

## Application for Congregate (Shared Living) Housing Situation Priority

This box is for Office Use Only	
Date of Receipt:	
Time of Receipt:	
Control Number:	
Barrier free:	
First Floor:	
Elderly/ Handicapped:	
Race and/or Ethnicity:	
Priority /Preference Category:	
Language:	

Please complete all information requested on the application. If a question is not applicable, please write N/A. <u>Make sure you sign the last page</u>. If you need additional space to provide an answer, please attach an additional sheet(s). Once completed please mail or hand deliver to the local housing authority at which you have applied.

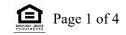
**Incomplete applications will not be processed.** Please complete all information requested on theapplication. If a question is not applicable, please write N/A. Make sure you sign the last page.

Name of Applicant:							
Residential Address:						Apt No:	
	If you are home	eless, provid	e the address	from which you became H	lomeless		
City / Town:				State		Zip:	
Home Phone:		_		Mobile Phone:			
Best # to Reach Applicant:		-		-			
Mailing Address:						Apt No:	
City / Town:			State:		Zip:		
Email address:							

This Congregate Housing (Shared Living) Application for Housing Situation Priority <u>must include written</u> <u>verification by a third party as to the Priority status that you are claiming</u>. The Housing Authority will not accept this application without third party verification, and a completed Standard Application.

In order to be found eligible for a Housing Situation Priority on the Congregate Housing (Shared Living) waitlist at this housing authority, you must either A) have satisfactorily completed the Multi-disciplinary Assessment Team (MAT) Review process for the Congregate program at this housing authority or B) you must be a "Homeless Applicant" as defined below AND qualify for either Priority 2 or 3 as defined below.

All applicants claiming Priority 1 must attach proof that they have completed the MAT Review Process. This process can be initiated by asking the LHA for a referral to the Congregate Coordinator for the LHA. All applicants who are claiming Homelessness under Priority 2 or Priority 3 must attach proof of homelessness. Acceptable Verification documentation includes letters from social workers, shelters, social service agencies, or code enforcement agencies that confirm that you meet the definition of "Homeless Applicant" below.



1.	Checl	k off the Priority category that you believe applies to your Housing Situation:
		ity 1: Completed the MAT Review Process conducted by the Provider associated with this Local ing Authority. You do not have to meet the definition of Homeless Applicant to qualify for Priority 1.
	Proce and c	have checked off Priority 1, you must attach proof of that you have completed the MAT Review ess such as a letter from the MAT/Congregate Coordinator. You also need to provide the name contact information for the person who coordinated your MAT Review Process. A MAT review dinator email or letter to the Housing Authority will also suffice.
	Nam	e of MAT Contact:
		Phone Number: Email:
		ity 2: Displaced by Public Action such as the building of a low rent public housing project, apublic clearance, urban renewal project or other public improvement.
	Reloc	I have checked off Priority 2, you must attach proof of Displacement by Public Action such as cation Notice, letter from Urban Renewal or other government agency documenting for public s project.
		ity 3: Displacement due to enforcement of minimum standards of fitness for human habitation blished by Article 2 of the State Sanitary Code or local ordinances.
	enfor	have checked off Priority 3, you must attach proof of Displacement due to State Sanitary Code rement such as a copy of the complaint listing code violations, placard, notices or letterfrom d of Health documenting condemnation.
	Appli	cations for Housing Situation Priority Submitted without Required Documentation WILL BE DENIED
2.	•	ou meet each of the requirements of the definition of "Homeless Applicant" below <u>AND</u> does current housing situation match either of situations outlined under Priority 2 or Priority 3 as listed e?
	<u>Defin</u>	ition of Homeless Applicant
	An Ap	oplicant who:
	(a) (c)	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 has made reasonable efforts to locate alternative housing, and

has not caused or substantially contributed to the safety or life-threatening situation, and

has pursued available ways to prevent or avoid the situation by seeking assistance through the

(d)

(e)

courts or appropriate administrative or enforcement agencies, and

(f)	is displaced from the residence in which the applicant household lived at least nine (9) months of the year.
	Yes No
If YES,	describe how you meet <b>each</b> of the above requirements:
	at day did you become, or will you become displaced from your primary residence? Month Year
	Preference, Housing Situation Priority Applicants:
housing displac Please	are homeless and applying for a Housing Situation Priority on Congregate Housing waitlists at this g authority, you may choose to be considered a resident from the city/town from which you were sed or a resident in the city/town in which you are temporarily housed.  provide the name of the community you choose to be declared a resident for the purposes of selection.
which tempo	have filled out this section, you must attach proof of residency in either the city/town from you were displaced or proof of your current residency in the city/town in which you are prarily housed.
vetera	Please shock all that apply if any
	Please check all that apply, if any.  □ I am a Veteran, or a member of my household is a Veteran.  □ I, or a member of my household, is the spouse, surviving spouse, dependent parent or a child or
	divorced spouse with a dependent child of a Veteran  ☐ A U.S. Veteran in my household has a service-connected disability.

• • • •	t the dates of U.S. military service. Include service dates for service in the
U.S. Army, Marine Corps, Coast Guard, Air Ford Service Date: From:	ce or National Guard. To:
A Copy of the Veteran's Department of Defen	se Form DD214 must be submitted with this application.
more than one offer of an appropriate Congrega	of housing. I understand that the Housing Authority will make no ate Housing unit. If I do not accept that offer, my application will
	nd, if I reapply, my Congregate application will not receive any prior Congregate application for a three (3) year period.
received a written <u>Unit Offer</u> for Congregate Horesponsibility to inform the Housing Authority in composition. I authorize the Housing Authority application for Congregate Housing. I certify the Housing is true and correct. I understand that a my application for Congregate Housing. <u>I under Record Information from the Department of Confeder Registry and landlord references for a contract of the Confeder Registry and Landlord references for a contract of the confeder Registry and Landlord references for a</u>	OF PERJURY. I understand a photocopy of thisapplication and a
Applicant's Signature	 Date
Reviewer's Signature	Date