

Federal Emergency Application Instructions - Please read these documents carefully:

Dear Applicant:

In order to apply for Emergency Housing, you must fill out and provide documents specific to the priority you are requesting as described on the Checklist of Required Verification Documents for Priority Status. You will also need to provide other documents that the Housing Authority needs to determine your eligibility for Emergency Case Status as well for the program(s) for which you have applied. **Your Emergency Application will not be processed until you have provided everything required. A complete application contains:**

1. A Standard Application for Federal-Aided Housing must be completed or already on file.
2. Emergency Application for Federal-Aided Housing must be completed and all the required supporting verifications must be attached for consideration of emergency status.
3. Checklist of Required Verifications Required For Documenting Priority Status.
4. Declaration of Residency and Authorization to Release Information Form.
5. Completion of the attached physician form is **required for all applicants claiming priority 4B entitled "severe medical emergencies"; (medical must indicate if the applicant has any special needs due to a disability – first floor, wheelchair accessible, etc.).**
6. The Housing Search form must be completed and must reflect where you have applied for alternative housing including other housing authorities.

You may submit your Emergency Application now or at a later time when you believe that your circumstances meet the Emergency Case criteria. **Emergency applications will not be processed without submission of all the required supporting documentation. You will be notified in writing by the housing authority only when your application is complete.** If you decide that you do not want to apply for Emergency Case Status now, you do not need to submit anything further at this time.

11/28/17

**EMERGENCY APPLICATION FOR
FEDERALLY-AIDED HOUSING**

Date of Receipt:	_____
Time of Receipt:	_____
Control Number:	_____
Barrier Fee:	_____
First Floor:	_____
Elderly/Handicapped:	_____
Race:	_____
Priority Category:	_____
Preference Category:	_____
Language:	_____

Incomplete applications will not be processed. Please complete all information requested on the application. If a question is not applicable, please write N/A. Make sure you sign the last page.

(PLEASE PRINT)

Name of Applicant: _____

Mailing Address of Applicant: _____

City/Town: _____ State: _____ Zip: _____

Telephone Number that Applicant can be Reached at: _____

This Emergency Application must include written verification by a third party as to the priority status that you are claiming. The Housing Authority will not accept this application without third party verification, and a completed Standard Application. Verification includes letters from social workers, shelters, social service agencies, or code enforcement agencies that confirm that you meet the definition of "homeless applicant". Your application will not be processed until you have provided everything required by the Emergency Application Package and a completed Standard Application.

In order to be found eligible for Emergency Case Status, you must be a "Homeless Applicant" as defined below AND qualify for one of the priorities listed below.

Definition of Homeless Applicant

An Applicant who:

- (a) is without a place to live or is in a living situation in which there is a significant, immediate, and is a direct threat to the life or safety of the applicant or a household member which situation would be alleviated by placement in a unit of appropriate size, **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, **and**
- (d) has pursued available ways to prevent or avoid the situation by seeking assistance through the courts or appropriate administrative or enforcement agencies, **and**
- (e) is displaced from the residence in which the applicant household lived at least nine (9) months of the year.

(Attach supporting documentation and return with complete Emergency Application Package)

1. Do you meet each of the requirements of the definition of "Homeless Applicant" set out on the previous page? (check one)

YES NO

If YES, describe how you meet **each** of the above requirements: _____

2. On what day did you become, or will you become displaced from your primary residence?
Day _____ Month _____ Year _____

3. **Local Preference, Emergency Applicants Only.** If you are homeless and applying for Emergency Housing you may choose to be considered a resident from the city/town from which you were displaced or a resident in the city/town in which you are temporarily housed.

Please provide the name of the community you choose to be declared a resident for the purposes of tenant selection.

ALL EMERGENCY APPLICANTS MUST ATTACH PROOF OF HOMELESSNESS. ACCEPTABLE VERIFICATION INCLUDES LETTERS FROM SOCIAL WORKERS, SHELTERS, SOCIAL SERVICE AGENCIES, OR CODE ENFORCEMENT AGENCIES THAT CONFIRM THAT YOU MEET THE DEFINITION OF "HOMELESS APPLICANT".

4. Check off the priority category that you believe applies to your situation:

Priority 1: Displaced by Natural Forces such as a fire not due to the negligence of intentional act of applicant, or member of applicant's household, or by an earthquake, or flood, or by a disaster declared or formally recognized under disaster relief laws.

If you have checked off Priority 1, you must attach proof of Displacement by Natural Forces such as report from Fire Department, letter from Board of Health or other government agency documenting destruction of your residence by earthquake, flood or other disaster.

Priority 2: Displaced by Public Action such as the building of a low rent public housing project, a public slum clearance, urban renewal project or other public improvement.

If you have checked off Priority 2, you must attach proof of Displacement by Public Action such as Relocation Notice, letter from Urban Renewal or other government agency documenting for public works project.

Priority 3: Displacement due to enforcement of minimum standards of fitness for human habitation established by Article 2 of the State Sanitary Code or local ordinances.

If you have checked off Priority 3, you must attach proof of Displacement due to State Sanitary Code enforcement such as a copy of the complaint listing code violations, placard, notices or letter from Board of Health documenting condemnation.

(Attach supporting documentation and return with complete Emergency Application Package)

PRIORITY 4— EMERGENCY CASE PLAN CATEGORIES

A. Homeless and Facing a Significant Immediate and Direct Threat to the Life or Safety of the Applicant or any Household Member for Causes Other than the Fault of the Applicant or Member of the Applicant Household.

If you have checked off Priority 4A, you must attach: Proof of No-Fault Loss of Housing such as summary process summons and complaint, court decision and execution from the court.

B. Severe Medical Emergencies. An applicant is suffering from a severe medical emergency if the applicant household is suffering from an illness or injury posing a severe and medically documented threat to life which has been significantly caused by the lack of suitable housing or as to which the lack of suitable housing is a substantial impediment to treatment or recovery.

If you have checked off Priority 4B, you must attach:

1. Proof of Medical Condition such as certification by physician on Housing Authority form.
2. Proof of Unsuitable Housing such as letter from landlord, visiting nurse or Board of Health documenting unsuitability of current housing, or photographs of current housing showing unsuitable features.

C. Abusive Situation. An applicant is in an abusive situation if the applicant or member of the applicant household is determined by the LHA to be a victim of abuse as defined in the Abuse Prevention Act (G.L. c.209A, §1), which abuse constitutes a significant and direct threat to life or safety. The Abuse Prevention Act defines "abuse" as the occurrence of one or more of the following acts between "family or household members": (1) attempting to cause or causing physical harm; (2) placing another in fear of imminent serious physical harm; or (3) causing another to engage in involuntarily in sexual relations by force, threat or duress. "Family or household members" are individuals who are related by blood or marriage, have a child together, or who now or formerly resided in the same household or dated each other.

If you have checked off Priority 4C, you must attach: Proof of Abusive Situation such as copies of medical reports, police reports, restraining orders, applications for criminal complaints, social service evaluations.

EMERGENCY APPLICATIONS SUBMITTED WITHOUT REQUIRED DOCUMENTATION WILL BE DENIED.

APPLICANT'S CERTIFICATION:

I certify that the information that I have given in this application is true and correct, and I understand that any false statement or misrepresentation may result in the rejection of my application. I authorize the Housing Authority to make inquiries to verify the information that I have provided in this application.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY. I understand a photocopy of this application and a photo copy of this signature is valid as the original.

Applicants Signature

Date

Reviewer's Signature

Date

(Attach supporting documentation and return with complete Emergency Application Package)

Federal Checklist of Required Verifications Required For Documenting Priority Status – Please Read This Carefully – Emergency Applications Will Not Be Processed Until You Have Provided All Required Documents:

For Applicant Use

Checklist of Required Verification Documents for Priority Status

Please be advised that a request for priority consideration (emergency application) cannot be processed and will not be effective until such time as you have fully verified your housing circumstances and the events leading to your present situation. Until such time, the Housing Authority will process your standard application for housing. If you are found eligible pursuant to that application you will be assigned selection category 5, Standard. In doing so, should you fail to document priority status you will be on the waiting list as a Standard Applicant at the original date the Housing Authority 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 or about to be 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 are 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.

The following is a list of the types of documents which you are responsible for obtaining to verify the information you provided in your emergency application. **You must submit the documents that pertain to your circumstances. If you feel that you have documents over and above those required below, please provide the Housing Authority copies.** If you need clarification or have questions, please call the Housing Authority to which you are applying.

Priority #1 – Homeless, Displaced By Natural Forces

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

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

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

- o Proof that you were a resident of the affected property. You should submit such items as: copy of your lease/rental agreement or utility bills.

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:

- o 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.

- o If public action is impending, notification should be sent from the public agency directly to the Housing Authority.

- o Proof that you were a resident of the affected property. You should submit items as: a copy of your lease/ rental agreement or utility bills.

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:

- o 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.

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

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

- o Proof that you were a resident of the affected property. You should submit such items as: a copy of your lease/rental agreement or utility bills.

Priority #4 -Emergency Case Category(ies)

Our approved Emergency Case Plan is posted in our administrative offices and 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:

- o 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.

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

- o C. ABUSE, applicant is in an abusive situation.

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

- o A. HOMELESS If you are homeless and living in a hotel, motel, or shelter, your housing search worker or a shelter staff member must send written justification which certifies your homelessness

directly to the Housing Authority. Substandard housing conditions must be verified under Priority No. #3.

o 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.

o C. **ABUSIVE situation needs to be documented through some combination of the following, based on the applicant's individual circumstances.** Since certain actions on the part of 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, a Housing Authority must obtain additional documentation until the Housing Authority feels that a reasonable showing of the abusive situation has been made.** Examples of documentation could include one or more of the following:

- o medical incidences - pattern or repeated occurrence
- o police report
- o # reported occurrences
- o court reports
- o applicant has attempted to get restraining order
- o applicant has filed charges against accused
- o legal action
- o letter from attorney stating case
- o counseling
- o psychological report
- o director, social service agency
- o last permanent address
- o changed address

o **In all instances, you must be homeless as defined below:**

- a. you are without or about to be without a place to live or are in a life threatening situation **and**;
- b. you have made efforts to locate alternative housing **and**;
- c. you 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 of the items "a" through "d" then you should write a detailed explanation of the circumstances that led 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 did happen, and what you have been doing since it happened.

Control No. _____

Applicant's Declaration of Residency and Authorization to Release Information-Federal

I hereby declare that I am “homeless” as defined by the federal regulations, and that I am a resident of _____ the City/Town:

check one below:

_____ from which I was displaced through no fault of my own.

_____ in which I am temporarily housed.

I certify that I have not declared myself a resident in any other city or town for the purpose of obtaining local resident preference, and I hereby authorize other local housing authorities and nonprofit agencies to release information to the Housing Authority to verify this certification. If my temporary address changes and I need to change my declaration of local residency, I will immediately notify the Housing Authority, and I authorize other local housing authorities and nonprofit agencies to immediately notify the Housing Authority of the change.

I understand that I am signing this form under the pains and penalties of perjury.

Signature of Applicant: _____

Date: _____

11/01/14

TAUNTON HOUSING AUTHORITY

30 OLNEY STREET - SUITE B
TAUNTON, MASSACHUSETTS 02780-4141

COMMISSIONERS

F. ROGER HOFFMANN
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EXECUTIVE DIRECTOR
COLLEEN M. DOHERTY

PHYSICIAN'S VERIFICATION OF SEVERE MEDICAL EMERGENCY

FOR USE WITH FEDERAL EMERGENCY APPLICATION ONLY

Date: _____

Name of Physician _____

Address of Physician _____

Applicant's Name _____

Applicant's Address _____

I hereby authorize the release of the following information to the Taunton Housing Authority.

Applicant's Signature

The above named applicant is seeking **Federal emergency housing** with this Authority and has indicated that he/she is being displaced or has been displaced from his/her current housing as a result of a severe medical emergency.

In order to determine whether to grant priority status to this applicant, we must secure verification of a qualifying severe medical emergency. We would appreciate your prompt response to **all of the questions** on this form and then returning it directly to the Housing Authority. A representative of the Authority may contact you at a later date to confirm this information.

Karen E. Anthony
Resident Selector

1. Is the applicant or member of the applicant's household suffering from an illness or injury which poses a severe and medically documented threat to life or safety; (please circle one)

YES NO NO OPINION

If YES, please explain: _____

2. Is the applicant's current housing situation a cause of the illness or injury or is it a substantial impediment to treatment or recovery from this illness or injury; (please circle one)

YES NO NO OPINION

If YES, please explain: _____

3. How long has the applicant or household member been your patient? _____

4. For what are you currently treating the patient? _____

I certify that the information provided above represents my professional judgment and is true and correct to the best of my knowledge and belief.

Physician Signature

PLEASE PRINT THE FOLLOWING INFORMATION:

Name: _____

Address: _____

Telephone Number: _____

Date: _____

KEA/
5/20/16

Federal Housing Search Form

I, _____ declare that I have made reasonable efforts to locate alternative housing in order to address my critical need for housing; **including applying at other housing authorities as indicated below. My efforts, are documented specifically below; (if additional space is needed please use the back of this form or an additional piece of paper):**

Type of Contact (Tel/Visit/Etc.):

Contact Person/ Address /Telephone Number:

Bedrooms:

Rent:

Reason Unavailable:

Type of Contact (Tel/Visit/Etc.):

Contact Person/ Address /Telephone Number:

Bedrooms:

Rent:

Reason Unavailable:

Type of Contact (Tel/Visit/Etc.):

Contact Person/ Address /Telephone Number:

Bedrooms:

Rent:

Reason Unavailable:

Type of Contact (Tel/Visit/Etc.):

Contact Person/ Address /Telephone Number:

Bedrooms:

Rent:

Reason Unavailable:

Type of Contact (Tel/Visit/Etc.):

Contact Person/ Address /Telephone Number:

Bedrooms:

Rent:

Reason Unavailable:

Type of Contact (Tel/Visit/Etc.):

Contact Person/ Address /Telephone Number:

Bedrooms:

Rent:

Reason Unavailable:

I understand that any false statement or misrepresentation may result in the denial of emergency case status. I understand that I have signed this form under the pains and penalties of perjury.

Signature: _____ Date: _____

11/01/14