



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 HOMELESSNESS

This form is available in an alternative format upon request.

DEFINITION:

A Household lacks a fixed, regular and adequate nighttime habitation OR 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); **and** (B) A public or private place not designed for, or ordinarily used as, a regular sleeping place for human beings.

NOTE: Persons living with residents of public or private housing DO NOT qualify as homeless.

DOCUMENTATION REQUIRED:

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

- ◆ Submission of a fully completed "Certificate of Homelessness"; **or**
- ◆ 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.

AN OFFICIAL FROM A PUBLIC SHELTER OR SOCIAL SERVICE AGENCY MAY COMPLETE THIS FORM.

A POLICE DEPARTMENT OFFICIAL MAY ONLY RESPOND TO ITEMS C or D BELOW:

NOTE: The person completing this form MUST be serving in an official capacity AND must have direct knowledge of the applicant's current living situation based on a professional relationship with the applicant.

Please check which of the following describes the applicant's current shelter arrangements.

- A. S/he is residing in housing where the applicant is the tenant of record or legal occupant based upon a lease or occupancy agreement.
- B. S/he is currently residing in a recognized, supervised shelter, transitional housing program, hotel or welfare motel providing temporary accommodations for homeless people .
- C. S/he is currently without a fixed, regular nighttime residence. Please specify living accommodations: _____

- D. S/he is currently residing in a public/private place not ordinarily used as sleeping accommodations for human beings. Please specify: _____

Name of Applicant: _____ **SS#:** _____ - _____ - _____

Signature: _____ **Date:** _____

Print Name: _____ **Title:** _____

Agency Name: _____

Agency Address: _____

Daytime Phone: (_____) _____

HOUSING HISTORY (TO BE COMPLETED BY APPLICANT)

NOTE: All applicants for Homeless Priority must complete a THREE year housing history as part of their request for priority status.

Provide below information about all the places where you have lived during the past three years. Start with your present address and work backwards. Include everywhere that you have lived for at least one month, except for vacations. If your family has two heads of household who have not lived together during the entire three years, provide the information for each head separately for those periods during which you have lived separately. If you have lived with relatives or friends who were directly responsible for paying rent, provide the name of that person.

<u>Period</u> <u>From - To</u> <u>month/yr - month/yr</u>	<u>Complete Address</u> <u>And (Daytime) Phone Number</u>	<u>Person</u> <u>Responsible For</u> <u>Paying Rent</u>	<u>Your Reason For Leaving</u>
/ - /			
/ - /			
/ - /			
/ - /			
/ - /			

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): _____

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 ĐÂY LÀ MỘT BẢN THÔNG CÁO QUAN TRỌNG
 XIN VUI LÒNG CHO DỊCH LẠI THÔNG CÁO ẤY
 Ceci est important. Veuillez faire traduire.
 本通知很重要。请将它译成中文。
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