



Application for Congregate (Shared Living) Housing Situation Priority

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|---------------------------------|-------|
| 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**. **Make sure you sign the last page.** 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 the application. 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 homeless, provide the address from which you became Homeless

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 **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.

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. Check off the Priority category that you believe applies to your Housing Situation:

Priority 1: Completed the MAT Review Process conducted by the Provider associated with this Local Housing Authority. *You do not have to meet the definition of Homeless Applicant to qualify for Priority 1.*

If you have checked off Priority 1, you must attach proof of that you have completed the MAT Review Process such as a letter from the MAT/Congregate Coordinator. You also need to provide the name and contact information for the person who coordinated your MAT Review Process. A MAT review coordinator email or letter to the Housing Authority will also suffice.

Name of MAT Contact: _____

Phone Number: _____ **Email:** _____

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.

Applications for Housing Situation Priority Submitted without Required Documentation WILL BE DENIED

2. Do you meet each of the requirements of the definition of “Homeless Applicant” below **AND** does your current housing situation match either of situations outlined under Priority 2 or Priority 3 as listed above?

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
- (c) has made reasonable efforts to locate alternative housing, and
- (d) has not caused or substantially contributed to the safety or life-threatening situation, and
- (e) has pursued available ways to prevent or avoid the situation by seeking assistance through the 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 **each** of the above requirements:

3. On what day did you become, or will you become displaced from your primary residence?

Day _____ Month _____ Year _____

4. **Local Preference, Housing Situation Priority Applicants:**

If you are homeless and applying for a Housing Situation Priority on Congregate Housing waitlists at this housing authority, 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.

If you have filled out this section, you must attach proof of residency in either the city/town from which you were displaced or proof of your current residency in the city/town in which you are temporarily housed.

5. **Veteran Preference:**

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.
- A former member of my household is a deceased U.S. Veteran whose death has been determined by the Veteran's Administration to be service connected.

If you wish to apply for Veteran Preference, list the dates of U.S. military service. Include service dates for service in the U.S. Army, Marine Corps, Coast Guard, Air Force or National Guard.

Service Date: From: _____ To: _____

A Copy of the Veteran's Department of Defense Form DD214 must be submitted with this application.

APPLICANT'S CERTIFICATION:

I understand that this application is not an offer of housing. I understand that the Housing Authority will make no more than one offer of an appropriate Congregate Housing unit. If I do not accept that offer, my application will be removed from the Congregate waiting list; and, if I reapply, my Congregate application will not receive any priority or preference that was granted on the prior Congregate application for a three (3) year period.

Based on this application, I understand I should not make plans to move or end my present tenancy until I have received a written **Unit Offer** for Congregate Housing from the Housing Authority. I understand that it is my responsibility to inform the Housing Authority in writing of any change of addresses, income, or household composition. I authorize the Housing Authority to make inquiries to verify the information I have provided in this application for Congregate Housing. I certify that the information I have given in this application for Congregate Housing is true and correct. I understand that any false statement or misrepresentation may result in the denial of my application for Congregate Housing. **I understand that the Housing Authority will request Criminal Offender Record Information from the Department of Criminal Justice Information Services and will check the Sex Offender Registry and landlord references for all applicants.**

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

Applicant's Signature

Date

Reviewer's Signature

Date

