**Displaced Due to Being a Victim of a Hate Crime**

Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Client ID or SSN: \_\_\_\_\_\_\_\_\_\_

**Displaced Due to Being a Victim of a Hate Crime**: An Applicant Household Member or I were/was:

1. A victim of a hate crime

**AND**

1. Vacated my unit of record **and** I remain displaced because of this crime

**OR**

1. The related fear has ruined the peaceful enjoyment of my unit of record.

A **Hate Crime** is any criminal act coupled with overt actions motivated by bigotry and bias.

**Applicant Certification of Displaced Due to Being a Victim of a Hate Crime**

I hereby certify that an Applicant household Member or I is/am a victim of a hate crime and vacated the unit because of this crime, OR the related fear has ruined the peaceful enjoyment of my unit.

I understand that any falsification, misrepresentation, or concealment of information is grounds for admissions denial to BHA housing for a period of three (3) years.

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

**Required Verification:**

(1) A letter from a law enforcement agency confirming that on Applicant Household Member or I were/was a victim of a Hate Crime(s); **AND**

(2) Proof of residence at the address of displacement; **AND**

(3) Proof that you do not live in permanent housing **OR** that you live in housing where you are overcrowded or cost burdened.

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