



Admissions Office
174 South Common Street
Lynn, MA 01905

Emergency Application Instructions

Dear Applicant:

In order to apply for Emergency Housing, you must fill out a number of forms and provide other documents specific to the priority you are requesting as described on the Checklist of Required Verification Documents for Priority Status (attached). Your Emergency Application will not be processed until you have provided everything required in this package. 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 two (2) pay stubs, letter from Dept. of Transitional Assistance, Bank statements).
4. Family Housing- proof of children's ages.
5. Elderly/Handicapped Housing - proof of age or handicap (handicapped status must be verified on Housing Authority 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 Lynn Housing Authority & Neighborhood Development (LHAND) 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.



CHECKLIST OF REQUIRED VERIFICATION DOCUMENT 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 Lynn Housing Authority & Neighborhood Development (LHAND) 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 LHAND 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:

- 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.
- 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.
- 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:

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

- 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:

- 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.
- A statement of efforts taken by you, the applicant, to remedy the situation prior to the actual condemnation and subsequent to the condemnation.
- Attached documents, to demonstrate your action(s), such as letters to the landlord, previous board of health notices, or court records.
- 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:

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

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

- 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.
- 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.
- 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 LHAND must obtain additional documentation until the LHAND feels that a reasonable showing of the abusive situation has been made. Examples of documentation could include one or more of the following:
 - medical incidences - pattern or repeated occurrence
 - police report
 - # reported occurrences
 - court reports
 - applicant has attempted to get restraining order
 - applicant has filed charges against accused
 - legal action
 - letter from attorney stating case
 - counseling
 - psychological report
 - director, social service agency

- last permanent address
- changed address
- 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.

- Letter from the LHAND 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:

- 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.
- 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.



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**

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

(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 Lynn Housing Authority & Neighborhood Development (LHAND) to verify this certification. If my temporary address changes, and I need to change my declaration of local residency, I will immediately notify the LHAND, and I authorize other local housing authorities and nonprofit agencies to immediately notify the LHAND of the change.

Signed under the pains and penalties of perjury.

Signature of Applicant

Date



Admissions Office
174 South Common Street
Lynn, MA 01905

(Name & address of physician)

Date: _____

PHYSICIAN'S VERIFICATION OF SEVERE MEDICAL EMERGENCY

Applicant/Tenant Name

Applicant's Address

I hereby authorize release of the
requested information.

Applicant's Signature

Dear Doctor:

The above named applicant is seeking state-aided housing with the Lynn Housing Authority & Neighborhood Development (LHAND) 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 you completing page 2 of this verification and returning this form directly to the LHAND. A representative of the LHAND may contact you at a later date to confirm the information. If you have questions, please contact the Admissions Office at (781) 581-8760.

Sincerely,

Karin Luongo, Admissions Manager

Director of Admissions

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? YES NO NO OPINION

If YES, please explain: _____

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? YES NO NO OPINION

If YES, please explain: _____

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

4. For what are you currently treating the patient? _____

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

Printed Name: _____

Address: _____

Telephone: () _____

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statement or misrepresentations to any Department or Agency of the United State as to any matter within its jurisdiction.