SOMERVILLE HOUSING AUTHORITY
30 Memorial Road, Somerville, Massachusetts 02145
Telephone (617) 625-1152 TDD (617) 628-8889

EMERGENCY HOUSING PACKAGE FOR FEDERAL-AIDED HOUSING

Control Number: _____
SHA use only

Dear Applicant for Federal-Aided Housing:

In order to apply for Emergency Housing, you must fill out a number of forms which are contained in this package, and provide other documents that we need to determine your eligibility for Emergency Case Status as well as for the program(s) for which you have applied. Your application will not be processed until you have provided everything required in this package.

A complete application will contain:

1. Emergency Preference Application for Federally-Aided Public Housing with applicable verifications attached.

2. Fair Information Practices Act Statement of Rights and General Authorization for Release of Information signed by applicant.

3. Verification of income and assets for all household members *(for example, last ten (10) weeks pay stubs, letter from Welfare Dept., bank statements*).

4. Family applicants - proof of children's ages and letter from school giving name of child and home address.

5. Elderly/Handicapped applicants - proof of age or handicap (handicapped status must be verified on SHA form).

6. Verification of Immigration Status.

7. Forms requested in this Emergency Housing Package for Federal-Aided Housing.

You may submit your Emergency Application Package now or at a later time when you believe that your circumstances meet the emergency criteria. When your application is complete, the Somerville Housing Authority will contact you to come in for an interview. 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.

If you have any questions, please call the Tenant Selection Department at (617) 625-1152.

Sincerely,
Tenant Selection Department

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SOMERVILLE HOUSING AUTHORITY
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EMERGENCY PREFERENCE APPLICATION FOR FEDERAL-AIDED PUBLIC HOUSING

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 Code: _____

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 Somerville Housing Authority will not accept this application without third party verification, and a completed "Emergency Preference Application for Federal- Aided Public Housing". 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 and requested of you in this Emergency Application Package.

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 preferences 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**

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(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; **and**

(e) is displaced from the residence in which the applicant household lived at least nine (9) months of the year.

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

YES NO

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

2. On what date did you become, or will you become, displaced from your primary residence?
Day_____ Month_____ Year_____

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".

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

_____**EMERGENCY PREFERENCE 1:** Displaced by Natural Forces such as a fire not due to the negligence or 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 Emergency Preference 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.

_____ **EMERGENCY PREFERENCE 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 Emergency Preference 2, you must attach proof of Displacement by Public Action such as Relocation Notice, letter from Urban Renewal Agency or other government agency documenting displacement for public works project.

_____ **EMERGENCY PREFERENCE 3:** Displacement due to code enforcement/s.

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

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_____ EMERGENCY PREFERENCE 4

A. NO FAULT LOSS OF HOUSING

To qualify for this priority, the applicant must be the primary tenant of the housing unit and be evicted by the court through no-fault of the applicant or a member of the applicant's family. Evictions for breach of a written or an oral lease agreement may not be considered no-fault.

In general, evictions or breach of a written or oral letting agreement will not be considered "no fault" evictions. However, where the actions or inactions constituting the breach were beyond the control of the applicant or member of the applicant's proposed household, then eviction shall be considered "no fault". Examples of such "no fault" evictions for lease breach may include non-payment of rent where:

- The tenant is laid off or otherwise loses employment through no fault of his or her own;
- A family member who was contributing income toward the rent leaves the household;
- A family member who was contributing income toward the rent dies or becomes disabled and unable to work or who is only able to work part-time as a result of disability;
- The family's shelter burden was in excess of fifty percent of the gross household income
- Evictions for property damage or interference with neighbors where such damage or interference was committed by a spouse or adult child who will **NOT** be occupying the proposed public housing unit.

If you have checked off Emergency Preference 4(A), 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. MEDICAL EMERGENCIES

To qualify for this preference, the applicant or a member of the applicant's family apartment is determined by the SHA to have become unsuitable due to an illness or an injury which poses a severe or medically documented threat to life or safety and the lack of suitable housing are a substantial impediment to treatment or recovery of the applicant or applicant's family member.

If you have checked off Emergency Preference 4(B), you must attach:

1. Proof of medical condition such as certification by physician on SHA form
2. Proof of unsuitable housing such as letter from landlord, visiting nurse, or Board of Health, documenting unsuitability or photographs of current housing showing unsuitable features.

_____ **C. DOMESTIC VIOLENCE**

To qualify for this preference, the applicant is displaced by an abusive situation and the applicant or a household member listed on the application is determined by the SHA to be a victim of abuse by another member of the applicant's current household. Abuse is defined by the Abuse Prevention Act M.G.L. c.209A or as defined by the Elderly Abuse Reporting Act M.G.L. c.19A.

If you have checked off Preference 4(C), you must attach: proof of abusive situation such as copies of Medical reports, police reports, applications for criminal complaints or social service evaluations. A copy of restraining order/s is optional.

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 Somerville Housing Authority and or it agents 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 signature is as valid as the original).

_____ _____
Applicant's Signature Date

_____ _____
Reviewer's Signature Date

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

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EMERGENCY PREFERENCE APPLICATION FOR FEDERAL-AIDED PUBLIC HOUSING

PART I

Standard Control No. _____

A. Name of Applicant: _____

Current Address: _____ Apt. No.: _____

City/Town: _____ State: _____ Zip: _____

Mailing Address: _____ Apt. No. _____

City/Town: _____ State: _____ Zip: _____

Home Telephone: (____) _____ Work Telephone: (____) _____

B. Type of housing you are applying for: (circle all that apply)

a. Family public housing **b.** Elderly/handicapped public housing

C. Do you need a wheelchair accessible unit? (circle one) YES NO

PART II HOUSEHOLD COMPOSITION

LIST THE HEAD OF HOUSEHOLD AND ALL OTHER PERSONS WHO WILL BE LIVING IN THE UNIT SHOULD WE BE ABLE TO FIND YOU ELIGIBLE. LIST NAME, THE RELATIONSHIP OF EACH PERSON TO THE HEAD OF HOUSEHOLD (SON, DAUGHTER, HUSBAND), BIRTH DATE, SEX, AND SOCIAL SECURITY NUMBER OF ALL PERSONS LISTED.

First name, middle initial, and last name of everyone to live in the household.	Relation to head of household	Sex	Date of Birth	Social Security Number
_____	Head of Household	M F	/ /	- -

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PART II HOUSEHOLD COMPOSITION, *continued*

First name, middle initial, and last name of everyone to live in the household.	Relation to head of household	Sex	Date of Birth	Social Security Number
1.		M F	/ /	- -
2.		M F	/ /	- -
3.		M F	/ /	- -
4.		M F	/ /	- -
5.		M F	/ /	- -
6.		M F	/ /	- -
7.		M F	/ /	- -
8.		M F	/ /	- -

Please circle and/or fill in the appropriate answer.

1. Does anyone live with you now who is not listed on this application?

YES NO If yes, please explain: _____

2. Do you plan to have anyone live with you in the future who is not listed on this application?

YES NO If yes, please explain: _____

3. How many people live with you now? _____

4. How many bedrooms are in your current apartment? _____

5. Are you being displaced or evicted from your current housing unit?

YES NO If yes, please explain: _____

6. Were you, or a member of your household, a former participant of an SHA public housing or rental assistance program whose participation was terminated in bad standing or who currently owes back rent, fees or costs to SHA?

YES NO If yes, please explain: _____

7. Were you or a member of your household ever a participant in a Federal Housing Program?

YES NO If yes, please explain: _____

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PART III HOUSEHOLD INCOME

Please circle the appropriate answer for each of the following questions. Provide the details of your income in the charts in paragraphs 23 and 24 below.

1.	Is any member of your household employed, part time, full-time or seasonal?	YES	NO
2.	Does any member of your household expect to work during the next twelve months?	YES	NO
3.	Does anyone in your household work for someone who pays them in cash?	YES	NO
4.	Is any member of your household on leave of absence from work due to layoff, medical or maternity leave?	YES	NO
5.	Does any member of your household receive or expect to receive child support?	YES	NO
6.	Does any member of your household receive or expect to receive alimony payments?	YES	NO
7.	Is any member of your household entitled to child support payments that he/she is not receiving?	YES	NO
8.	Is any member of your household not receiving alimony payments that he/she is entitled to receive?	YES	NO
9.	Does any member of your household receive or expect to receive unemployment benefits?	YES	NO
10.	Does any member of your household receive or expect to receive welfare payments (TAFDC, SSI or EAEDC)?	YES	NO
11.	Does any member of your household receive or expect to receive Social Security benefits?	YES	NO
12.	Does any member of your household receive or expect to receive an income from a pension or annuity?	YES	NO
13.	Does any member of your household receive regular cash contributions from anyone not living in the household or from any agency?	YES	NO

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14. Does any member of your household receive income from assets including, interest on checking or saving accounts, interest or dividends from certificates of deposits, stocks, bonds, or income from the rental of property? YES NO

15. Does any member of your household receive or expect to receive an earned income tax credit? YES NO

16. Do you own a home or any other real estate? YES NO

17. Have you sold or given away any real property or any other assets in the past two years? YES NO

If yes, please provide a description and value of the disposed of asset(s).

_____

18. Do you pay for child care which enables you or another household member to work, attend school or post high school job training? YES NO

If yes, give the name and address of the childcare provider, weekly cost and weekly wage of the household member enabled to work.

_____

19. Do you pay for a care attendant or any equipment for a handicapped member of your household, that is necessary to permit the person or spouse or someone else in the household to work? YES NO

If yes, give the name and address of the care provider, weekly cost and weekly wages of the household member enabled to work.

_____

20. Do you pay for Medicare? YES NO

21. Do you pay for any other kind of medical insurance? YES NO

If yes, please list insurance company and monthly premium.

_____

22. Do you have any medical bills not covered by insurance that you expect to pay during the next 12 months? YES NO

If yes, please list the amount and description of the bills.

_____

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23. FOR EACH TYPE OF INCOME, PLEASE LIST THE TYPE (WAGES, TAFDC, SSI, ETC.), THE AMOUNT OF THE INCOME, AND HOW OFTEN RECEIVED (WEEKLY, MONTHLY, BI-MONTHLY, BI-WEEKLY, ETC.).

Household Member First Name	Income Type	Income Amount	Frequency Received
1.			
2.			
3.			
4.			

24. ASSETS

LIST ALL ASSETS (CHECKING ACCOUNTS, SAVINGS ACCOUNTS, STOCKS, BONDS, REAL PROPERTY) CURRENTLY OWNED BY THE HOUSEHOLD.

Household Member First Name	Asset Type	Asset Current Value	Interest/ Income	Asset-Imputed Value (SHA Office Only)
1.				
2.				
3.				
4.				
5.				

PART IV APPLICANT STATUS

Please circle and/or fill in the appropriate answer.

1. Is your current housing subsidized? YES NO

2. What is the head of household's race?

1. White **4.** Hispanic
2. Black **5.** Asian/Pacific Islander
3. American Indian **6.** Other _____

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3. If you are applying for elderly/handicapped housing or if you will live alone, which answer best describes your household?

a. Household head over 62

b. Household head disabled or handicapped

c. Household head over 50 years of age but under 62

d. Household head pregnant or securing custody of minor children

e. Household head displaced by government action or a federally declared disaster

f. None of the above

4. Do you or members of your household have special medical needs requiring any modified or handicapped accessible accommodations in your dwelling unit?

YES NO

If yes, please explain. _____

5. Veteran's Preference. You may apply for Veteran's Preference if you are a Veteran, the Spouse, Surviving spouse, dependent parent or child, or divorced spouse with a dependent child of the Veteran. A copy of the Veteran's discharge or separation papers must be submitted with this application.

Dates of Military Service: From _____ To _____

6. Number of bedrooms needed to house family?

1 2 3 4 5 ***(SHA use only)***

7. Do you currently work or do you have a firm commitment of employment in Somerville?

YES NO

If yes, where? _____

8. Please circle the circumstances most relevant to your household.

a. I am not displaced

b. Displaced by fire or natural forces

c. Displaced or about to be displaced by government action

d. Displaced about to be displaced by no-fault eviction

e. Displaced about to be displaced by domestic violence

f. Displaced about to be displaced by Code Enforcement

g. I have a medical emergency

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9. My current rent is $_____ a month, and has been this amount since _____, _____

10. Please circle the type of building you live in now.

a. Single family

b. Row house

c. Two family

d. Garden apartment

e. Three family

f. High rise

g. Other, specify: _____

11. Please circle the utilities and utility type you pay for, and state the average monthly amount that you pay.

	UTILITY	TYPE			AMOUNT
a.	Heat	Electric	Oil	Gas	_____
b.	Cooking fuel	Electric		Gas	_____
c.	Lights	Electric			_____
d.	Hot Water	Electric	Oil	Gas	_____

(SHA use only) **a.** over 50% **b.** 50% or less

12. Have you received any money from an energy assistance program to help pay your utilities?

YES NO

If yes, how much? _____

13. Please circle the answer that best describes your current housing.

a. Substandard **b.** Homeless **c.** Standard or not known

If you circled a or b, please describe the circumstances below.

_____

_____

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14. Do any of the following circumstances apply to your current housing situation?

If so, please circle where appropriate.

a.	Dilapidated	e.	Without electricity
b.	Without plumbing	f.	Without heat
c.	Without toilet	g.	Without kitchen
d.	Without tub or shower	h.	Declared unfit for human habitation

If you circled one of the above letters, please describe the condition of your housing unit below.

_____

15. List the following information for the last five years in reverse order:

(a) Address: _____ from _____to present

Name of Landlord: _____ Telephone _____

Address of Landlord: _____

(b) Address: _____from_____to_____

Name of Landlord: _____ Telephone _____

Address of Landlord: _____

(c) Address: _____ from_____to_____

Name of Landlord: _____

Address of Landlord: _____

16. References: List two people who know you well. These should not be relatives or household members. They may be employers, neighbors, clergy or social workers.

(a) Name: _____ Telephone: _____

Address: _____

City: _____ State: _____ Zip code _____

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(b) Name: _____ Telephone: _____

Address: _____

City: _____ State: _____ Zip code: _____

17. Emergency Contact: Name of a relative or friend not planning to live with you. We will contact this person if we are not able to reach you or in case of an emergency.

Name: _____ Relationship: _____

Address: _____ Telephone: _____

18. Do you have any pets?: (circle one) YES NO

If yes, please describe: _____

Criminal Record: Pursuant to 803 CMR 5.05(1) the SHA will obtain Criminal Offender Record Information for all applicants and household members 17 years and older.

19. Have you or any members of your household who will live in the unit been convicted of a misdemeanor in the last five years?

(circle one) YES NO DON'T KNOW

20. Have you or any member of your household who will live in the unit been convicted of a felony in the last ten years?

(circle one) YES NO DON'T KNOW

21. Are you or any member of your household registered or required to register as a sex offender?

(circle one) YES NO DON'T KNOW

If you answered yes to #19, #20, or #21 above, please explain:

_____

_____

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Applicant's Certification:

I understand that this application is not an offer of housing. I understand that eligible Applicants for family housing will be offered one suitable unit at Mystic View Apartments. If the applicant refuses the offer, the application will be dropped to the bottom of the waiting list. I understand that eligible applicants for elderly/handicapped housing will be offered a suitable unit in another building if the first unit offer is refused. If the applicant refuses the second offer, the application will be dropped to the bottom of the waiting list. Applications which are dropped to the bottom of the waiting list will lose the benefit of any priority or preference for a period of two years.

Based on this application, I understand I should not make any plans to move or end my present tenancy until I have received a written Unit Offer from the Housing Authority. I understand that it is my responsibility to inform the Housing Authority in writing of any change of address, income, or household composition. I authorize the Housing Authority to make inquiries to verify the information I have given in this application. I/We certify that the information given to the Somerville Housing Authority in this application is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal law. I/We also understand that false statements or information are grounds for rejection of this application or termination of tenancy.

Signed under pains and penalties of perjury.

Signature of head:_____ Date: _____

Signature of spouse: _____ Date: _____

SHA Representative: _____ Date: _____

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