

**BOSTON HOUSING AUTHORITY**Occupancy Department
56 Chauncy Street
Boston, Massachusetts 02111-2375617-988-3400
TDD 1-800-545-1833 Ext. 420
www.BostonHousing.org

(This form is available in an alternative format upon request.)

PUBLIC HOUSING PROGRAMS PRIORITY SELF-CERTIFICATION FORM**PRINT NAME:** _____ **S.S#** _____

Please check off only the priority or priorities status(es) that verifies your current living situation. You must be in the specific situation that you are certifying when you complete, sign and submit this certificate. You will be required to submit the listed third party verification once you are contacted for your personal interview during the final eligibility determination screening process. During that process we will verify if you do qualify for the self-certified priority/priorities and therefore, to continue to final screening process and determine if you will be a suitable resident for the BHA's public housing program.

Please be advised, that if it is determined that you have **knowingly and willingly falsified information** by self-certifying a priority status for a living situation that you are not currently in, **you will be found ineligible for falsification** of information **for** a period of **three (3) years**.

PRIORITY CATEGORIES

Disaster: Displacement due to a disaster, such as flood or fire, that results in the un-inhabitability of your apartment or dwelling unit not due to the fault of your own and/or Household member(s) or beyond your control. **Verification must include:**

- ◆ A copy of the incident report from the local Fire Department, **and**
- ◆ A copy of your lease, or a statement from the property owner, verifying that you were the tenant of record at the affected address, **and**
- ◆ Verification from the Fire Department, the Inspectional Services Department, the Health Department or other appropriate agency that the dwelling unit is now uninhabitable, **and**
- ◆ The cause of the disaster if known. If you or a household member or guest was the cause of the disaster, approval for priority status will be denied unless mitigating circumstances are established to the satisfaction of Occupancy Department.

Condemned Housing: Your apartment have been declared unfit for habitation by an agency of government through no fault of your own. **Verification requirements are:**

- ◆ Third-party, written verification from the appropriate unit or agency of government certifying that you have been displaced or will be displaced in the next ninety days, as a result of action by that agency, including copy of the lease **and**
- ◆ The precise reason(s) for such displacement, **and** a copy of the "Condemnation Notice."

Court-Ordered/No-Fault Eviction: Eviction pursuant to an Order for Judgment (or Agreement for Judgment) issued by a court because of: (a) Landlord action beyond your ability to control or prevent, and the action occurred despite you having met all previously imposed conditions of occupancy and displacement was not the result of failure to comply with HUD and State policies in it's housing programs with respect to occupancy of under-occupied and overcrowded units or failure to accept a transfer to another unit in accordance with a court order or policies or procedures under a HUD-approved desegregation plan. **Verification requirements (all documents are required):**

- ◆ Submission of a fully completed "Certificate of Involuntary Displacement by Court Ordered/No Fault Eviction" **and**
- ◆ A copy of the Notice to Quit issued by the landlord or property manager; **and**
- ◆ A copy of the Summons and Complaint available from the court; **and**
- ◆ A copy of the Answer or other response(s) filed by you in court in response to the Complaint, if any; **and**
- ◆ A copy of the Judgment of the Court (Agreement for Judgment, Order for Judgment and Findings of Fact, or Default Judgment); **and** If applicable, a copy of the execution issued by the court and other documentation to verify no fault.

Displacement Due to Domestic Violence/Dating Violence/Sexual Assault or Stalking: Which is defined as displacement from an address where you were the tenant of record due to continuing actual or threatened physical violence (including sexual assault) directed against one or more of the household members. Verification must include submission of a fully completed "Certificate of Involuntary Displacement Due to Domestic Violence/Dating Violence/Sexual Assault or Stalking " or third-party, written verification from the local police department, a social service agency, a court of competent jurisdiction, a clergy member, a physician, or a public or private facility that provides shelter or counseling to the victims of domestic violence. Verification will not be considered valid unless it:

- ◆ Supplies the name of the abuser
- ◆ Describes how the situation came to verifier's attention; and
- ◆ Indicates that the threats and/or violence are of a recent (within the past six-(6) months) or continuing nature if you are still residing in the dwelling where the violence has occurred or is occurring.
- ◆ Indicates that you have been displaced because of the threats and/or violence or that you are in imminent danger where you now resides.
- ◆ You must supply the name and address of the abuser **AND**
- ◆ Provide documentation that you are/were a tenant of record.

Governmental Displacement: A Household is required to permanently move from their residence by a Federal, State or local governmental action such as code enforcement, public improvements or a development program. **Verification Requirements are:**

- ◆ Third-party, written verification from the appropriate unit or agency of government certifying that you have been displaced or will be displaced in the next ninety days, as a result of action by that agency; **and**
- ◆ The precise reason(s) for such displacement.
- ◆ Copy of the lease or a statement from the landlord.

Avoidance of Reprisal/Witness Protection: Relocation is required because: (A) a Household Member provided information or testimony on criminal activities to a law enforcement agency; and (B) based upon a threat assessment, a law enforcement agency recommends the relocation of the Household to avoid or minimize the risk of violence against Household Members as reprisal for providing such information. **Verification requirements are:**

- ◆ Submission of a fully completed "Certificate of Involuntary Displacement to Avoid Reprisal" or documentation from a law enforcement agency that you and/or a Household Member provided information on criminal activity; copy of the lease or a statement from the landlord; **and**
- ◆ Documentation that, following a threat assessment conducted by the agency, the agency recommends the relocation/re-housing of the household to avoid or minimize the threat of violence or reprisal to or against the Household Member(s) for providing such information. This includes situations in which you and/or Household Member(s) are themselves the victims of such crimes and have provided information (testimony) to a law enforcement agency.

Victim of Hate Crimes: A member of the Household has been a victim of one or more hate crimes AND the Household has vacated a dwelling unit because of this crime OR the fear associated with the crime has destroyed the peaceful enjoyment of the dwelling unit. **Verification must include:**

- ◆ Submission of a fully completed "Certificate of Involuntary Displacement by Hate Crimes" or documentation from a law enforcement agency that the Household Member(s) was/were a victim of such crime(s); **and** has vacated the dwelling because of such crime(s) or has experienced fear associated with such crime(s) and the fear has destroyed the peaceful enjoyment of their current dwelling unit and **proof** that the you were a tenant of record.

For disabled individuals only, inaccessibility of a critical element of their current dwelling unit: A member of the Household has a mobility or other impairment that makes the person unable to use a critical element of the current apartment or development **AND** the owner is not legally obligated under laws pertaining to reasonable accommodation to make changes to the apartment or dwelling unit that would make these critical elements accessible to the Household Member with the disability.

Verification Requirements are: the fully completed "Displacement due to Inaccessibility to the Dwelling Unit" that must include:

- ◆ The name of the household member who is a legal occupant and is unable to use the critical element;
- ◆ A written statement on the certificate from a Qualified Healthcare Provider verifying that the household member has a Disability (but not necessarily the nature of the Disability) and identifying the critical element of the dwelling which is not accessible and the reasons why it is not accessible; **and**
- ◆ The statement from the landlord or official of a government or other agency providing service to such Disabled Persons explaining the reason(s) that the landlord is not required to make changes which would render the dwelling accessible to the individual as a reasonable accommodation.

Homelessness: A Household lacks a fixed, regular and adequate nighttime place of habitation and the primary nighttime dwelling is one of the following:

a) A supervised public or private shelter designed to provide temporary living accommodations (includes welfare hotels, congregate shelters and transitional housing); or **b)** A public or private place not designed for human habitation. **c)** An Applicant or a member of his/her household is suffering from a medical condition or disability which precludes him/her from residing in a public or private shelter.

Persons living with tenants in private or subsidized housing, even if only temporarily DO NOT qualify as homeless, except for the situation described in category "c" which shall be reviewed and determined by the BHA's Director of Occupancy or designee.

*Persons who temporarily move to a shelter for the sole purpose of qualifying for this priority shall be determined ineligible.

Verification Requirements are: Submission of a "Certificate of Homelessness" fully completed by an appropriate source that he/she lacks a fixed, regular and adequate nighttime residence; or his/her primary nighttime residence is:

- ◆ a supervised public or private shelter designed to provide temporary housing accommodations (i.e., welfare hotels, congregate shelters and transitional housing);
- ◆ a public or private place not designed for human habitation; and
- ◆ A third-party written verification from a public or private facility that provides shelter for homeless individuals, the local police department, or a social services agency, certifying the Applicant's homeless status in accordance with the definition in this policy.
- ◆ Medical documentation verifying the existence of the medical condition or disability including the reason(s) the Applicant may not reside in a public or private shelter and acceptable verification of the current housing arrangements.

None of the Above are Applicable.

THE FOLLOWING PRIORITY CATEGORIES APPLY TO ELDERLY/DISABLED PUBLIC HOUSING PROGRAM APPLICANTS ONLY

Excessive Rent Burden: The household pays more than 50% of its total monthly income for rent and utilities (excluding telephone, internet and cable TV). **Verification requirements are:** Submission of a fully completed "Certificate of Excessive Rent Burden" form and all required documentation listed on the Certificate.

Imminent Landlord Displacement: You have not yet been evicted by Court-order BUT your landlord has notified you that you must vacate your dwelling unit through no-fault of your own, unrelated to a rent increase, and you have already vacated the dwelling unit or you will vacate the dwelling unit within the next six (6) months. Verification requirements are: Submission of a fully completed "Certificate of Involuntary Displacement by Landlord Action" form and all required documentation listed on the Certificate.

I hereby certify under pains and penalties of perjury that I have checked-off only the priority/priorities status(es) which reflect and describe my current living situation. I further understand that I must inform the Occupancy Department in writing if my current living situation changes and I obtain permanent housing. I understand that if I knowingly and willingly provide false information I will be determined ineligible for all BHA housing programs. Furthermore, I certify that I am residing at the following address since the date indicated below:

I am living at _____ Since _____
Complete address where currently living Month/Day/Year

Applicant Head of Household Signature _____ Social Security # _____ Date _____

Applicant Co-Head of Household Signature _____ Social Security # _____ Date _____

This is an important document. If you require interpretation, please call the telephone number below or come to our offices.
 Este es un documento importante. Si necesita interpretación, por favor llame al número de teléfono que aparece abajo o visite nuestras oficinas.
 這是一份非常重要的文件。如果您需要翻譯服務，請撥下面的電話或前往我們的辦公室
 Isto é um documento importante. Se exige interpretação, por favor chama o número de telefone embaixo ou vem a nossos escritórios.
 Это важный документ. Если Вам требуется перевод, пожалуйста позвоните нам (телефонный номер ниже). Или придите в наш офис.
 Đây là một tài liệu quan trọng. Nếu quý vị cần phiên dịch, vui lòng hãy gọi cho số điện thoại bên dưới hoặc đến các văn phòng của chúng tôi.
ខ្ញុំបញ្ជាក់ក្រោមការបញ្ជាក់ថា ខ្ញុំបានត្រួតពិនិត្យស្ថានភាពជំនាញស្របច្បាប់សម្រាប់ប្រើប្រាស់ប្រព័ន្ធប្រតិបត្តិការស្នាក់នៅសាធារណៈ។
ဟူ၍ ငါတို့ သက်တမ်းအတိုင်း ငါတို့၏ လက်မှတ်ထိုးပါသည်။
 Sa a se yon dokiman enpòtan. Si ou bezwen entèpretasyon, tanpri rele nimewo telefòn ki anba la a oswa vini nan biwo nou.
 Tani waa dhokomentii muhiim ah. Haddii aad rabto tarjumad, fadlan wac lambarka hoos ku qoran ama imow xafiisyadayada.
 هذه وثيقة مهمة، وإذا كنت في حاجة إلى ترجمة فورية، يرجى الاتصال على رقم الهاتف المذكور أدناه أو أن تتفضل بالمجيء إلى مكتبنا.
 این یک سند بسیار مهم است. اگر به ترجمه آن نیاز دارید، لطفاً با شماره تلفن زیر تماس بگیرید یا به دفتر ما مراجعه کنید.
Telephone No. : (617) 988-3400

