

**BOSTON HOUSING AUTHORITY**

Occupancy Department
56 Chauncy Street
Boston, Massachusetts 02111-2375

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

(This form is available in an alternative format upon request.)

HOUSING CHOICE VOUCHER PROGRAM (SECTION 8) PRIORITY ONE INFORMATION SHEET

Priority is defined as a housing-related situation that affects a Household's present residential status.

NOTE: APPLICATIONS THAT ARE SUBMITTED WITHOUT THE REQUIRED COMPLETED, SIGNED, AND DATED PRIORITY ONE STATUS SELF-CERTIFICATION AND THIRD PARTY VERIFICATION FORM WILL NOT BE ACCEPTED.

PRIORITY CATEGORIES

Disaster: Displacement due to a disaster, such as flood or fire, that results in the uninhabitability of your apartment or dwelling unit due to no fault of your own and/or any Household member(s) or beyond your control. **Verification must include:**

- ◆ A copy of your lease, or a statement from the property owner, verifying that you were the tenant of record at the affected address, **and**
- ◆ Verification from the Fire Department, the Inspectional Services Department, the Health Department or other appropriate agency that the dwelling unit is now uninhabitable, **and** the cause of the disaster if known.

Condemnation: Your apartment has been declared unfit for habitation by an agency of government through no fault of your own. **Verification must include:**

- ◆ Verification of condemnation from the appropriate unit or agency of government such as the Inspectional Services Dept. or Health Department certifying that you have been displaced or will be displaced in the next ninety days, as a result of action by that agency; **and**
- ◆ The precise reason for the displacement

Court-Ordered/No-Fault Eviction: Eviction pursuant to an Order for Judgment (or Agreement for Judgment) issued by a court because of: Landlord action beyond your ability to control or prevent and the action occurred despite you having met all previously imposed conditions of occupancy. **Verification must include (all documents are required):**

- ◆ A fully completed "Certificate of Involuntary Displacement by Court Ordered/No Fault Eviction."
- ◆ A copy of the Notice to Quit issued by the landlord or property manager; **and**
- ◆ A copy of the Summons and Complaint available from the court; **and**
- ◆ A copy of the Judgment of the Court (Agreement for Judgment, Order for Judgment and Findings of Fact, or Default Judgment); **and** If applicable, a copy of the execution issued by the court.

Displacement Due to Domestic Violence/Dating Violence/Sexual Assault or Stalking: Which is defined as displacement from an address where you are/were the tenant of record due to continuing actual or threatened physical violence (including sexual abuse) directed against one or more of the household members. Verification must include submission of a fully completed "Certificate of Involuntary Displacement Due to Domestic Violence/Dating Violence/Sexual Assault or Stalking" or third-party, written verification from the local police department, a social service agency, a court of competent jurisdiction, a clergy member, a physician, or a public or private facility that provides shelter or counseling to the victims of domestic violence. **Verification must include:**

- ◆ Supplies the name of the threatening or abusive household member or other legal occupant of the dwelling unit;
- ◆ Describes how the situation came to verifier's attention; and
- ◆ Indicates that the threats and/or violence are of a recent (within the past six-(6) months) or continuing nature if you are still residing in the dwelling where the violence has occurred or is occurring.
- ◆ Indicates that you have been displaced because of the threats and/or violence and that you are in imminent danger where you now reside.
- ◆ You must supply the name and address of the abuser **AND provide** documentation that you are/were a tenant of record.

NOTE: Persons living in public housing DO NOT qualify in this Priority category unless evidence is provided that the housing authority could not transfer your household to suitable, alternative housing.

Avoidance of Reprisal/Witness Protection: Relocation is required because you, or a member of your Household provided information or testimony on criminal activities to a law enforcement agency; and based upon a threat assessment, a law enforcement agency recommends the relocation of the Household to avoid or minimize risk of violence against Household Members as reprisal for providing such information. **Verification must include:**

Submission of a fully completed "Certificate of Involuntary Displacement to Avoid Reprisal" or documentation from a law enforcement agency that you and/or a Household Member provided information on criminal activity;

Documentation that, following a threat assessment conducted by the Law Enforcement agency, the agency recommends the relocation/re-housing of the household to avoid or minimize the threat of violence or reprisal to or against the Household Member(s) for providing such information. This includes situations in which you and/or a household member are themselves the victims of such crimes and have provided information (testimony) to a law enforcement agency.

NOTE: Persons living in public housing DO NOT qualify in this Priority category unless evidence is provided that the housing authority could not transfer your household to suitable, alternative housing.

Victim of Hate Crimes: Submission of a fully completed "Certificate of Involuntary Displacement by Hate Crimes" to verify that 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.

Verification must include:

- ◆ Submission of documentation from a law enforcement agency that the Household Member(s) was a victim of such crime(s); **and** has vacated the dwelling because of such crime(s) or has experienced fear associated with such crime(s) and the fear has destroyed the peaceful enjoyment of their current dwelling unit.

NOTE: Persons living in public housing DO NOT qualify in this Priority category unless evidence is provided that the housing authority could not transfer your household to suitable, alternative housing.

Other Government Action: Your household was required to permanently move from your residence by Federal, State, or Local governmental action such as code enforcement, public improvements, or a development program. **Verification must include:**

- ◆ Third party, written notification from the appropriate unit or agency of government certifying that your household has been displaced or will be displaced in the next ninety days, as a result of action by the agency; and
- ◆ The precise reason(s) for such displacement.

NOTE: Persons living in public housing DO NOT qualify in this Priority category unless evidence is provided that the housing authority could not transfer your household to suitable, alternative housing.

Inaccessibility of a critical element of their current dwelling unit: A Household member has a mobility or other impairment that makes the person unable to use a critical element of the current apartment or development AND the owner is not legally obligated (under Reasonable Accommodation law) to make changes to the apartment or dwelling unit that would make these critical elements accessible to the Household Member with the disability. **Verification must include:**

- ◆ A fully completed "Certificate of Displacement due to Inaccessibility to the Dwelling Unit" including the name of the household member who is unable to use the critical element AND
- ◆ A written statement from a Qualified Healthcare Provider verifying that the household member has a Disability (but not necessarily the nature of the Disability) and identifying the critical element of the dwelling which is not accessible and the reasons why it is not accessible; **and**
- ◆ A statement from the landlord or official of a government or other agency providing service to such Disabled Persons explaining the reason(s) that the landlord is not required to make changes which would render the dwelling accessible to the individual as a reasonable accommodation.

Homelessness: A Household lacks a fixed, regular and adequate nighttime 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); **b)** A public or private place not designed for, or ordinarily used as, a regular sleeping place for human beings; or **c)** An applicant or a member of his or her household is suffering from a severe condition or a disability which precludes this person from residing in a public or private shelter. (i) For purposes of this section, the Authority 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.

*Note: Persons living with tenants in private or subsidized housing DO NOT qualify as homeless, except for those applicants described in category "c" above.

Verification Requirements are: Submission of a "Certificate of Homelessness" fully completed by an appropriate source and the Applicant's signed statement that he/she lacks a fixed, regular and adequate nighttime residence; or his/her primary nighttime residence is:

- ◆ A supervised public or private shelter designed to provide temporary housing accommodations (i.e., welfare hotels, congregate shelters and transitional housing); or
- ◆ A public or private place not designed or used as a regular sleeping place for human beings.
- ◆ 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,

Written verification from a medical provider that the individual is unable to live in a public or private shelter, or any other place unfit for human habitation due to the applicant's severe medical condition or disability.

Graduates of Project-Based Units who have Fulfilled Supportive Service Goals: A participant in a transitional housing Program for Elderly of Disabled persons which includes a supportive services component and where the participant has outgrown or completed the supportive services program. **Verification must include:**

- ◆ Submission of a "Certificate of Emergency Disability or Elderly Persons Relocation" stating that you are an elderly or disabled person; and you have been a tenant for not less than 12 months in a housing program for disabled or elderly persons which includes a supportive services component; **and** you have outgrown or completed the program's service provider's regarding your completion of the program; and as a result, you must relocate from such housing.

None of the Above Are Applicable

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.

នេះ គឺជាឯកសារសំខាន់មួយ។ ក្នុងករណីលោកអ្នក ចាំបាច់ត្រូវចង់បានការបកប្រែ

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អញ្ជើញមកទាក់ទងដោយផ្ទាល់នៅការិយាល័យយើងខ្ញុំ។

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 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

