



**BOSTON HOUSING AUTHORITY**  
 Occupancy Department  
 52 Chauncy Street, 3<sup>rd</sup> Floor  
 Boston, Massachusetts 02111-2375

617-988-3400  
 TDD 1-800-545-1833 Ext. 420  
 www.BostonHousing.org

## **CERTIFICATE OF HOMELESSNESS**

This form is available in an alternative format upon request.

**Definition:**

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; or **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

**Verification Requirements:**

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; or 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, or 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.

**NOTE:** For the Section 8 Housing Programs you must meet the following criteria: For purposes of the above section "C", the BHA will consider a person's condition as severe when medical treatment cannot be provided in a shelter environment due to the high risk of endangering the health of the individual or exacerbating the condition as verified by a medical provider.

**AN OFFICIAL FROM A PUBLIC SHELTER; SOCIAL SERVICE; OR HEALTH CARE AGENCY MAY COMPLETE THIS FORM.**

**A POLICE DEPARTMENT OFFICIAL MAY ONLY RESPOND TO ITEMS C or D BELOW:**

*NOTE: The person completing this form MUST be serving in an official capacity AND must have direct knowledge of the applicant's current living situation based on a professional relationship with the applicant.*

Please check which of the following describes the applicant's current shelter arrangements.

- A.  S/he is residing in housing where the applicant is the tenant of record or legal occupant based upon a lease or occupancy agreement.
- B.  S/he is currently residing in a recognized, supervised shelter, transitional housing program, hotel or welfare motel providing temporary accommodations for homeless people.  
 Shelter Name: \_\_\_\_\_ Date entered: \_\_\_\_\_
- C.  S/he is currently without a fixed, regular nighttime residence. Please specify living accommodations: \_\_\_\_\_  
 \_\_\_\_\_
- D.  S/he is currently residing in a public/private place not ordinarily used as sleeping accommodations for human beings. Please specify: \_\_\_\_\_  
 \_\_\_\_\_
- E.  Other- Medical related. Attached medical documentation.

**Name of Applicant:** \_\_\_\_\_ **SS#:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Agency Name:** \_\_\_\_\_

**Agency Address:** \_\_\_\_\_

**Daytime Phone:** ( \_\_\_\_\_ ) \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Client# \_\_\_\_\_

**HOUSING HISTORY (TO BE COMPLETED BY APPLICANT)**

**NOTE: All applicants for Homeless Priority must complete a THREE year housing history as part of their request for priority status.**

Provide below information about all the places where you have lived during the past three years. Start with your present address and work backwards. Include everywhere that you have lived for at least one month, except for vacations. If your family has two heads of household who have not lived together during the entire three years, provide the information for each head separately for those periods during which you have lived separately. If you have lived with relatives or friends who were directly responsible for paying rent, provide the name of that person.

<u>Period</u> <u>From - To</u> <u>month/yr - month/yr</u>	<u>Complete Address</u> <u>And (Daytime) Phone Number</u>	<u>Person</u> <u>Responsible For</u> <u>Paying Rent</u>	<u>Your Reason For Leaving</u>
/ - /			
/ - /			
/ - /			
/ - /			
/ - /			

**TO BE COMPLETED BY THE APPLICANT:**

I, \_\_\_\_\_, (SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_), authorize the release of the above information to the Boston Housing Authority. I also hereby certify that I have not secured standard, permanent replacement housing to resolve the housing need which I have claimed as a priority status applicant for public housing. I agree that if my circumstances should change at any time, I will immediately notify the BHA's Occupancy Department ***in writing*** (electronic/fax messages are **not acceptable**).

I understand that any falsification, misrepresentation or concealment of information will be considered grounds for denying admission to BHA housing for a period of three (3) years.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (Please Print): \_\_\_\_\_

**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.  
**ខ្ញុំសូមជូនដំណឹងថាឯកសារនេះមានសារៈសំខាន់ខ្លាំងណាស់។ ប្រសិនបើលោកអ្នកត្រូវការការបកប្រែ សូមទូរស័ព្ទលេខខាងក្រោមនេះមកកាន់ ឬ អញ្ជើញមកទាក់ទងដោយផ្ទាល់នៅការិយាល័យយើងផង។**  
 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 ka 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**

