



**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 TO AVOID REPRISAL**

This form is available in an alternative format upon request.

**DEFINITION:**

Relocation is required because:

- A Household Member 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.

**DOCUMENTATION REQUIRED:**

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

- ◆ Submission of a fully completed "*Certificate of Involuntary Displacement to Avoid Reprisal*" or documentation from a law enforcement agency that the Applicant and/or a Household Member(s) provided information on criminal activity; **and**
- ◆ Documentation that following a threat assessment conducted by the 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 the Applicant and/or a Household Member(s) are themselves the victims of such crimes and have provided information (testimony) to a law enforcement agency; **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 below claims that s/he or a family member has provided information on criminal activities to a law enforcement agency resulting in the threat of violence against the household.

1. Has a threat assessment been performed by your agency? Please check one

Yes  (If Yes, please answer questions A and B below)      No

A. Based on the threat assessment, does your agency recommend relocating the family to avoid or minimize a risk of violence against family members as a reprisal for providing information on criminal activities to a law enforcement agency?      Yes       No

B. Please provide a detailed statement below, or attach a letter on letterhead, which indicates the type of incident(s) about which the applicant household is providing information (i.e. felony/misdemeanor), the approximate date(s) of the incident(s) about which testimony is given and why providing such testimony puts the household at risk.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Applicant Name \_\_\_\_\_ Client# \_\_\_\_\_

2. Please check which of the following describes when the applicant's displacement will occur:

- A.  Displacement is anticipated within the next six (6) months.
- B.  Displacement has already occurred. Enter date of displacement: \_\_\_\_\_.
- C.  Displacement has not occurred and is not anticipated within the next six (6) months.

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.  
**នេះ គឺជាឯកសារសំខាន់មួយ។ ក្នុងករណីលោកអ្នក ចាំបាច់ត្រូវចង់បានការបកប្រែ សូមទូរស័ព្ទលេខខាងក្រោមនេះមកកាន់ ឬ អញ្ជើញមកទាក់ទងដោយផ្ទាល់នៅការិយាល័យយើងផង។**  
 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 dhokomenti 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 بالرجوع 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**



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