency Verification (Medemver) 11/2000

EQUAL HOUSING OPPORTUNITY

REQUEST FOR ACCOMMODATION

To: Tewksbury Housing Authority
Saunders Circle
Tewksbury, MA 01876
978-851-7392

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

EQUAL HOUSING OPPORTUNITY

NOTICE TO ALL APPLICANTS:
REASONABLE ACCOMMODATIONS ARE AVAILABLE FOR APPLICANTS WITH MENTAL AND/OR PHYSICAL DISABILITIES

The Tewksbury Housing Authority (THA) does not discriminate against applicants on the basis of mental or physical disabilities. In addition, the THA 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 THA 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 THA'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 THA, 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 THA has assigned the Executive Director as its Accommodation Coordinator. If you need an accommodation because of a disability, please complete the attached form and return it to the THA addressed to his/her attention. 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 THA'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 THA 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.

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

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:**_____

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

EQUAL HOUSING OPPORTUNITY