



**REVISED 11/21/2017**

## **EMERGENCY APPLICANT CASE PLAN** NORTON HOUSING AUTHORITY

Pursuant to 760 CMR 5.11, the Norton Housing Authority (NHA) hereby adopts the following Emergency Case Plan setting forth the definition of Emergency Case Applicant to be utilized by the Authority, and the circumstances under which the Authority shall grant Emergency Case status, to an otherwise eligible applicant for family or elderly/handicapped housing:

### **I. STATEMENT OF GOALS AND POLICIES**

Through this Plan, the NHA seeks to establish a fair and uniform standard to be applied to all applicants for emergency case status.

### **II. DEFINITION OF EMERGENCY CASE APPLICANT**

An Emergency Case Applicant shall be a homeless applicant who meets the definition of "Emergency Case" who has been or is imminently faced with displacement from his/her primary residence as a result of circumstances described below, **AND** who: is without a place to live or is in a living situation in which there is a significant immediate and direct threat to the life or safety of the applicant or a household member, which situation would be alleviated by placement in an appropriate unit; **AND**

- (a) has made reasonable efforts to locate alternative housing; **AND**
- (b) has not caused or substantially contributed to the safety or life-threatening situation; **AND**
- (c) has pursued available ways to prevent or avoid the safety or life-threatening situation by seeking assistance through the courts or appropriate administrative or enforcement agencies.

Primary Residence is defined by 760 CMR 5.03 as the principal home (domicile) occupied by all members of an applicant household not less than nine months of the year.

### **III. DETERMINATIONS OF EMERGENCY CASE APPLICANT**

The NHA shall grant Emergency Case status to applicants who satisfy the above definition of homeless as further clarified below. You must **check off** a priority and provide all necessary documentation as requested within the priority.

**PRIORITY # 1 DISPLACED BY NATURAL FORCES:**

If an applicant can no longer live in their residence due to a fire, flood or earthquake, they must submit the following documentation:

\_\_\_\_\_ Fire: Copy of the official Fire Report. Report must be mailed directly by the Fire Department to the Housing Authority. Report should be attested as a true copy.

**AND**

Proof that they were a resident of the affected property. They should submit such things as: rent receipts, copy of their lease or rental agreement.

**OR**

\_\_\_\_\_ Flood/Earthquake: copy of official report from the Red Cross or Federal Disaster Agency (FEMA). Report must be mailed directly to the NHA. Report should be attested as a true copy.

**AND**

Proof that they were a resident of the affected property. They should submit such things as rent receipts, a copy of your lease or rental agreement.

**PRIORITY # 2 - HOMELESS, DISLACED BY PUBLIC ACTION (Type A):**

If an applicant has been displaced within the past three (3) years due to public works, urban renewal or public usage or improvement; they must submit the following:

\_\_\_\_\_ Copy of the official notification of land/property taking and the stated purposes thereof from the public agency involved. Notification should include legislative authority exercised and date of displacement.

**AND**

If public action is impending, notification should be sent from the public agency directly to the NHA.

**AND**

Proof that the applicant was a resident of the affected property. They should submit such things as rent receipts, copy of your lease or rental agreement.

**PRIORITY # 3 – DISPLACED BY PUBLIC ACTION (Type B):**

If they have been displaced due to a public health agency's enforcement of local, state health codes they must submit:

\_\_\_\_\_ Copy of the official order of displacement due to code enforcement. Order should be sent directly to the Housing Authority by the public health department involved. Document may be known as a Declaration of Condemnation and should include the specific property involved.

AND

A statement of efforts taken by the applicant to remedy the situation prior to the actual condemnation and subsequent to the condemnation.

AND

Attach documents to demonstrate applicant action(s), such as letters to the landlord previous board of health notices or court records

AND

Proof that the applicant was a resident of the affected property. They should submit such items as rent receipts, copy of lease or rental agreement.

PRIORITY # 4 – EMERGENCY CASE CATEGOR(IES):

They must submit the information listed in order to qualify for this priority.

\_\_\_\_\_ **HOMELESS:** The applicant is homeless and facing an immediate and direct threat to life or safety through no fault of their own and for reasons outside their control including substandard housing conditions which directly and substantially endanger or impair the health, safety or well-being of the household. If they are homeless and living in a hotel, motel or shelter, their search worker or a shelter member must send written justification, which certifies their homelessness directly to the Housing Authority. An eviction must be evidenced by a Summary Process Summons and Complaint, Court Decision and execution from the Court. Substandard housing conditions must be verified as indicated above under Priority #3.

OR

\_\_\_\_\_ **SEVERE MEDICAL:** An applicant household member is suffering from severe medical emergency or illness, which is life-threatening and is a direct result of a substandard housing condition. Their reasons need to be documented by medical records. A doctor needs to submit written certification of your medical condition, the contributing factors to that condition and the prognosis of the applicant's condition directly to the NHA. For example, if mold is present in the unit and is substantiated by a City/Town Public Health Department and a physician has confirmed a medical condition exists because of this condition as indicated in Priority #3.

OR

\_\_\_\_\_ **ABUSE:** The applicant is in an abusive situation. Situations need to be documented through a **combination** of official copies with professional medical corroboration, police reports, court reports, evidence of legal action taken to prevent further abuse, and/or evidence of counseling.

Evidence would include a letter from a licensed social worker, psychologist, or the director of a social service agency where the victim of abuse has received counseling, verifying counseling as a result of the abusive situation. This letter should specify the last

permanent address and name of the family, why the family is homeless, the date and type of abuse, and what if any actions were taken.

**PRIORITY # 5 – TRANSFER FOR GOOD CAUSE**

Any current tenant of the housing authority seeking a transfer from his/her present unit must qualify for the fifth selection priority transfer. They must meet the requirements as follows:

\_\_\_\_\_ MEDICAL documentation from physician that current housing circumstances are a contributing factor to the overall health of the applicant. The documentation must be sent directly to the NHA by their physician.

**OR**

\_\_\_\_\_ HOUSEHOLD SIZE, a change in your household composition now requires the resident to move to a different size apartment. They must submit copies of official documents which verify the change such as birth certificates, marriage licenses, adoption papers, or legal custody documents.

If a resident can verify the above, they must also be a tenant in good standing. All moneys due the NHA must be current and they must be in compliance with the terms of your lease.

**IV. DETERMINATION OF COMPLETE APPLICATION**

An application is deemed complete if it contains **all** of the following:

1. Standard Preliminary Application (if not already submitted); **and**
2. Emergency Application with **all** required verifications attached; **and**
3. Elderly/Handicapped Housing – proof of age or handicap, if applicable; **and**
4. A written personal statement describing in detail how the applicant got in the emergency situation they are in. The statement must clearly describe circumstances that led to the present situation. The statement should detail what happened; why it happened; how the applicant tried to prevent it from happening, what they did once it happened, and what they have been doing since it happened. It is the applicant's responsibility to prove their situation and that they are in it due to no fault of their own; **and**
5. Third-party documentation of the emergency; **and**
6. A housing search form to document efforts to locate alternative housing.

**PLEASE PROVIDE AS MUCH DOCUMENTATION AS POSSIBLE REGARDING YOUR EMERGENCY.**

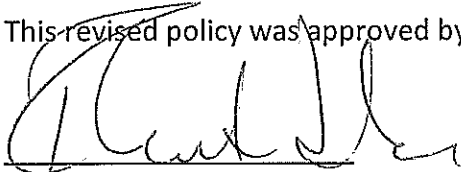
**V. RECORDS**

The NHA shall maintain all third-party documentation with regard to emergency case applicants in accordance with 760 CMR 5.16.

VI. RELATIONSHIP TO AFFIRMATIVE ACTION GOALS

If the NHA or DHCD at any time determines that the number of applicants granted Emergency Case status substantially interferes with the achievement by the Authority of its affirmative action goals, then this plan shall be revised in conformity with DHCD requirements, to maintain a proper balance between emergency case and affirmative action applicants

This revised policy was approved by the Board of Commissioners on November 21, 2017.



Board Member

Emergency Case Plan Approved by DHCD  
6/14/2018  
Per Email from Kim Gomez



