



**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](http://www.BostonHousing.org)

## **CERTIFICATE OF INVOLUNTARY DISPLACEMENT** **DUE TO HATE CRIMES**

This form is available in alternative format upon request.

**DEFINITION:**

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.

**DOCUMENTATION REQUIRED:**

**Failure to provide ALL required documentation will result in denial of priority request.**

- ◆ Submission of a fully completed "*Certificate of Involuntary Displacement (due to) by Hate Crimes*" or documentation from a law enforcement agency that the Applicant and/or a Household Member was a victim of such crime(s); **and**
- ◆ Verification that the Applicant/Household has (A) vacated the dwelling because of such crime(s) or; (B) has experienced fear that is associated with the crime and which has destroyed the peaceful enjoyment of the dwelling unit; **and**
- ◆ Proof that the applicant is the tenant of record. (Examples include a copy of the lease or a statement from the owner verifying that the applicant is a tenant of record.)

**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):** \_\_\_\_\_

**TO BE COMPLETED BY AN OFFICIAL FROM A COURT OF LAW OR LAW ENFORCEMENT AGENCY:**

The applicant listed above claims that s/he and/or a household member has been the victim of one or more hate crimes. "Hate crime" refers to actual or threatened physical violence or intimidation that is directed against a person or his or property and that violence or intimidation is based on the person's race, color, religion, sex, national origin, handicap, familial status or sexual orientation.

1. Has the applicant and/or a family member been the victim of one or more hate crimes? Please check one.

Yes  If Yes, please indicate the date(s) of the incident(s) involving hate crime(s). No

2. Please check which of the following describes the family's current housing situation:

- A. \_\_\_\_ Displacement has already occurred due to the hate crime(s).  
**Enter date of displacement:** \_\_\_\_\_.
- B. \_\_\_\_ Displacement has already occurred, but is not related to the hate crime(s).
- C. \_\_\_\_ Displacement has not occurred, but the fear associated with such crime has destroyed the applicant's peaceful enjoyment of the current dwelling unit.
- D. \_\_\_\_ Displacement has not occurred and is not anticipated.

3. Has the alleged hate crime occurred recently or been of a continuing nature?

Yes  Please specify: \_\_\_\_\_

No  Please specify: \_\_\_\_\_

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

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

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

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

**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.  
**វានេះគឺជាឯកសារសំខាន់មួយ។ ក្នុងករណីលោកអ្នកចាំបាច់ត្រូវទំនាក់ទំនងបានការបកប្រែ សូមទូរស័ព្ទលេខខាងក្រោមនេះមកកាន់ ឬ អញ្ជើញមកទាក់ទងដោយផ្ទាល់នៅការិយាល័យយើងផងដែរ។**  
 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 tarjumaad, 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**



**EQUAL OPPORTUNITY HOUSING/EQUAL OPPORTUNITY EMPLOYER**