

811 Project Rental Assistance Referral Form

Dear Certifier:

The 811 Project Rental Assistance (PRA) Program provides affordable housing for eligible individuals with disabilities who are aged 18-61. The 811 PRA program seeks to ensure that, through the availability of 811 PRA- units, individuals with disabilities will be able to live as independently as they are able, in their own homes. Additional paperwork is required to apply for 811 PRA.

Please note, only applicants who meet the eligibility criteria will be placed on a waiting list. In order to be eligible, the applicant MUST:

- Be aged 18-61
- Have a gross household income of no more than 30% of the Area Median Income (detailed income limits may be found on HUD's website: <https://www.huduser.gov/portal/datasets/il.html>)
- Be eligible for MassHealth Standard or CommonHealth

Applicants must be in an institution, at risk of institutionalization, OR homeless (please see definitions on the Verification form below). Additionally, applicants MUST meet one of the following eligibility categories:

- Home and Community-Based Services Waiver. Examples of the Waiver are the MFP-Community Living waiver, Frail Elder waiver (for 811 purposes, applicant must be no older than 61 years of age), DDS-Community Living waiver, or the Acquired Brain Injury- Non-Residential Waiver
- OR
- Are homeless or At Risk of Institutionalization and receive services through DDS, DMH, MRC or the CSPECH program. Homeless is defined as: a household lacking a fixed nighttime residence or living in a place not meant for human habitation, emergency shelter, or transitional housing.

A complete application will include:

- 811 Referral Form
- Core Documents (required for all household members – please reach out if document is unavailable for an alternative):
 - o Photo Identification
 - o Social Security Card
 - o Birth Certificate
 - o Income statement dated within the last 60 days (including social security state supplement if applicable)
 - o Asset statements for the last 6 months
- Rental Application
- HUD form 9886
- HUD form 92006
- Live in Aide Verification (if applicable)
- Reasonable Accommodation request (if applicable)
- Mitigation Documents (if applicable)

If you have any questions about a potential applicant's eligibility, please contact your agency lead or Courtenay Loiselle at courtenay.loiselle@state.ma.us OR (617) 204-3727

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Applicant Information:

Eligible Consumer Name: [Click here to enter text.](#)

Date Referred: _____

Consumer Date of Birth: [Click here to enter text.](#)

Consumer MassHealth Identification Number: [Click here to enter text.](#)

Consumer is receiving services from (check all that apply):

☐ DDS ☐ DMH ☐ EOE/ASAP ☐ MRC ☐ CSPECH program

Please list the services received (for example, the MFP-CL Waiver): [Click here to enter text.](#)

Is this person homeless, in an institution, or at risk of institutionalization? Please describe [Click here to enter text.](#)

Does this applicant want to live with anyone else? Please list: [Click here to enter text.](#)

Housing features needed (check all that apply):

- ☐ Studio apartment requested
☐ 1 Bedroom apartment requested
☐ 2 Bedroom apartment requested (please note a 2 bedroom may be requested as a reasonable accommodation)
☐ Fully Wheelchair Accessible
☐ Unit with no stairs
☐ No access features needed

Other Adaptation needed (please list):

Applying for (check all that apply):

The table below shows all current available 811 PRA units/subsidies. Please check off ALL subsidies which the consumer would like to be added to the waiting list. Please do not select any property for which the consumer is not interested in the location.

Unit Name/Type	Property Location	Units	Unit features (if applicable)	Restrictions on Unit	Consumer interested in Unit (please check)	
					Yes	No
Massachusetts Rental Voucher Program	Chosen by consumer when voucher issued	25	N/A	N/A		
Housing Choice Voucher Program	Chosen by consumer when voucher issued	13	N/A	N/A		
Canal Bluffs	Bourne	2- 2 bedroom	Both accessible	Community Based Housing – excludes DDS and DMH		
Chelmsford Woods	Chelmsford	2- 1 bedroom	Both accessible	Community Based Housing – excludes DDS and DMH		
Duck Mill	Lawrence	2- 1 bedroom	One accessible	One Community Based Housing – excludes DDS and DMH		
Fitchburg Yarn	Fitchburg	2-1 bedroom	One accessible	One Community Based Housing – Excludes DDS and DMH One FCF – DMH ONLY		

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Unit Name/Type	Property Location	Units	Unit features (if applicable)	Restrictions on Unit	Consumer interested in Unit (please check)	
					Yes	No
Fruit Sever	Worcester	3-1 bedroom; 2-2 bedroom	Accessible	All Community Based Housing – excludes DDS and DMH		
Georgetowne	Boston	4- 1 bedroom 2- 2 bedroom	Depending on availability	N/A		
Parcel 25/Gurney Street	Boston	Two 1 Bedroom One 2 bedroom	One 1 BR is accessible	N/A		
Walker Park	Boston	Three 1 bedroom units	One unit is accessible	N/A		

Demographic Information of Applicant

Please note this information is collected for use in analysis of program utilization. No demographic information will be connected to a specific person in data analysis. This information is voluntary and will not affect eligibility.

Applicant's disability type:

☐Physical Disability ☐ID/DD ☐Psychiatric Disability ☐Refuse/Don't Know

Applicant's Gender:

☐Male ☐Female ☐Refuse/Don't Know

Applicant's Race:

☐White ☐Black or African American ☐Asian ☐American Indian or Alaska Native
☐Native Hawaiian or Other Pacific Islander ☐Refuse/Don't Know

Applicant's Ethnicity:

☐Hispanic ☐Non-Hispanic ☐Refuse/Don't Know

Does this applicant have children under 18 years of age?

☐Yes ☐No ☐Refuse/Don't Know

If yes, does this applicant intend to live with these children upon discharge/moving to a subsidized unit?

☐Yes
☐No

What language does this applicant prefer to communicate in? Please list:

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Did you have any challenges communicating with this applicant? Please list:

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Verification of Eligibility for 811 PRA- Unit

Applicant Name: _____

Check the boxes to verify that this applicant meets the following eligibility requirements:

- ☐ Applicant will be between 18 and 61 years of age at the time of initial occupancy of a PRA- Unit;
- ☐ Applicant household has income that does not exceed 30 percent of the area median income.
- ☐ Applicant is eligible for MassHealth Standard or CommonHealth;

This individual is currently:

- ☐ Living in a long term care facility (nursing facility, psychiatric hospital, a rehabilitation or chronic disease hospital, or an Intermediate Care Facility for the Intellectually Disabled)
- ☐ Homeless defined as a household lacking a fixed nighttime residence or living in a place not meant for human habitation, emergency shelter, or transitional housing.
- ☐ At Risk of Institutionalization (at risk of being placed in a nursing facility, long term rehabilitation center, or hospital)

This applicant has been found eligible for/is receiving the following services:

- ☐ MassHealth Home and Community Based Services (HCBS) waiver
- ☐ Services provided by the Department of Developmental Services (DDS), Department of Mental Health (DMH), Massachusetts Rehabilitation Commission (MRC), or Community Support Program for People Experiencing Chronic Homelessness (CSPECH) program.

By submitting this form on behalf of the consumer listed above, I am certifying that the individual meets the listed eligibility criteria. By submitting this form, the certifier will be contacted about application status and will be expected to provide support throughout the process of applicant selection for a unit and leasing. Please notify Courtenay Loiselle of any change in applicant status by emailing Courtenay.Loiselle@state.ma.us.

Name of Certifier: _____

Title of Certifier: _____

Signature of Certifier: _____

Phone Number of Certifier: _____

Email Address of Certifier: _____