



**BOSTON HOUSING AUTHORITY**

Housing Service Center  
56 Chauncy Street, 1st Floor  
Boston, Massachusetts 02111



Phone: 617-988-3400  
Fax: 617-988-4214  
TDD: 800-545-1833 x420  
[www.BostonHousing.org](http://www.BostonHousing.org)

**PRIORITY ONE**

**Emergency Disability or Elderly Persons Relocation Certification**

Part I: To be completed by the applicant:

I, \_\_\_\_\_, authorize the release of information relating to my housing situation to the Boston Housing Authority.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Part II: To be completed by the applicant's present housing provider which includes a supportive service component.

The tenant listed below:

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

Meets ALL of the following Priority One Eligibility Criteria (please ensure that all applicable boxes are checked):

- The applicant is a disabled or an elderly individual; **AND**
- The applicant has been a tenant for not less than twelve months in a housing program for persons with a disability or elderly persons which includes a supportive services component; **AND**
- The applicant has outgrown or completed the program's services as determined by the housing program's service provider (provide documentation from the housing program's service provider's regarding the applicant's completion of the program; **AND**
- As a result of completing the program the applicant must relocate from such housing.

\_\_\_\_\_  
Name of Housing Program's Service Provider

Signature of Service Provider \_\_\_\_\_

Title of Service Provider: \_\_\_\_\_

Agency of Name: \_\_\_\_\_

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

Telephone number: \_\_\_\_\_ Date: \_\_\_\_\_