



QUINCY HOUSING AUTHORITY
80 Clay Street
Quincy, MA 02170
617-847-4350

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| OFFICE USE ONLY Control # _____ L NL Min _____ BR ____ Priority _____ |
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Date and
Timestamp

**UNIVERSAL EMERGENCY APPLICATION FOR
QUINCY FEDERAL PUBLIC HOUSING AND DHP**

NOTE: You must complete a standard application in addition to this emergency application. 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.

- 1. Applicant Name: _____
- 2. Current Address: _____
City: _____ State: _____ Zip Code: _____
- 3. Current Mailing Address: _____
- 4. Home Phone: () _____ Work Phone: () _____

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 qualify for one of the priorities listed below and be a “Homeless Applicant” as defined below.

ALL EMERGENCY APPLICANTS MUST SUBMIT 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”.

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

___ Priority 1: Displaced by Natural Forces such as 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 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 development, a public slum clearance, urban renewal project or other public improvement.

If you 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 documents for a 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 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.

___ Priority 4: Emergency Case

___ A: Homeless AND facing a significant immediate and direct threat to the life or safety of the applicant or any family member for causes other than the fault of the applicant or member of applicant's household.

If you 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, AND proof of a significant immediate and direct threat to the life or safety of the applicant or family member. Such proof may include letters from doctors verifying direct threat to life of safety, police reports, evidence of violation of restraining orders, verification of substandard living conditions or other such documentation.

___B: Severe Medical Emergencies: An applicant is suffering from a severe medical emergency in the applicant household is suffering from an illness or injury posing a several and medically documented threat to lie 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 check off Priority 4B, you must attach:

1. Proof of Medical Conditions such as a certification by physician.
2. Proof of Unsuitable Housing such as letters from a 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 Housing Authority to be a victim of abuse as defined in the Abuse Prevention Act, 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, applicants for criminal complaints, social service evaluations, etc.

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 has lived at least nine (9) months of the year.
2. Do you meet each of the requirements of the definition of "Homeless Applicant" set out above? (check one)
 YES

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

3. On what day did you become, or will you become displaced from your primary residence?
 Day _____ Month _____ Year _____
4. **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.

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 as valid as the original.

 Applicant Signature

 Date

NOTICE OF RIGHT TO REASONABLE ACCOMMODATION

QUINCY HOUSING AUTHORITY
80 Clay Street, Quincy, Massachusetts 02170
(617) 847-4350
TDD NO. (800) 545-1833, EXT.115

If you have a disability and as a result of your disability you need . . .

- a change in the rules or policies or how we do things that would give you an equal chance to live here and use the facilities or take part in programs on site,
- a change or repair in your apartment or a special type of apartment that would give you an equal chance to live here and use the facilities or take part in programs on site,
- a change or repair to some other part of the housing site that would give you an equal chance to live here and use the facilities or take part in programs on site,
- A change in the way we communicate with you or give you information,

you may ask for this kind of change, which is called a REASONABLE ACCOMMODATION.

If you can show that you have a disability and if your request for accommodation is reasonable (***does not pose “an undue financial or administrative burden”**), we will try to make the changes you request.

We will give you an answer in thirty (30) days unless there is a problem getting the information we need or unless you agree to a longer time. We will let you know if we need more information or verification from you or if we would like to talk to you about other ways to meet your needs.

If we turn down your request, we will explain the reasons and you can give us more information if you think that will help.

If you need help filling out a REASONABLE ACCOMMODATION REQUEST FORM or if you want to give us your request in some other way, we will help you.

You can get a REASONABLE ACCOMMODATION REQUEST FORM from Terry Champion, Administrative Assistant, Quincy Housing Authority.

***In simple language this legal phrase means if it is not too expensive or too difficult to arrange.**