



HOMELESS PRIORITY (HOUSING SITUATION PRIORITY)



1-4(A-C) ELIGIBILITY CHECKLIST

| Checklist Verification Requirements | Homeless Priorities | | | | | |
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| | 1 - Fire or Natural Disasters | 2 - Urban Renewal | 3 - State Sanitary Code | 4a - Court Ordered Eviction | 4b - Severe Medical Emergency | 4c - Abusive Situation |
| Response to Screening Packet (required for all Priorities) | You will need to explain your current housing situation in the applicant response on the CHAMP form named Required Verification of Priority and Preference. Your explanation should match the priority you are claiming. You will also be asked to provide supporting documents as explained below. | | | | | |
| Proof of Primary Residence (required for all Priorities) | You must provide proof of your primary residence. Your primary residence is the place where you are currently living or, where you were living at the time you were displaced, provided you live(d) or intend(ed) to live at that address for at least 9 months of the year. Proof of your primary residence may include but is not limited to letters from the landlord, lease agreement, rent checks, utility bills, proof of child's enrollment in local schools. | | | | | |
| Proof of Displacement or Imminent Displacement (required for all Priorities) | Fire: An Official Fire Report that: <ul style="list-style-type: none"> • Lists your primary residence. • Indicates that residence is uninhabitable. If this information is missing, you can also provide a Letter from the Board of Health or similar agency that the unit is not habitable. • Does not state or show that you are at fault. Other natural disasters: <ul style="list-style-type: none"> • A Federal Disaster Declaration. • An Official Report from Red Cross or FEMA that should include your residence. | A Copy of Official Notification of land/property taking and the stated purposes thereof from public agency involved. Must have legislative authority exercised and date of displacement within the last 3 years. <i>*Note - relocated/displaced due to public housing redevelopment is an eligible reason to claim this priority</i> | A copy of the Official Order of Displacement: <ul style="list-style-type: none"> • Must be due to minimum standards of fitness for human habitation established by the State Sanitary Code. State Building Code, or local ordinances (like zoning). • With a date of displacement or future displacement. | A Judgement or other Court Document (like an agreement of the parties) that <ul style="list-style-type: none"> • Requires you to vacate your primary residence by a known date. • Does not indicate that the reason for the eviction is your fault. <i>*Note - If the document does not state "no fault", the eviction will be considered "no fault" if document does not show evidence of fault (i.e., property damages, unpaid rent not forgiven)</i> | A completed CHAMP Form: Physicians Verification of Severe Medical Emergency. The form must verify an illness or injury which poses a severe and medically documented threat to life or safety and that your Primary Residence is or was a cause of the illness or injury or is a substantial impediment to treatment or recovery. | A document that verifies abuse, as defined in M.G.L. 209A, sexual assault, or stalking, such as, but not limited to: <ul style="list-style-type: none"> • Medical Documents. • Court documents. • Social Service Agency documents, etc. |
| Proof of current temporary living situation. (Applies only if already displaced from primary residence) | Examples may include a shelter verification letter, a letter from a person you may be temporarily residing with, any letter from a community figure (police, church personnel, etc.) | | | | | |
| Proof the Applicant has not caused or substantially contributed to the safety-threatening or life-threatening situation. | Fire: <ul style="list-style-type: none"> • The Official Fire Report has no indication that you caused or substantially contributed to the fire. Other natural disasters: <ul style="list-style-type: none"> • Not Required. | Not Required Presumed with verification of Displacement by Public Action - Urban Renewal. | The Official Order of Displacement must not indicate that <ul style="list-style-type: none"> • You or a household member has caused or substantially contributed to the cause of enforcement proceedings. | Not Required Presumed in the documents proving (imminent) displacement. | A completed CHAMP Physician or Other Medical Provider Verification Form. (A screening document that will be sent to you). You may also provide other evidence of the existence of the condition in your Primary Residence such as: <ul style="list-style-type: none"> • Photographs. • Board of Health Citation. • Other documentation. | Not Required Presumed with verification Displacement due to Abusive Situation. |
| Proof the Applicant has pursued ways to prevent or avoid the safety threatening or life threatening situation by seeking assistance through the courts or appropriate administrative or enforcement agencies. | Not Required | Not Required | You must provide a written statement of your efforts to remedy the situation causing the displacement and documents (if available) to support your actions, such as: <ul style="list-style-type: none"> • Letters to/from your landlord. • Board of health notice. • Court records, etc. | Not Required | Not Required | Not Required |