

# Emergency Application Instructions

Dear Applicant:

In order to apply for Emergency Housing, you must fill out and provide documents specific to the priority you are requesting as described on the Checklist of Required Verification Documents for Priority Status. You will also need to provide other documents that the LHA needs to determine your eligibility for Emergency Case Status as well as for the program(s) for which you have applied. Your Emergency Application will not be processed until you have provided everything required. A complete application will contain:

1. Standard Application for State-Aided Housing with required verifications attached.
2. Emergency Application for State-Aided Housing with required verifications attached.
3. Verification of income and assets for all household members (for example, last ten (10) weeks pay stubs, letter from Dept. of Transitional Assistance, Bank statements).
4. Elderly/Handicapped Housing - proof of age or handicap (handicapped status must be verified on form).
5. Housing Search Form
6. Declaration of Residency and Authorization to Release Information

You may submit your Emergency Application now or at a later time when you believe that your circumstances meet the Emergency Case criteria. When your application is complete, the Housing Authority will notify you. If you decide that you do not want to apply for Emergency Case Status now, you do not need to submit anything further at this time.

## HOUSING SITUATION PRIORITY POLICY FOR LHAS

**I. STATEMENT OF POLICY AND PURPOSE.** Through this Policy, DHCD seeks to establish a fair and uniform standard to be applied to all applicants for Housing Situation Priority Status to the end that similarly situated applicants will receive similar treatment. Requirements as to evidence, documentation and verification employed by the LHA in making determinations of Housing Situation Priority Status shall be reasonable in relation to the realistic capacity and resources of the applicant.

**II. DEFINITION OF HOMELESS APPLICANT.** As required by 760 CMR 5.11 and consistent with the definition in 5.03, the LHA shall define a "Homeless Applicant" as an applicant who has been or is imminently faced with displacement from his/her "Primary Residence" as a result of circumstances described in Section III below, and who:

- (A) is without a place to live or is in a living situation in which there is a significant immediate and direct threat to the life or safety of the applicant or a household member which situation would be alleviated by placement in an appropriate unit; and
- (B) has made reasonable efforts to locate alternative housing; and
- (C) has not caused or substantially contributed to the safety- or life threatening situation; and
- (D) has pursued available ways to prevent or avoid the safety- or life threatening situation by seeking assistance through the courts or appropriate administrative or enforcement agencies.

**"Primary Residence"** is defined by 760 CMR 5.03 as the principal home (domicile) intended to be occupied by all members of an applicant household not less than nine months of the year.

**III. THE LHA SHALL GRANT PRIORITY 4 –HOUSING SITUATION PRIORITY STATUS** to an otherwise eligible and qualified "Homeless Applicant" who meets the definition in Section II above, and who is displaced from his/her "Primary Residence" under the following circumstances:

(A) **Homeless and Facing a Significant Immediate and Direct Threat to the Life or Safety of the Applicant or any Household Member for Causes Other Than the Fault of the Applicant or Member of the Applicant Household.** Applicants are "homeless and facing a significant immediate and direct threat to life or safety" if they meet the definition set out in Section II above. "Causes other than the fault of the applicant or member of the applicant household" shall mean causes outside their reasonable control, including an eviction because of a condominium conversion or rehabilitation of the property or because the landlord wants the unit for his own or family use, and other circumstances as determined by the LHA.

(B) **Severe Medical Emergencies.** An applicant is suffering a severe medical emergency if the applicant or member of the applicant household is determined by the LHA to suffer from an illness or injury posing a severe and



medically documented threat to life or safety which has been significantly caused by the lack of suitable housing or as to which the lack of suitable housing is a substantial impediment to treatment or recovery.

**(C) Abusive Situation.** An applicant is in an abusive situation if the applicant or member of the applicant household is determined by the LHA to be a victim of abuse as defined in the Abuse Prevention Act (G.L. c.209A, §1), which abuse constitutes a significant and direct threat to life or safety. The Abuse Prevention Act defines “abuse” as the occurrence of one or more of the following acts between “family or household members”: (1) attempting to cause or causing physical harm; (2) placing another in fear of imminent serious physical harm; or (3) causing another to engage involuntarily in sexual relations by force, threat or duress. “Family or household members” are individuals who are related by blood or marriage, have a child together, or who now or formerly resided in the same household or dated each other.

#### **IV. ADMINISTRATION OF THE POLICY**

**(A) Applications.** Applicants who claim their housing situations are a Housing Situation Priority as defined by this Policy will be presumptively placed on a waiting list in accordance with their claimed priority status. LHAs will verify all applicant housing situations prior to screening for eligibility and qualifications. If the applicant is found not to qualify for Housing Situation Priority Status, he or she shall be treated as a Standard Applicant.

**(B) Placement.** When an applicant has been determined by the LHA to qualify as an Housing Situation Priority applicant, the applicant shall be offered the next appropriate and available unit, in accordance with the priority ranking of 760 CMR 5.09(1) and the preference ranking of 760 CMR 5.09(2). If no appropriate unit is then available, the applicant shall remain as a Housing Situation Priority on the waiting list for each appropriate housing program and bedroom size. If the LHA determines that an applicant granted Housing Situation Priority Status but not yet offered a unit has obtained permanent housing suitable for his/her household size and income, the applicant shall no longer be considered an Housing Situation Priority applicant, and shall remain on the appropriate waiting lists as a Standard Applicant.

**(C) Records.** The LHA shall maintain records with regard to Housing Situation Priority applicants in accordance with 760 CMR 5.16.

**(D) Relationship to Affirmative Action Goals.** If DHCD at any time determines that the number of applicants granted Housing Situation Priority Status substantially interferes with the achievement of Affirmative Action goals by one or more LHAs, then DHCD may take any and all actions necessary to maintain a proper balance between Housing Situation Priority and Affirmative Action applicants.

**V. PROCEDURES FOR PROCESSING HOUSING SITUATION PRIORITY APPLICATIONS.** When an application nears the top of a waiting list, the LHA shall determine whether the applicant is eligible by obtaining third party verification of the information in the application. The applicant must qualify under each of the criteria set forth below:

**(A) Determine whether the applicant is a “Homeless Applicant” as defined above, and if so;**



- (B) Determine whether displacement has been or will be from the applicant's "Primary Residence," as defined above, and if so;
- (C) Determine whether the applicant meets all of the requirements in any one of the Paragraphs (1, 2, or 3) below.

1. Requirement of Paragraph 1:

The loss of housing was not caused by the fault of the applicant or household member.

2. Requirements of Paragraph 2:

a. the applicant or a member of the applicant household is suffering an illness or injury which poses a severe and medically documented threat to life or safety; and

b. the medical emergency has either been significantly caused by lack of suitable housing or lack of suitable housing is a substantial impediment to treatment or recovery.

3. Requirements of Paragraph 3:

a. The applicant or a member of the applicant household is the victim of abuse as defined in Section III (C); and

b. the abuse constitutes a significant immediate and direct threat to life or safety of the applicant or a member of the applicant household.

If the criteria in Sections V (A) and (B) and the requirements of Paragraph 1, 2 or 3 of Section V (C) above have been met, then:

(D) Determine whether the applicant is eligible under the standards set forth in 760 CMR 5.06 and 5.07.

(E) Determine whether the applicant is qualified under the standards set forth in 760 CMR 5.08.



# Checklist of Required Verification Document for Priority Status

For Applicant Use

## Checklist of Required Verification Documents for Priority Status

Please be advised that a request for priority consideration (emergency application) cannot be processed and will not be effective until such time as you have fully verified your housing circumstances and the events leading to your present situation. Until such time, the Housing Authority will process your standard application for housing. If you are found eligible pursuant to that application you will be assigned selection category 7, Standard. In doing so, should you fail to document priority status you will be on the waiting list as a Standard Applicant at the original date the LHA received your application.

You should understand that priority status is only for an applicant who has been or is

imminently faced with displacement from his/her primary residence (a primary residence is your principal home occupied not less than 9 months of the year) as a result of circumstances described below and who:

(a) is without or about to be without a place to live or is in a living situation in which there is a significant, immediate, and direct threat to the life or safety of the applicant or a household member which situation would be alleviated by placement in an appropriate unit . (Applicants temporarily residing in a shelter are considered without a place to live.); and

(b) has made reasonable efforts to locate alternative housing; and

(c) has not caused or substantially contributed to the safety or life-threatening situation (In cases of domestic violence, there is a presumption that victims did not contribute to their circumstances.); and

(d) has pursued available ways to prevent or avoid the safety or life-threatening situation by seeking assistance through the courts or appropriate administrative or enforcement agencies.

The following is a list of the types of documents which you are responsible for obtaining to verify the information you provided in your emergency application. You must submit the documents that pertain to your circumstances. If you feel that you have documents over and above those required below, please provide the Housing Authority copies. If you need clarification or have questions, please call the Housing Authority to which you are applying.

### Priority #1 – Homeless, Displaced By Natural Forces

If you can no longer live in your residence due to a fire, flood, or earthquake submit:

o Fire: Copy of the Official Fire Report. Report must be mailed directly by the Fire Department to the Housing Authority. Report should be attested as a true copy.

o Flood/Earthquake: Copy of the official report from the Red Cross or Federal Emergency Management Agency (FEMA). Report must be mailed directly to the Housing Authority. Report should be attested as a true copy.

o Proof that you were a resident of the affected property. You should submit such items as: rent receipts, copy of your lease or rental agreement.

### Priority #2 -Homeless, Displaced By Public Action (Type A)

If you have been displaced within the past three (3) years due to public works, urban renewal, or public usage or improvement; submit the following:

- o Copy of the official notification of land/property taking and the stated purposes thereof from the public agency involved. Notification should include legislative authority exercised and date of displacement.

- o If public action is impending, notification should be sent from the public agency directly to the Housing Authority.

- o Proof that you were a resident of the affected property. You should submit items as: rent receipts, copy of your lease or rental agreement.

#### Priority #3 -Displaced By Public Action (Type B)

If you have been displaced due to a public health agency's enforcement of local or state health codes:

- o Copy of the official order of displacement due to code enforcement. Order should be sent directly to the Housing Authority by the public health department involved. Document may be known as Declaration of Condemnation and should include the specific property involved.

- o A statement of efforts taken by you, the applicant, to remedy the situation prior to the actual condemnation and subsequent to the condemnation.

- o Attached documents, to demonstrate your action(s), such as letters to the landlord, previous board of health notices, or court records.

- o Proof that you were a resident of the affected property. You should submit such items as: rent receipts, copy of your lease or rental agreement.

#### Priority #4 -Emergency Case Category(ies)

Our approved Emergency Case Plan is posted in our administrative offices and available for your review. Our emergency case plan is for applicants who have been displaced or are imminently faced with displacement because of circumstances as follows:

- o A. HOMELESS, applicant is homeless and facing an immediate and direct threat to life or safety through no fault of their own and for reasons outside their control including substandard housing conditions which directly and substantially endanger or impair the health, safety or well being of the household.

- o B. SEVERE MEDICAL, applicant household member is suffering from severe medical emergency, illness, or injury which is life-threatening and has been caused by the lack of suitable housing or the lack of such suitable housing is a substantial impediment to treatment or recovery.

- o C. ABUSE, applicant is in an abusive situation.

Your situation is one or more of the above, you need to submit the following:

- o A. HOMELESS If you are homeless and living in a hotel, motel, or shelter, your housing search worker or a shelter staff member must send written justification which certifies your homelessness directly to the Housing Authority. Substandard housing conditions must be verified under Priority No.

- o B. MEDICAL reasons need to be documented by your medical records. Your doctor needs to

submit written certification of your medical condition, the contributing factors to that condition, and the prognosis of your condition directly to the Housing Authority.

o C. ABUSIVE situation needs to be documented through some combination of the following, based on the applicant's individual circumstances. Since certain actions on the part of victims of domestic violence can trigger violent acts by the offenders, no particular item can be mandated as the required form of verification. Please remember that if any verification appears vague, an LHA must obtain additional documentation until the LHA feels that a reasonable showing of the abusive situation has been made. Examples of documentation could include one or more of the following:

- o medical incidences - pattern or repeated occurrence
- o police report
- o # reported occurrences
- o court reports
- o applicant has attempted to get restraining order
- o applicant has filed charges against accused
- o legal action
- o letter from attorney stating case
- o counseling
- o psychological report
- o director, social service agency
- o last permanent address
- o changed address
- o In all instances, you must be homeless as defined below:

- a. you are without or about to be without a place to live or are in a life threatening situation;
- b. you have made efforts to locate alternative housing;
- c. you did not cause or contribute to your present housing situation; (In cases of domestic violence, there is a presumption that victims did not contribute to their circumstances.) and;
- d. you have pursued ways to avoid or prevent the threatening situation.

If you believe that you meet all of the items "a" through "d" then you should write a detailed explanation of the circumstances that led to your present housing situation. Include names, address and relationship, if any, for each person(s) involved in the circumstances who can support your statements. It is your responsibility to prove your situation. When writing your explanation, you should try to detail what happened, why it happened, how you tried to prevent it from happening, what you did once it did happen, and what you have been doing since it happened. The Housing Authority will contact you if we need any additional information.

#### Priority #5 -AHVP Participant

An applicant, otherwise eligible and qualified, who is living in a non-permanent, transitional housing subsidized by the AHVP.

- o Letter from the LHA that issued AHVP Certificate verifying applicant is an active participant in the AHVP.

#### Transfers: Priority #6 -Transfer For Good Cause

Any current tenant of the housing authority seeking a transfer from his/her present unit must qualify for the sixth selection priority transfer. You must meet requirements as follows:

o MEDICAL documentation from physician that current housing circumstances are a contributing factor to the overall health of the applicant. The documentation must be sent directly to the authority by your physician.

o HOUSEHOLD SIZE, a change in your household composition now requires that you move to a different size apartment. You must submit copies of official documents which verify the change such as birth certificates, marriage licenses, adoption papers, or legal custody documents.

If you can verify the above, you must also be a tenant in good standing. All monies due the Authority must be current and you must be in compliance with the terms of your lease.





**UNIVERSAL EMERGENCY APPLICATION FOR STATE-AIDED HOUSING**

Date of Receipt:	_____
Time of Receipt:	_____
Control Number:	_____
Barrier Fee:	_____
First Floor:	_____
Elderly/Handicapped:	_____
Race:	_____
Priority Category:	_____
Preference Category:	_____
Language:	_____

**Incomplete applications will not be processed. Please complete all information requested on the application. If a question is not applicable, please write N/A. Make sure you sign the last page.**

(PLEASE PRINT)

Name of Applicant: \_\_\_\_\_

Mailing Address of Applicant: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number that Applicant can be Reached at: \_\_\_\_\_

**This Emergency Application must include written verification by a third party as to the priority status that you are claiming. The Housing Authority will not accept this application without third party verification, and a completed Standard Application. Verification includes letters from social workers, shelters, social service agencies, or code enforcement agencies that confirm that you meet the definition of "homeless applicant". Your application will not be processed until you have provided everything required by the Emergency Application Package and a completed Standard Application.**

**In order to be found eligible for Emergency Case Status, you must be a "Homeless Applicant" as defined below AND qualify for one of the priorities listed below.**

**Definition of Homeless Applicant**

An Applicant who:

- (a) is without a place to live or is in a living situation in which there is a significant, immediate, and is a direct threat to the life or safety of the applicant or a household member which situation would be alleviated by placement in a unit of appropriate size, **and**
- (b) has made reasonable efforts to locate alternative housing, **and**
- (c) has not caused or substantially contributed to the safety or life threatening situation, **and**
- (d) has pursued available ways to prevent or avoid the situation by seeking assistance through the courts or appropriate administrative or enforcement agencies, **and**
- (e) is displaced from the residence in which the applicant household lived at least nine (9) months of the year.



1. Do you meet each of the requirements of the definition of "Homeless Applicant" set out on the previous page? (check one)  
YES  NO

If YES, describe how you meet each of the above requirements: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. On what day did you become, or will you become displaced from your primary residence?  
Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_
3. **Local Preference, Emergency Applicants Only.** If you are homeless and applying for Emergency Housing you may choose to be considered a resident from the city/town from which you were displaced or a resident in the city/town in which you are temporarily housed.

Please provide the name of the community you choose to be declared a resident for the purposes of tenant selection.

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**ALL EMERGENCY APPLICANTS MUST ATTACH PROOF OF HOMELESSNESS. ACCEPTABLE VERIFICATION INCLUDES LETTERS FROM SOCIAL WORKERS, SHELTERS, SOCIAL SERVICE AGENCIES, OR CODE ENFORCEMENT AGENCIES THAT CONFIRM THAT YOU MEET THE DEFINITION OF "HOMELESS APPLICANT".**

4. Check off the priority category that you believe applies to your situation:

**Priority 1:** Displaced by Natural Forces such as a fire not due to the negligence of intentional act of applicant, or member of applicant's household, or by an earthquake, or flood, or by a disaster declared or formally recognized under disaster relief laws.

If you have checked off Priority 1, you must attach proof of Displacement by Natural Forces such as report from Fire Department, letter from Board of Health or other government agency documenting destruction of your residence by earthquake, flood or other disaster.

**Priority 2:** Displaced by Public Action such as the building of a low rent public housing project, a public slum clearance, urban renewal project or other public improvement.

If you have checked off Priority 2, you must attach proof of Displacement by Public Action such as Relocation Notice, letter from Urban Renewal or other government agency documenting for public works project.

**Priority 3:** Displacement due to enforcement of minimum standards of fitness for human habitation established by Article 2 of the State Sanitary Code or local ordinances.

If you have checked off Priority 3, you must attach proof of Displacement due to State Sanitary Code enforcement such as a copy of the complaint listing code violations, placard, notices or letter from Board of Health documenting condemnation.



**PRIORITY 4 – EMERGENCY CASE PLAN CATEGORIES**

- A. Homeless and Facing a Significant Immediate and Direct Threat to the Life or Safety of the Applicant or any Household Member for Causes Other than the Fault of the Applicant or Member of the Applicant Household.**

If you have checked off Priority 4A, you must attach: Proof of No-Fault Loss of Housing such as summary process summons and complaint, court decision and execution from the court.

- B. Severe Medical Emergencies. An applicant is suffering from a severe medical emergency if the applicant household is suffering from an illness or injury posing a severe and medically documented threat to life which has been significantly caused by the lack of suitable housing or as to which the lack of suitable housing is a substantial impediment to treatment or recovery.**

If you have checked off Priority 4B, you must attach:

1. Proof of Medical Condition such as certification by physician on Housing Authority form.
2. Proof of Unsuitable Housing such as letter from landlord, visiting nurse or Board of Health documenting unsuitability of current housing, or photographs of current housing showing unsuitable features.

- C. Abusive Situation. An applicant is in an abusive situation if the applicant or member of the applicant household is determined by the LHA to be a victim of abuse as defined in the Abuse Prevention Act (G.L. c.209A, §1), which abuse constitutes a significant and direct threat to life or safety. The Abuse Prevention Act defines “abuse” as the occurrence of one or more of the following acts between “family or household members”: (1) attempting to cause or causing physical harm; (2) placing another in fear of imminent serious physical harm; or (3) causing another to engage in involuntarily in sexual relations by force, threat or duress. “Family or household members” are individuals who are related by blood or marriage, have a child together, or who now or formerly resided in the same household or dated each other.**

If you have checked off Priority 4C, you must attach: Proof of Abusive Situation such as copies of medical reports, police reports, restraining orders, applications for criminal complaints, social service evaluations.

**EMERGENCY APPLICATIONS SUBMITTED WITHOUT REQUIRED DOCUMENTATION WILL BE DENIED.**

**APPLICANT’S CERTIFICATION:**

I certify that the information that I have given in this application is true and correct, and I understand that any false statement or misrepresentation may result in the rejection of my application. I authorize the Housing Authority to make inquiries to verify the information that I have provided in this application.

**SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY. I understand a photocopy of this application and a photo copy of this signature is valid as the original.**

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Reviewer’s Signature

\_\_\_\_\_  
Date



**Scituate Housing Authority**

Name of Physician \_\_\_\_\_

Physician's Address \_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_

**PHYSICIAN'S VERIFICATION OF SEVERE MEDICAL EMERGENCY**

\_\_\_\_\_  
Applicant's Name

Control No. \_\_\_\_\_

\_\_\_\_\_  
Applicant's Address

I hereby authorize release  
of the requested information.

\_\_\_\_\_  
Applicant's Signature

Dear Dr. \_\_\_\_\_:

The above named applicant is seeking state-aided housing with this Authority and has indicated that he/she is being displaced or has been displaced from his/her current housing because of a severe medical emergency.

In order to determine whether to grant priority status for this applicant, we must secure verification of a qualifying severe medical emergency. Therefore, we would appreciate your completing the verification on the reverse and returning this form directly to the Housing Authority. A representative of the Authority may contact you at a later date to confirm the information.

Sincerely,

\_\_\_\_\_  
*Executive Director or Tenant Selection Coordinator*

**PHYSICIAN'S VERIFICATION OF SEVERE MEDICAL EMERGENCY**

1. Is the applicant or member of the applicant's household suffering from an illness or injury which poses a severe and medically documented threat to life or safety? (circle one)

YES                      NO                      NO OPINION

If YES, please explain:

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2. Is the applicant's current housing situation a cause of the illness or injury or is it a substantial impediment to treatment or recovery from this illness or injury? (circle one)

YES      NO                      NO OPINION

If YES, please explain:

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3. How long has the applicant or household member been your patient?

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4. For what are you currently treating the patient?

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**PHYSICIAN'S CERTIFICATION**

I certify that the information provided above represents my professional judgment and is true and correct to the best of my knowledge and belief.

\_\_\_\_\_ MD  
Signature

\_\_\_\_\_  
Date

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

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

Telephone: (\_\_\_\_) \_\_\_\_\_

# Housing Search Form

I, \_\_\_\_\_ declare that I have made reasonable efforts to locate alternative housing in order to address my critical need for housing. These efforts, are documented below:

Type of Contact (Tel/Visit/Etc.):

\_\_\_\_\_  
Contact Person/ Address /Telephone Number:

\_\_\_\_\_  
Bedrooms:

\_\_\_\_\_  
Rent:

\_\_\_\_\_  
Reason Unavailable:

\_\_\_\_\_  
Type of Contact (Tel/Visit/Etc.):

\_\_\_\_\_  
Contact Person/ Address /Telephone Number:

\_\_\_\_\_  
Bedrooms:

\_\_\_\_\_  
Rent:

\_\_\_\_\_  
Reason Unavailable:

\_\_\_\_\_  
Type of Contact (Tel/Visit/Etc.):

\_\_\_\_\_  
Contact Person/ Address /Telephone Number:

\_\_\_\_\_  
Bedrooms:

\_\_\_\_\_  
Rent:

\_\_\_\_\_  
Reason Unavailable:



Type of Contact (Tel/Visit/Etc.):

\_\_\_\_\_  
Contact Person/ Address /Telephone Number:

\_\_\_\_\_  
Bedrooms:

\_\_\_\_\_  
Rent:

\_\_\_\_\_  
Reason Unavailable:

Type of Contact (Tel/Visit/Etc.):

\_\_\_\_\_  
Contact Person/ Address /Telephone Number:

\_\_\_\_\_  
Bedrooms:

\_\_\_\_\_  
Rent:

\_\_\_\_\_  
Reason Unavailable:

I understand that any false statement or misrepresentation may result in the denial of emergency case status. Signed under the pains and penalties of perjury.

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

## **Applicant's Declaration of Residency and Authorization to release information**

Control No. \_\_\_\_\_

### **APPLICANT'S DECLARATION OF RESIDENCY AND AUTHORIZATION TO RELEASE INFORMATION**

I hereby declare that I am "homeless" as defined by the state regulations, and that I am a resident of \_\_\_\_\_ the City/Town:

(check one)

\_\_\_\_\_ from which I was displaced through no fault of my own.

\_\_\_\_\_ in which I am temporarily housed.

I certify that I have not declared myself a resident in any other city or town for the purpose of obtaining local resident preference, and I hereby authorize other local housing authorities and nonprofit agencies to release information to the Housing Authority to verify this certification. If my temporary address changes, and I need to change my declaration of local residency, I will immediately notify the Housing Authority, and I authorize other local housing authorities and nonprofit agencies to immediately notify the Housing Authority of the change.

Signed under the pains and penalties of perjury.

Dated: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_