



**BOSTON HOUSING AUTHORITY**  
Occupancy Department  
52 Chauncy Street, 3<sup>rd</sup> Floor  
Boston, Massachusetts 02111-2375

617-988-4200  
TDD 1-800-545-1833 Ext. 420  
www.BostonHousing.org

**CERTIFICATE OF INVOLUNTARY DISPLACEMENT BY  
IMMINENT LANDLORD ACTION**

**THIS PRIORITY CATEGORY IS AVAILABLE IN THE ELDERLY/DISABLED PROGRAM ONLY**

This form is available in an alternative format upon request.

**DEFINITION:**

You have not yet been evicted by Court-order BUT your landlord has notified you that you must vacate your dwelling unit through no fault of your own, unrelated to a rent increase, and you have actually vacated the dwelling unit or you will vacate the dwelling unit within the next six (6) months.

**DOCUMENTATION REQUIRED:**

**Please check and attach all required documentation. Failure to provide ALL required documentation will result in denial of priority request.**

- Submission of a fully *completed* "Certificate of Involuntary Displacement by Landlord Action"; **and**
- Copies of any notices from the landlord to the Applicant regarding the termination of the tenancy.

**I hereby certify that I am submitting ALL the documentation listed above for consideration of this priority status.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**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):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**TO BE COMPLETED BY THE LANDLORD OR MANAGEMENT AGENT:**

1. Please check which of the following describes the applicant's status as a tenant of record in a unit owned/managed by you.
  - A.  She/he is currently a tenant of record.
  - B.  She/he was previously a tenant of record.
  - C.  She/he has never been a tenant of record.
  
2. Please check which of the following describes when the applicant's displacement occur or will occur:
  - A.  Displacement has already occurred.  
**ENTER DATE OF DISPLACEMENT:** \_\_\_\_\_
  - B.  Displacement is anticipated within the next six (6) months.
  - C.  Displacement has NOT occurred and is NOT anticipated within the next six (6) months.
  
3. Please check which of the following describes the reason(s) for the applicant's actual or imminent displacement:
  - A.  Through no fault of the applicant, and not related to a rent increase.
  - B.  A result of violations of the conditions of tenancy which were within the ability of the applicant to control.
  - C.  A result of a rent increase.
  - D.  A result of refusal to comply with applicable HUD policies regarding occupancy of underoccupied or overcrowded units; court decrees; or HUD-approved desegregation plan.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Owner/Manager/Agency Name

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_

Daytime Phone: ( \_\_\_\_\_ ) \_\_\_\_\_



This is an important notice. Please have it translated.  
Este é um aviso importante. Queira mandá-lo traduzir.  
Este es un aviso importante. Sirvase mandarlo traducir.  
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。請將之譯成中文。  
នេះគឺជាជំនាញដ៏សំខាន់ណាស់ សូមមេត្តាបកប្រែជូនផង



