



**BOSTON HOUSING AUTHORITY**

Occupancy Department  
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Boston, Massachusetts 02111-2375

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

**\*PRIORITY INFORMATION SHEET\*  
FOR THE PUBLIC HOUSING PROGRAMS**

This form is available in an alternative format upon request.

**PRIORITY CATEGORIES**

- ◆ **Disaster:** Displacement due to a disaster, such as flood or fire, that results in the un-inhabitability of an Applicant's apartment or dwelling unit not due to the fault of the Applicant and/or Household member or beyond the Applicant's control. Verification must include:
  - ◆ A copy of the incident report from the local Fire Department, **and**
  - ◆ A copy of his/her lease, or a statement from the property owner, verifying that s/he is/was the tenant of record at the affected address, **and**
  - ◆ Verification from the Fire Department, the Inspectional Services Department, the Health Department or other appropriate agency that the dwelling unit is now uninhabitable, **and**
  - ◆ The cause of the disaster if known. If the applicant or a household member or guest was the cause of the disaster, approval for priority status will be denied unless mitigating circumstances are established to the satisfaction of Occupancy Department staff.
  
- ◆ **Condemned Housing:** The applicant's housing has been declared unfit for habitation by an agency of government through no fault of the Applicant. Verification requirements are:
  - ◆ Third-party, written verification from the appropriate unit or agency of government certifying that the Applicant has been displaced or will be displaced in the next ninety days, as a result of action by that agency; **and**
  - ◆ The precise reason(s) for such displacement.
  
- ◆ **Court-Ordered/No-Fault Eviction:** Eviction pursuant to an Order for Judgment (or Agreement for Judgment) issued by a court because of: (a) Landlord action beyond the applicant's ability to control or prevent, and the action occurred despite the applicant's having met all previously imposed conditions of occupancy and displacement was not the result of failure to comply with HUD and State policies in it's housing programs with respect to occupancy of under-occupied and overcrowded units or failure to accept a transfer to another unit in accordance with a court order or policies or procedures under a HUD-approved desegregation plan. Verification requirements (all documents are required):
  - ◆ Submission of a fully completed "Certificate of Involuntary Displacement by Court Ordered/No Fault Eviction **and**
  - ◆ A copy of the Notice to Quit issued by the landlord or property manager; **and**
  - ◆ A copy of the Summons and Complaint available from the court; **and**
  - ◆ A copy of the Answer or other response(s) filed by the Applicant in court in response to the Complaint, if any; **and**
  - ◆ A copy of the Judgment of the Court (Agreement for Judgment, Order for Judgment and Findings of Fact, or Default Judgment); **and**
  - ◆ If applicable, a copy of the execution issued by the court.
  
- ◆ **Domestic Violence:** Defined as displacement from an address where the applicant is/was the tenant of record due to continuing actual or threatened physical violence (including sexual abuse) directed against one or more of the household members by another member of the same household or by a non-household member residing in the dwelling unit. Verification must include submission of a fully completed "Certificate of Involuntary Displacement Due to Domestic Violence" or a third-party, written verification from the local police department, a social service agency, a court of competent jurisdiction, a clergy member, a physician, or a public or private facility that provides shelter or counseling to the victims of domestic violence. Such a verification will not be considered valid unless it:
  - ◆ Supplies the name of the threatening or abusive household member or other legal occupant of the dwelling unit; **and**
  - ◆ Describes how the situation came to verifier's attention; **and**
  - ◆ Indicates that the threats and/or violence are of a recent (within the past six (6) months) or continuing nature if the Applicant is still residing in the dwelling where the violence has occurred or is occurring.
  - ◆ Indicates that the Applicant has been displaced because of the threats and/or violence or that the Applicant is in imminent danger where he/she now resides.
  - ◆ The Applicant must supply the name and address of the abusive or threatening household member or other legal occupant of the dwelling, if not already provided; **and**
  - ◆ Provide documentation that the Applicant and the alleged abuser are/were residents of the same dwelling unit at the time the alleged abuse occurred.
  
- ◆ **Governmental Displacement:** A Household is required to permanently move from their residence by a Federal, State or local governmental action such as code enforcement, public improvements or a development program. Verification Requirements are:
  - ◆ Third-party, written verification from the appropriate unit or agency of government certifying that the Applicant has been displaced or will be displaced in the next ninety days, as a result of action by that agency; **and**
  - ◆ The precise reason(s) for such displacement
  
- ◆ **Avoidance of Reprisal/Witness Protection:** Relocation is required because: (A) a Household Member provided information or testimony on criminal activities to a law enforcement agency; and (B) 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. Verification requirements are:
  - ◆ 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/rehousing 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 Household Member(s) are themselves the victims of such crimes and have provided information (testimony) to a law enforcement agency.

- ◆ **Victim of Hate Crimes:** A member of the Household has been a victim of one or more hate crimes AND the Household has vacated a dwelling unit because of this crime OR the fear associated with the crime has destroyed the peaceful enjoyment of the dwelling unit. Verification must include:
  - ◆ Submission of a fully completed "Certificate of Involuntary Displacement by Hate Crimes" or documentation from a law enforcement agency that the Household Member(s) was/were a victim of such crime(s); **and** has vacated the dwelling because of such crime(s) or has experienced fear associated with such crime(s) and the fear has destroyed the peaceful enjoyment of their current dwelling unit and proof that the Applicant is a tenant of record.
- ◆ **For disabled individuals only, inaccessibility of a critical element of their current dwelling unit:** A member of the Household has a mobility or other impairment that makes the person unable to use a critical element of the current apartment or development AND the owner is not legally obligated under laws pertaining to reasonable accommodation to make changes to the apartment or dwelling unit that would make these critical elements accessible to the Household Member with the disability. Verification Requirements are:
  - ◆ The name of the household member who is unable to use the critical element;
  - ◆ A written statement from a Qualified Healthcare Provider verifying that the household member has a Disability (but not necessarily the nature of the Disability) and identifying the critical element of the dwelling which is not accessible and the reasons why it is not accessible; **and**
  - ◆ A statement from the landlord or official of a government or other agency providing service to such Disabled Persons explaining the reason(s) that the landlord is not required to make changes which would render the dwelling accessible to the individual as a reasonable accommodation.
- ◆ **Homelessness:** A household lacks a fixed, regular and adequate nighttime habitation OR the primary nighttime dwelling is one of the following: A supervised public or private shelter designed to provide temporary living accommodations (includes welfare hotels, congregate shelters and transitional housing); or a public or private place not designed for, or ordinarily used as, a regular sleeping place for human beings. Verification requirements are:
  - ◆ Submission of a "Certificate of Homelessness" fully completed by an appropriate source or the Applicant's signed statement that he/she lacks a fixed, regular and adequate nighttime residence; or his/her primary nighttime residence is:
    - ◆ a supervised public or private shelter designed to provide temporary housing accommodations (i.e., welfare hotels, congregate shelters and transitional housing);
    - ◆ a public or private place not designed or used as a regular sleeping place for human beings
  - ◆ **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. **NOTE: Persons living with residents of public or private housing DO NOT qualify as homeless.**

**THE FOLLOWING PRIORITY CATEGORIES APPLY TO ELDERLY/DISABLED PUBLIC HOUSING PROGRAM APPLICANTS ONLY**

- ◆ **Excessive Rent Burden:** The household pays more than 50% of its total monthly income for rent and utilities (excluding telephone, internet and cable TV). Verification requirements are: Submission of a fully completed "Certificate of Excessive Rent Burden" form and all required documentation listed on the Certificate.
- ◆ **Imminent Landlord Displacement:** 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 already vacated the dwelling unit or you will vacate the dwelling unit within the next six (6) months. Verification requirements are: Submission of a fully completed "Certificate of Involuntary Displacement by Landlord Action" form and all required documentation listed on the Certificate.



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