



*Massachusetts Department of Housing and Community Development  
Division of Housing Stabilization*

**Request to Include Extra Adult Relative in Household Receiving  
Emergency Assistance (EA) Temporary Emergency Shelter  
Benefits**

Date: \_\_\_\_\_

Name of Head of Household: \_\_\_\_\_

Name(s) of Other Qualified Adult(s) Currently in EA Household (includes parents, step-parents, legal guardians, and other relatives who are caregivers for a child under the age of 21 in an EA eligible household): \_\_\_\_\_

Name of Requested Extra Adult Relative(s) (EAR) sought to be included in EA Household (adults related to EA eligible child who do not fall in one of the categories of relationship listed above): \_\_\_\_\_  
\_\_\_\_\_

Most Recent Address of EAR: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Where can EAR receive mail, if not the same as above:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

EAR Emergency Contact Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Relationship of EAR to Children in the EA Household:  
\_\_\_\_\_

Please describe how the EAR assists with care for critical medical needs of children in the EA Household:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the EAR ever resided with any current member of the EA Household? If so, when, where, and for how long?  
\_\_\_\_\_  
\_\_\_\_\_

Please describe the current employment status of the EAR and his/her/their employment history for the past 5 years.

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Please describe the most recent permanent housing occupied by the EAR and provide a 5-year housing history of permanent and long-term temporary accommodations. If not currently residing in permanent housing, please describe current accommodations and why the EAR left permanent housing.

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Please describe the highest level of education completed by the EAR and any current educational programs in which the EAR is enrolled.

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Does the EAR have any assets, such as money in the bank (including IRA, 401K) or in hand, a car, or any other object of value? If so, what, and what is the value of the asset(s)?

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Please provide a 5-year criminal history of the EAR. Include only convictions, guilty pleas, continuances without a finding, and admissions to sufficient facts, whether in or outside Massachusetts.

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Please provide a 5-year history of any orders entered against the EAR due to domestic violence, civil rights violations, or "no trespass" violations.

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Please provide any other information about the EAR that may be helpful to the Massachusetts Department of Housing and Community Development (DHCD) in determining whether to permit the inclusion of the EAR in the EA Household.

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**We certify under penalty of perjury that the information given in this application is true to the best of our knowledge. We understand that we are required to verify the information we provided above. By signing this form, we give permission to DHCD to contact local and/or regional housing authorities, other government agencies, family, friends, schools, medical providers, financial institutions, and/or employers, past and present, and give permission to the above to share information with the DHCD that is necessary for DHCD to process this request to include the EAR to a Household receiving EA shelter benefits.**

**We understand that DHCD retains complete discretion as to the inclusion of an extra adult relative in an EA Household and may, at any time, require any adult household member to leave EA-provided shelter, so long as at least one adult with legal custody of the children remains in the EA Household. We further understand that DHCD will only include an EAR in a Household under extraordinary circumstances. 106 C.M.R. § 309.020 (A) (1).**

We acknowledge that the primary criteria used by DHCD in determining whether to include an EAR in an EA Household are (1) the ability of the EAR to assist the EA Household in locating and retaining permanent housing and (2) the need to include the EAR as a member of the Household in order to care for any children with critical medical needs.

We understand that it is DHCD policy to use the Sex Offender Registry to determine if any member of an EA Household, age 10 or older, including the EAR, is a registered sex offender.

We understand that if DHCD approves the EAR to join the EA Household based on the above statements and the EAR is then found ineligible, or violates one of the requirements for receiving EA benefits, the EA benefits of the EA Household may be terminated and the Household will be ineligible to receive further EA benefits for 12 months from the Household's last day in shelter.

\_\_\_\_\_  
Signature of Client (Head of EA Household)  
Date: \_\_\_\_\_

\_\_\_\_\_  
Homeless Coordinator's Signature  
Date: \_\_\_\_\_

\_\_\_\_\_  
Requested Extra Adult Relative's Signature  
Date: \_\_\_\_\_

Original to Client Record — Copies to Client, EAR, Shelter