



Barnstable Housing Authority

Leased Housing Dept: 508.771.7292
Telephone 508.771.7222 FAX: 508.778.9312
TDD/ TTY: 508-778-5333
146 South Street • Hyannis, MA 02601

OFFICE USE ONLY

Date of Receipt _____
Time of Receipt _____
Control # _____
Bedrooms 0 1 2 3 4 5
Priority Category _____
Preference Verification _____

EMERGENCY APPLICATION FOR CONVENTIONAL STATE-AIDED HOUSING

This EMERGENCY APPLICATION must be accompanied by a Standard Application or Waiting List Update Form completed and signed by the applicant **BOTH FORMS MUST BE SUBMITTED TO THE HOUSING AUTHORITY-AT THE SAME TIME. ALL Emergency applications MUST include written verification by a qualified third party as to the homelessness or the reason for the displacement. The Housing Authority will take NO action on this Application without Third Party written verification and a Personal Statement describing your situation.**

1. Name of Applicant _____

2. Current Address or Place you can be reached during the day:

Address _____

Home Telephone _____ Work Phone _____

3. Reason for Request for Priority Status: (check one)

____ **Homeless and displaced by Natural Forces** such as a fire not due to the negligence or intentional act of an adult member or the applicant household, or by earthquake, or flood, or by a disaster declared or formally recognized under disaster relief laws.

Third party written verification will be accepted from the local Fire Department, Public Works Department, or other recognized local government agency.

____ **Homeless and displaced by Public Action** such as the building or a low rent public housing project, or other recognized local government agency.

Third party written verification will be accepted from the local Renewal Agency, Building Department, City Planning Department, or other Recognized Local Government Agency.

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Homeless and Displaced due to enforcement of minimum standards of fitness for habitation established by Article 2 of the state Sanitary Code provided that an adult member of the applicant household has not caused or substantially contributed to the cause of enforcement proceedings, and the applicant has pursued available ways to remedy the situation by seeking assistance through the courts or appropriate administrative or enforcement agencies.

Third Party written verification will be accepted from the local Health Department, Housing Court, or other recognized local government agency.

Meets the criteria listed below:

- (a) Homeless or without a place to live or 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 and the situation would be alleviated by placement in an appropriate unit; and
- (b) The applicant has made reasonable efforts to locate alternative housing; and
- (c) The applicant has not caused or substantially contributed to the safety or life-threatening situation; and
- (d) The applicant has pursued available ways to prevent or avoid the situation by seeking assistance through the courts or appropriate administrative or enforcement agencies.

THIRD PARTY WRITTEN VERIFICATION will be accepted from social workers, shelter providers, social services agencies, housing courts, or code enforcement agencies.

4. Date of homelessness: Day _____ Month _____ Year _____

5. A **WRITTEN DESCRIPTION** of the reason (s) for homeless **MUST** accompany this application.

I certify that the information I have given in this application is true and correct and I understand the any false statement or misrepresentation may result in the cancellation of my application. I authorize the Housing Authority to make inquires to verify the information I have provided in this application. Signed under the pains and penalties of perjury:

Applicants Signature

Date

Interviewer / Reviewer's Signature

Date

Housing Search Log

I _____, do hereby declare that I have made reasonable efforts to locate alternative housing in order to address my critical need for housing. These efforts, as identified below, have consisted of:

Type of Contact (Tel./ Visit/ Email)	Contact Person / Tel. No./ Address	Bedrm Size	Rent Requested	Result of Search

I understand that any false statement or misrepresentation may result in the denial of emergency status.

Signed under the pains and penalties of perjury.

Signature

Date

BARNSTABLE HOUSING AUTHORITY
PRIORITY STATUS INFORMATION AND CHECKLIST
STATE PUBLIC HOUSING PROGRAMS
(667 & 705)

OVERVIEW

In order to be placed as a priority in either state-aided conventional public housing in accordance with 760 CMR 5.00, an applicant household must meet requirements regarding: 1) eligibility; 2) qualification for placement; and 3) entitlement to priority and preference status. The applicant household is the primary source of information. It is the applicant household's responsibility to obtain documentation, as required, to substantiate that the applicant household meets each of the above requirements. The attached information is intended to clarify both the process and the documentation requirements for priority status. This will ensure that all LHA's and potential applicants have consistent requirements for certification of an applicant household's eligibility and priority. Further, all applicants will have will have equal opportunity to document their housing circumstances.

Priority status may only be granted to an applicant who has been or is imminently faced with displacement from his/her primary residence (a primary residence is your principal home occupied for not less than 9 months of the year) as a result of specific circumstances and who:

- (a) is 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 would be alleviated by placement in an appropriate unit. (Applicants temporarily residing in a shelter should be considered without a place to live.);
- (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 the case of victims of domestic abuse, there is a presumption that they did not contribute to the safety of life-threatening situation); 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 agencies.

General Description of Priority Application Process

The following outlines in general terms the obligations of the LHA and the applicant throughout the process of tenant selection for priorities. A copy of the DHCD's regulation, 760 CMR 5.00 which governs these tenant selection matters is posted in the LHA's main office. In addition, a copy of our approved Emergency Case Plan is also posted. If you have questions, you should contact us at the number above.

Attached you will find a checklist entitled **Checklist of Required Verification Documents for Priority Status**. Each applicant requesting priority status must be given a copy of this checklist, marked based on their reported circumstances. In addition, a copy of the completed checklist, all supporting documentation and the application should be appended for the Authority's permanent records. If the Authority receives the application by mail, this checklist form should be sent to the applicant with a cover letter.

**CHECKLIST OF REQUIRED VERIFICATION DOCUMENTS
FOR PRIORITY STATUS
STATE HOUSING PROGRAMS**

Given to Applicant Control # _____

Date: _____ Given by: _____

Date: _____ Rec'd by: _____

You are again advised that your request for priority consideration (emergency application) cannot be processed and will not be effective until you have fully verified your housing circumstances and the events leading to your present situation. Until such time, we will process your standard application for housing. If you are found eligible pursuant to that application, you will be assigned selection category 7 which is standard. Therefore, if you fail to document priority status, you will be on the waiting list as a Standard Applicant at the original date the BHA 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 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 should be 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.

We have marked the documents which you are responsible for obtaining based upon the information you provided in your emergency application. You must submit, at a minimum, all of the following marked items. If you feel that you have documents over and above those required below, please feel free to give us copies. If you need clarification or have questions, please call our office at the telephone number listed above.

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Priority #1 – Homeless Displaced by Natural Forces

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

_____ **Fire:** Copy of the Official Fire Report. Report must be mailed directly by the Fire Department to the Housing Authority. The Report should be attested as a true copy.

_____ Proof that you were a resident of the affected property. You should submit such things as: rent receipts, copy of your lease or rental agreement.

_____ **Flood/Earthquake:** Copy of the official report from the Red Cross or Federal Disaster Agency (FEMA). Report must be mailed directly to the Housing Authority. Report should be attested as a true copy.

_____ 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:

_____ 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.

_____ If public action is pending, notification should be sent from the public agency directly to the Housing Authority.

_____ Proof that you were a resident of the affected property. You should submit such things 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:

_____ 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.

_____ A statement of efforts taken by you, the applicant, to remedy the situation prior to the actual condemnation and subsequent to the condemnation.

_____ Attached documents, to demonstrate your action(s), such as letters to the landlord, previous board of health notices, or court records.

_____ 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 is 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:

- _____ **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.

- _____ **B. SEVERE MEDICAL** – applicant household member is suffering from severe medical emergency, illness, or injury which is life-threatening and has been caused by a lack of suitable housing or the lack of such suitable housing is a substantial impediment to treatment or recovery.

- _____ **C. ABUSE** - Applicant is in an abusive situation.

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

- _____ **A. HOMELESS;** If you are homeless and living in a hotel, motel, or shelter, you housing search worker or shelter member must send written justification which certifies your homelessness directly to the Housing Authority. Substandard housing conditions must be verified as indicated by the X's above under Priority No. 3.

- _____ **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.

- _____ **C. ABUSIVE** situations need to be documented through some combination of the following, based on the applicant's individual circumstances. Since certain actions on the part of the 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:

- _____ Medical incidences – pattern or repeated occurrence
- _____ Police report _____ # reported occurrences
- _____ Court reports
- _____ Applicant has attempted to get a restraining order
- _____ Applicant has filed charges against accused

_____ Legal action

- _____ Letter from attorney stating case
- _____ Counseling
- _____ Psychological report
- _____ Director, social service agency
- _____ Last permanent address
- _____ changed address

_____ In all instances, you must be homeless as described 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, or a member of your household 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 items "a" through "d", then you **should write** a detailed explanation of the circumstances that lead 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 happened, and what you have been doing since it happened. We will contact you if we need any additional information.

Priority #5 – AHVP Participant

An applicant who is living in non-permanent, transitional housing subsidized by the AHVP.

_____ Documentation of the applicant's VOUCHER.

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:

_____ **MEDICAL** documentation from a 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.

_____ **HOUSEHOLD SIZE** -- a change in your household composition now requires that you move to a different size apartment. You must submit copies of official 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.

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