Emergency Application Instructions

Dear Applicant:

In order to apply for Emergency Housing, you must fill out and provide documents specific to the priority you are requesting as described on the Checklist of Required Verification Documents for Priority Status. You will also need to provide other documents that the LHA needs to determine your eligibility for Emergency Case Status as well as for the program(s) for which you have applied. Your Emergency Application will not be processed until you have provided everything required. A complete application will contain:

2. Emergency Application for State-Aided Housing with required verifications attached.
3. Verification of income and assets for all household members (for example, last ten (10) weeks pay stubs, letter from Dept. of Transitional Assistance, Bank statements).
4. Family Housing- proof of children’s ages.
5. Elderly/Handicapped Housing - proof of age or handicap (handicapped status must be verified on form).
6. Declaration of Residency
7. General Authorization to Release Information
8. Fair Information Act
9. Housing Search form
10. If you are applying for non-elderly disabled housing and do not receive Social Security Disability or SSI, please have the Verification of Handicapped Status form
11. If applying for medical emergency, please have the Physician’s Verification of Severe Medical Emergency form completed

You may submit your Emergency Application now or at a later time when you believe that your circumstances meet the Emergency Case criteria. When your application is complete, the Housing Authority will notify you. If you decide that you do not want to apply for Emergency Case Status now, you do not need to submit anything further at this time.
Fair information Act - Statement of Rights

Local Housing Authorities collect information about applicants and tenants for their housing programs as required by law in order to determine eligibility, amount of rent, and correct apartment size. The information collected is used to manage the housing programs, to protect the public’s financial interest, and to verify the accuracy of information submitted. Where permitted by law, it may be released to government agencies, other housing authorities, and to civil or criminal investigators and prosecutors. Otherwise, the information will be kept confidential and only used by housing authority staff in the course of their duties.

The Fair Information Practices Act established requirements governing housing authorities’ use and disclosure of the information it collects. Applicants and tenants may give or withhold their permission when requested by the housing authority to provide information. However, failure to permit the housing authority to obtain the required information may result in delay, ineligibility for programs, or termination of tenancy or housing subsidy. The provision of false or incomplete information is a criminal offense punishable by fines and/or imprisonment.

As an applicant or tenant, you have the following rights in regards to the information collected about you.

1. No information may be used for any purpose other than those described above without your consent.
2. No information may be disclosed to any person other than those described above without your consent. If we receive a legal order to release the information, we will notify you.
3. You or your authorized representative have a right to inspect and copy any information collected about you.
4. You may ask questions and receive answers from the housing authority about how we collect and use your information.
5. You may object to the collection, maintenance, dissemination, use, accuracy, completeness, or type of information we hold about you. If you object, we will investigate your objection and will either correct the problem or make your objection part of the file. If you are dissatisfied, you may appeal to the Executive Director who will notify you in writing of the decision and of your right to appeal to the Department of Housing and Community Development.

I have read and understand this Fair Information Practices Statement of Rights and have received a copy for future reference. This form must be signed, dated and mailed with your application to each authority where you apply for housing.

Date_________________ Signature____________________________________________
Applicant's Declaration of Residency and Authorization to release information

Control No. ______________

APPLICANT’S DECLARATION OF RESIDENCY AND AUTHORIZATION TO RELEASE INFORMATION

I hereby declare that I am “homeless” as defined by the state regulations, and that I am a resident of _________________________ the City/Town:

(check one)
_____ from which I was displaced through no fault of my own.
_____ in which I am temporarily housed.

I certify that I have not declared myself a resident in any other city or town for the purpose of obtaining local resident preference, and I hereby authorize other local housing authorities and nonprofit agencies to release information to the Housing Authority to verify this certification. If my temporary address changes, and I need to change my declaration of local residency, I will immediately notify the Housing Authority, and I authorize other local housing authorities and nonprofit agencies to immediately notify the Housing Authority of the change.

Signed under the pains and penalties of perjury.

Dated:_________________________________________________________

Signature of Applicant: ____________________________________________
Verification of Handicapped Status for State-Aided Elderly/Handicapped Housing

Name of Physician or Other Professional: _____________________________________

Profession: ________________________________________

Address

______________________________________________________________________

______________________________________________________________________

Date_____________________

Applicant’s Name ____________________________________

Applicant Control Number _________________________________________________________

Applicant’s Address ______________________________________________________________

____________________________________________________________________________

I hereby authorize release of the following information: _______________________

Applicant’s Signature

The Housing Authority may request verification that an applicant has a qualifying physical or mental impairment in order to determine the applicant’s eligibility for elderly/handicapped housing. The applicant has authorized above your release of the requested information. We would appreciate your prompt response to the questions on the reverse side of this letter. If you have questions, please contact our office. Thank you for your anticipated cooperation.

Sincerely,

___________________________________________

Executive Director or Tenant Selection Coordinator
Note: an applicant’s eligibility for Elderly/Handicapped Housing is contingent on the Authority being able to identify and understand whether the applicant has a qualifying impairment and how it affects his or her housing needs. Please be sure to complete this form legibly and in a manner that allows the Authority to meaningfully evaluate the applicant’s eligibility.

1. Does the applicant have one or more physical or mental impairments, other than a history of alcohol or substance abuse, which substantially impede(s) his or her ability to live independently? Circle the appropriate answer.\(^1\)
   \[\text{Yes} / \text{No}\]

   Comment:
   
   ______________________________________________________________________________________
   ______________________________________________________________________________________
   ______________________________________________________________________________________
   ________________________________________________

2. If Yes to question 1 above, would suitable housing conditions improve the applicant’s ability to live independently and, if so, what sort? Be specific.
   
   ______________________________________________________________________________________
   ______________________________________________________________________________________
   ______________________________________________________________________________________
   ______________________________________________________________________________________
   ________________________________________________

3. If Yes to question 1 above, is the anticipated duration of the applicant’s impairment(s) more than six (6) months? Circle the appropriate answer.
   \[\text{Yes} / \text{No}\]

   If the anticipated duration is indefinite so specify, and estimate the approximate duration to the best of your ability:
   
   ______________________________________________________________________________________
   ______________________________________________________________________________________
   ______________________________________________________________________________________
   ________________________________________________
4. Other comment:

_______________________________________________________________________________________
_______________________________________________________________________________________

CERTIFICATION

I certify that the information provided above represents my professional judgment and is true and accurate to the best of my knowledge and belief.

_________________________________________  ____________________ _____
Signature        Date

_________________________________________
Printed Name        Telephone

_________________________________________
Street

_________________________________________
City & State        Zip

1Note: an applicant that has a history of alcohol or substance abuse may still be eligible for Elderly/Handicapped Housing if the applicant has one or more qualifying physical or mental impairments in addition to the history of alcohol or substance abuse and is otherwise eligible and qualified for such housing.
Name of Physician_____________________________________

Physician’s Address____________________________________

____________________________________

Date___________________

PHYSICIAN’S VERIFICATION OF SEVERE MEDICAL EMERGENCY

______________________________________

Control No._____________

Applicant’s Name

______________________________________

Applicant’s Address

______________________________________

I hereby authorize release of the requested information.

Applicant’s Signature

Dear Dr. _____________________:

The above named applicant is seeking state-aided housing with this Authority and has indicated that he/she is being displaced or has been displaced from his/her current housing because of a severe medical emergency.

In order to determine whether to grant priority status for this applicant, we must secure verification of a qualifying severe medical emergency. Therefore, we would appreciate your completing the verification on the reverse and returning this form directly to the Housing Authority. A representative of the Authority may contact you at a later date to confirm the information.

Sincerely,

_________________________________________

Executive Director or Tenant Selection Coordinator

Medical Emergency Verification (November) 11/2000

EQUAL HOUSING OPPORTUNITY
### PHYSICIAN’S VERIFICATION OF SEVERE MEDICAL EMERGENCY

1. Is the applicant or member of the applicant’s household suffering from an illness or injury which poses a severe and medically documented threat to life or safety? (circle one)
   - YES
   - NO
   - NO OPINION

   If YES, please explain:
   ___________________________________________________________
   ___________________________________________________________
   ___________________________________________________________

2. Is the applicant’s current housing situation a cause of the illness or injury or is it a substantial impediment to treatment or recovery from this illness or injury? (circle one)
   - YES
   - NO
   - NO OPINION

   If YES, please explain:
   ___________________________________________________________
   ___________________________________________________________
   ___________________________________________________________

3. How long has the applicant or household member been your patient? ________________

4. For what are you currently treating the patient?_____________________________________

### PHYSICIAN’S CERTIFICATION

I certify that the information provided above represents my professional judgment and is true and correct to the best of my knowledge and belief.

___________________________________, MD
Signature

______________________________
Date

Name:____________________________________

Address:____________________________________

______________________________

Telephone: (____)_____________________

---

*Medical Emergency Verification (November) 11/2000*

*EQUAL HOUSING OPPORTUNITY*
GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

Name:________________________________________________

Address:______________________________________________
_______________________________________________

I, the above named individual, have authorized the Salisbury Housing Authority to verify the accuracy of the information which I have provided to the Housing Authority from the following sources(specify):

Criminal activity, CORI, Courts, law enforcement agency, credit bureau, employment (past and present wages, Pensions/Annuities), self-employment income, US Social Security Administration (Social Security, SSI Benefits, Social Security numbers), State Welfare Agencies (TAFDC, General Relief, etc.), State Employment Security Agencies, (unemployment benefits), Health and Accident, Insurance and Workman’s Compensation, US Department of Veteran’s Affairs, Federal, State and local benefits, bank and other financial institutions (asset income, interest, IRA, CD’s, Stocks & Bonds, etc.), Court records (alimony, child support), family composition, credit history, identity & marital status, handicapped assistance expenses, medical care, medical insurance premiums & expenses, school & college (tuition & fees), child care expenses (day care).

I hereby give you my permission to release this information to the Housing Authority. I would appreciate your prompt attention in supplying the information requested on the attached page to the Housing Authority within five (5) days of receipt of this request.

I understand that a photocopy of this authorization is as valid as the original.

Thank you for your cooperation in this matter.

__________________________________          Date signed:_____________________ 
(signature)

THIS AUTHORIZATION IS VALID FOR A PERIOD OF ONE YEAR FROM THE DATE NOTED ABOVE.
Housing Search Form

I, ___________________________________ declare that I have made reasonable efforts to locate alternative housing in order to address my critical need for housing. These efforts, are documented below:

Type of Contact (Tel/Visit/Etc.):
___________________________________________________________________

Contact Person/ Address /Telephone Number:
________________________________________________________

Bedrooms:
________________________________________________________________________

Rent:
________________________________________________________________________

Reason Unavailable:
________________________________________________________________________

Type of Contact (Tel/Visit/Etc.):
___________________________________________________________________

Contact Person/ Address /Telephone Number:
________________________________________________________

Bedrooms:
________________________________________________________________________

Rent:
________________________________________________________________________

Reason Unavailable:
________________________________________________________________________

Type of Contact (Tel/Visit/Etc.):
___________________________________________________________________

Contact Person/ Address /Telephone Number:
________________________________________________________

Bedrooms:
________________________________________________________________________

Rent:
________________________________________________________________________

Reason Unavailable:
Type of Contact (Tel/Visit/Etc.):

___________________________________________________________________

Contact Person/ Address /Telephone Number:

___________________________________________________________________

Bedrooms:

___________________________________________________________________

Rent:

___________________________________________________________________

Reason Unavailable:

___________________________________________________________________

Type of Contact (Tel/Visit/Etc.):

___________________________________________________________________

Contact Person/ Address /Telephone Number:

___________________________________________________________________

Bedrooms:

___________________________________________________________________

Rent:

___________________________________________________________________

Reason Unavailable:

___________________________________________________________________

I understand that any false statement or misrepresentation may result in the denial of emergency case status. Signed under the pains and penalties of perjury.

Signature: ___________________________ Date: ___________________________