

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:

1. Standard Application for State-Aided Housing with required verifications attached.
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.

SALISBURY HOUSING AUTHORITY
23 BEACH ROAD, SALISBURY, MA 01952
Tel (978) 462-8600 Fax (978) 463-3512

Loren Quinn, Chairperson
Ralph Sweeney, Vice-Chairperson
Patricia McCarthy, Assistant Treasurer
Sandra Stanton, Member

Mark Webber
Executive Director

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 _____

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**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

THE FOLLOWING TO BE COMPLETED BY PHYSICIAN (OR OTHER PROFESSIONAL)

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

Yes / 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.

Yes / 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.

Salisbury Housing Authority
23 Beach Road
Salisbury, MA 01952
Phone: 978-462-8600 Fax: 978-463-3512

Name of Physician _____

Physician's Address _____

Date _____

PHYSICIAN'S VERIFICATION OF SEVERE MEDICAL EMERGENCY

Applicant's Name

Control No. _____

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: (____) _____

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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.

(signature)

Date signed: _____

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: _____