



**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

**HOUSING CHOICE VOUCHER PROGRAM (SECTION 8)  
PRIORITY 1 INFORMATION SHEET**

**APPLICATIONS THAT ARE SUBMITTED WITHOUT ALL REQUIRED PRIORITY ONE STATUS THIRD PARTY DOCUMENTATION(S) WILL BE DENIED AND WILL NOT BE PLACED ON THE SECTION 8 PROGRAM WAITING LIST(S)**

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.
  
- ◆ **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:**
  - ◆ Verification of condemnation from the appropriate unit or agency of government such as the Inspectional Services Dept. of a Health Department certifying that the Applicant has been permanently displaced or will be displaced in the next ninety days, as a result of action by that agency; **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.
  
- ◆ **Court-Ordered/No-Fault Eviction**: Eviction pursuant to an Order for Judgment (or Agreement for Judgment) issued by a court because of: Landlord action beyond the applicant's ability to control or prevent and which is other than a recent increase, and the action occurred despite the applicant's having met all previously imposed conditions of occupancy. If cause for eviction was for non-payment of rent, then total housing costs must have exceeded 50% of total gross household income (**all documents are required**):
  - ◆ 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 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.
  - ◆ If cause for eviction was for non-payment of rent, then applicant must also submit evidence of gross income of all household members at time of eviction and copies of utility bills for all utilities for which applicant pays.
  
- ◆ **Domestic Violence**: Defined as displacement 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 third-party, written verification from the local police department, a social service agency, a court of competent jurisdiction, or a public or private facility that provides shelter, medical care or counseling to the victims of domestic violence. A short duration restraining order without other documentation is not sufficient. **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**
  - ◆ 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; **and**
  - ◆ 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.

**NOTE: Persons living in public housing DO NOT qualify in this Priority category unless evidence is provided that the housing authority could not transfer the Applicant to alternative housing.**

- ◆ **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 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) 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.

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- ◆ **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 documentation from a law enforcement agency that the Household Member(s) was 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.

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- ◆ **Other Government Action:** An Applicant is required to permanently move from their residence by Federal, State, or Local governmental action such as code enforcement or a development program. **Verification Requirements are:**
  - ◆ Third party, written notification 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 the agency; and
  - ◆ The precise reason(s) for such displacement

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- ◆ **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 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 stating that (A) the Applicant's primary nighttime residence is a supervised public or private shelter designed to provide temporary housing accommodations (i.e., welfare hotels, congregate shelters), or a public or private place not designed nor ordinarily used as a regular sleeping accommodation for human beings; or (B) the Applicant's household who was residing in a shelter but lost shelter eligibility for DTA shelter assistance because the household's income exceeds the Emergency Assistance income eligibility limits; or
  - ◆ Submission of a "Certificate of Emergency Disability or Elderly Persons Relocation" stating that the Applicant is an elderly or disabled person; and the Applicant has been a tenant for not less than 12 months in a housing program for disabled or elderly persons which includes a supportive services component; **and** the Applicant has outgrown or completed the program's service provider's regarding the Applicant's completion of the program; and as a result, the Applicant must relocate from such housing.



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