



BOSTON HOUSING AUTHORITY
 Occupancy Department
 52 Chauncy Street, 3rd Floor
 Boston, Massachusetts 02111-2375

617-988-4200
 TDD 1-800-545-1833 Ext. 420
 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 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) 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.

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: (_____) _____

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XIN VUI LÒNG CHO DỊCH LẠI THÔNG CÁO ẤY
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本通知很重要。請將之譯成中文。
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