

Georgetown Housing Authority
23 Trestle Way
Georgetown, MA 01833
(978) 352-6331

EMERGENCY APPLICATION PACKAGE

Dear Applicant:

On your application for state-aided housing, you indicated that you wanted to apply for Emergency housing. To apply for Emergency Housing, you must fill out several forms which are contained in this package and provide other documents that we need 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 in this package. 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 four weeks' pay stubs, letter from Dept. of Transitional Assistance, Social Security statement, three most recent 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 Housing Authority form).
6. Declaration of Residency and Authorization to Release Information
7. Other, specifically: enclosed forms, copies of birth certificates, Social Security cards, and a driver's license or other form of government issued photo ID for each adult.

You may submit your Emergency Application now or later 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 currently. If you are determined preliminary eligible for the program(s) for which you applied, you will

remain on the waiting list(s) as a Standard Applicant, and you will be notified to submit further documentation when your application nears the top of a waiting list.

If you have any questions, please call 978-352-6331.

Checklist of Required Verification Document for Priority Status

For Applicant Use

* Checklist of Required Verification Documents for Priority Status *

Please be advised that a request for priority consideration (emergency application) cannot be processed and will not be effective until such time as you have fully verified your housing circumstances and the events leading to your present situation. Until such time, the Housing Authority will process your standard application for housing. If you are found eligible pursuant to that application you will be assigned selection category 7, Standard. In doing so, should you fail to document priority status you will be on the waiting list as a Standard Applicant at the original date the LHA received your application.

You should understand that priority status is only for an applicant who has been or is

imminently faced with displacement from his/her primary residence (a primary residence is your principal home occupied not less than 9 months of the year) as a result of circumstances described below and who:

- * (a) is without or about to be 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 . (Applicants temporarily residing in a shelter are considered without a place to live.); and
- * (b) has made reasonable efforts to locate alternative housing; and
- * (c) has not caused or substantially contributed to the safety or life-threatening situation (In cases of domestic violence, there is a presumption that victims did not contribute to their circumstances.); and
- * (d) 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.

The following is a list of the types of documents which you are responsible for obtaining to verify the information you provided in your emergency application. You must submit the documents that pertain to your circumstances. If you feel that you have documents over and above those required below, please provide the Housing Authority copies. If you need clarification or have questions, please call the Housing Authority to which you are applying.

Priority #1 – Homeless, Displaced By Natural Forces

If you can no longer live in your residence due to a fire, flood, or earthquake submit:

o 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.

o Flood/Earthquake: Copy of the official report from the Red Cross or Federal Emergency Management Agency (FEMA). Report must be mailed directly to the Housing Authority. Report should be attested as a true copy.

o Proof that you were a resident of the affected property. You should submit such items as: rent receipts, copy of your lease or rental agreement.

Priority #2 -Homeless, Displaced By Public Action (Type A)

If you have been displaced within the past three (3) years due to public works, urban renewal, or public usage or improvement; submit the following:

- o 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.
- o If public action is impending, notification should be sent from the public agency directly to the Housing Authority.
- o Proof that you were a resident of the affected property. You should submit items as: rent receipts, copy of your lease or rental agreement.

Priority #3 -Displaced By Public Action (Type B)

If you have been displaced due to a public health agency's enforcement of local or state health codes:

- o 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 Declaration of Condemnation and should include the specific property involved.
- o A statement of efforts taken by you, the applicant, to remedy the situation prior to the actual condemnation and subsequent to the condemnation.
- o Attached documents, to demonstrate your action(s), such as letters to the landlord, previous board of health notices, or court records.
- o Proof that you were a resident of the affected property. You should submit such items as: rent receipts, copy of your lease or rental agreement.

Priority #4 -Emergency Case Category(ies)

Our approved Emergency Case Plan is posted in our administrative offices and available for your review. Our emergency case plan is for applicants who have been displaced or are imminently faced with displacement because of circumstances as follows:

- o A. HOMELESS, 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.
- o B. SEVERE MEDICAL, applicant household member is suffering from severe medical emergency, illness, or injury which is life-threatening and has been caused by the lack of suitable housing or the lack of such suitable housing is a substantial impediment to treatment or recovery.
- o C. ABUSE, applicant is in an abusive situation.

Your situation is one or more of the above, you need to submit the following:

- o A. HOMELESS If you are homeless and living in a hotel, motel, or shelter, your housing search worker or a shelter staff member must send written justification which certifies your homelessness directly to the Housing Authority. Substandard housing conditions must be verified under Priority No.
- o B. MEDICAL reasons need to be documented by your medical records. Your doctor needs to

submit written certification of your medical condition, the contributing factors to that condition, and the prognosis of your condition directly to the Housing Authority.

o C. ABUSIVE situation needs to be documented through some combination of the following, based on the applicant's individual circumstances. Since certain actions on the part of victims of domestic violence can trigger violent acts by the offenders, no particular item can be mandated as the required form of verification. Please remember that if any verification appears vague, an LHA must obtain additional documentation until the LHA feels that a reasonable showing of the abusive situation has been made. Examples of documentation could include one or more of the following:

- o medical incidences - pattern or repeated occurrence
- o police report
- o # reported occurrences
- o court reports
- o applicant has attempted to get restraining order
- o applicant has filed charges against accused
- o legal action
- o letter from attorney stating case
- o counseling
- o psychological report
- o director, social service agency
- o last permanent address
- o changed address
- o In all instances, you must be homeless as defined below:

- a. you are without or about to be without a place to live or are in a life threatening situation;
- b. you have made efforts to locate alternative housing;
- c. you did not cause or contribute to your present housing situation; (In cases of domestic violence, there is a presumption that victims did not contribute to their circumstances.) and;
- d. you have pursued ways to avoid or prevent the threatening situation.

If you believe that you meet all of the items "a" through "d" then you should write a detailed explanation of the circumstances that led to your present housing situation. Include names, address and relationship, if any, for each person(s) involved in the circumstances who can support your statements. It is your responsibility to prove your situation. When writing your explanation, you should try to detail what happened, why it happened, how you tried to prevent it from happening, what you did once it did happen, and what you have been doing since it happened. The Housing Authority will contact you if we need any additional information.

Priority #5 -AHVP Participant

An applicant, otherwise eligible and qualified, who is living in a non-permanent, transitional housing subsidized by the AHVP.

- o Letter from the LHA that issued AHVP Certificate verifying applicant is an active participant in the AHVP.

Transfers: Priority #6 -Transfer For Good Cause

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

o 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 authority by your physician.

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

If you can verify the above, you must also be a tenant in good standing. All monies due the Authority must be current and you must be in compliance with the terms of your lease.



UNIVERSAL EMERGENCY APPLICATION FOR STATE-AIDED HOUSING

Date of Receipt:	_____
Time of Receipt:	_____
Control Number:	_____
Barrier Fee:	_____
First Floor:	_____
Elderly/Handicapped:	_____
Race:	_____
Priority Category:	_____
Preference Category:	_____
Language:	_____

Incomplete applications will not be processed. Please complete all information requested on the application. If a question is not applicable, please write N/A. Make sure you sign the last page.

(PLEASE PRINT)

Name of Applicant: _____

Mailing Address of Applicant: _____

City/Town: _____ State: _____ Zip: _____

Telephone Number that Applicant can be Reached at: _____

This Emergency Application must include written verification by a third party as to the priority status that you are claiming. The Housing Authority will not accept this application without third party verification, and a completed Standard Application. Verification includes letters from social workers, shelters, social service agencies, or code enforcement agencies that confirm that you meet the definition of "homeless applicant". Your application will not be processed until you have provided everything required by the Emergency Application Package and a completed Standard Application.

In order to be found eligible for Emergency Case Status, you must be a "Homeless Applicant" as defined below AND qualify for one of the priorities listed below.

Definition of Homeless Applicant

An Applicant who:

- (a) is without a place to live or is in a living situation in which there is a significant, immediate, and is a direct threat to the life or safety of the applicant or a household member which situation would be alleviated by placement in a unit of appropriate size, **and**
- (b) has made reasonable efforts to locate alternative housing, **and**
- (c) has not caused or substantially contributed to the safety or life threatening situation, **and**
- (d) has pursued available ways to prevent or avoid the situation by seeking assistance through the courts or appropriate administrative or enforcement agencies, **and**
- (e) is displaced from the residence in which the applicant household lived at least nine (9) months of the year.



1. Do you meet each of the requirements of the definition of "Homeless Applicant" set out on the previous page? (check one)
- YES NO

If YES, describe how you meet **each** of the above requirements: _____

2. On what day did you become, or will you become displaced from your primary residence?
Day _____ Month _____ Year _____
3. **Local Preference, Emergency Applicants Only.** If you are homeless and applying for Emergency Housing you may choose to be considered a resident from the city/town from which you were displaced or a resident in the city/town in which you are temporarily housed.

Please provide the name of the community you choose to be declared a resident for the purposes of tenant selection.

ALL EMERGENCY APPLICANTS MUST ATTACH PROOF OF HOMELESSNESS. ACCEPTABLE VERIFICATION INCLUDES LETTERS FROM SOCIAL WORKERS, SHELTERS, SOCIAL SERVICE AGENCIES, OR CODE ENFORCEMENT AGENCIES THAT CONFIRM THAT YOU MEET THE DEFINITION OF "HOMELESS APPLICANT".

4. Check off the priority category that you believe applies to your situation:
- Priority 1:** Displaced by Natural Forces such as a fire not due to the negligence of intentional act of applicant, or member of applicant's household, or by an earthquake, or flood, or by a disaster declared or formally recognized under disaster relief laws.
- If you have checked off Priority 1, you must attach proof of Displacement by Natural Forces such as report from Fire Department, letter from Board of Health or other government agency documenting destruction of your residence by earthquake, flood or other disaster.
- Priority 2:** Displaced by Public Action such as the building of a low rent public housing project, a public slum clearance, urban renewal project or other public improvement.
- If you have checked off Priority 2, you must attach proof of Displacement by Public Action such as Relocation Notice, letter from Urban Renewal or other government agency documenting for public works project.
- Priority 3:** Displacement due to enforcement of minimum standards of fitness for human habitation established by Article 2 of the State Sanitary Code or local ordinances.
- If you have checked off Priority 3, you must attach proof of Displacement due to State Sanitary Code enforcement such as a copy of the complaint listing code violations, placard, notices or letter from Board of Health documenting condemnation.

PRIORITY 4 – EMERGENCY CASE PLAN CATEGORIES

A. Homeless and Facing a Significant Immediate and Direct Threat to the Life or Safety of the Applicant or any Household Member for Causes Other than the Fault of the Applicant or Member of the Applicant Household.

If you have checked off Priority 4A, you must attach: Proof of No-Fault Loss of Housing such as summary process summons and complaint, court decision and execution from the court.

B. Severe Medical Emergencies. An applicant is suffering from a severe medical emergency if the applicant household is suffering from an illness or injury posing a severe and medically documented threat to life which has been significantly caused by the lack of suitable housing or as to which the lack of suitable housing is a substantial impediment to treatment or recovery.

If you have checked off Priority 4B, you must attach:

1. Proof of Medical Condition such as certification by physician on Housing Authority form.
2. Proof of Unsuitable Housing such as letter from landlord, visiting nurse or Board of Health documenting unsuitability of current housing, or photographs of current housing showing unsuitable features.

C. Abusive Situation. An applicant is in an abusive situation if the applicant or member of the applicant household is determined by the LHA to be a victim of abuse as defined in the Abuse Prevention Act (G.L. c.209A, §1), which abuse constitutes a significant and direct threat to life or safety. The Abuse Prevention Act defines “abuse” as the occurrence of one or more of the following acts between “family or household members”: (1) attempting to cause or causing physical harm; (2) placing another in fear of imminent serious physical harm; or (3) causing another to engage involuntarily in sexual relations by force, threat or duress. “Family or household members” are individuals who are related by blood or marriage, have a child together, or who now or formerly resided in the same household or dated each other.

If you have checked off Priority 4C, you must attach: Proof of Abusive Situation such as copies of medical reports, police reports, restraining orders, applications for criminal complaints, social service evaluations.

EMERGENCY APPLICATIONS SUBMITTED WITHOUT REQUIRED DOCUMENTATION WILL BE DENIED.

APPLICANT’S CERTIFICATION:

I certify that the information that I have given in this application is true and correct, and I understand that any false statement or misrepresentation may result in the rejection of my application. I authorize the Housing Authority to make inquiries to verify the information that I have provided in this application.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY. I understand a photocopy of this application and a photo copy of this signature is valid as the original.

Applicants Signature

Date

Reviewer’s Signature

Date



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 the above may be verified and any false statement or misrepresentation may result in the denial of emergency case status. Signed under the pains and penalties of perjury.

Signature: _____ Date: _____

**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: _____

X _____
Signature of Applicant

FAIR INFORMATION PRACTICES ACT STATEMENT OF RIGHTS

The Georgetown Housing Authority collects information about applicants and tenants for its 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. When permitted by law, it may be released to government agencies, other housing authorities, and to civil or criminal investigators or prosecutors. Otherwise, the information will be kept confidential and used only 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 a 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 regard 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.
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 it will collect and use your information.
5. You may object to the collection, maintenance, dissemination, use, accuracy, completeness or type of information the housing authority holds about you. If you object, it will investigate your objection, and either correct the problem or make your objection part of the file. If you are dissatisfied, you may file a grievance under the housing authority's grievance procedure.

I have read and understood this Fair Information Practices Act Statement of Rights and have received a copy for future reference.

Date: _____
Applicant's signature

GEORGETOWN HOUSING AUTHORITY
23 Trestle Way
Georgetown, MA 01833
Phone # (978) 352-0337 Fax# (978) 352-5609

AUTHORIZATION FOR RELEASE OF INFORMATION

Name: _____

Address: _____

I, the above named individual have authorized the Georgetown Housing Authority to verify the accuracy of the information which I have provided to the Housing Authority from the following sources.

Previous Landlords/Current Landlord
Schools and Colleges
Social Security Admin.
State Unemployment Agencies
Medical and Child Care Agencies
Utility Companies
Courts and Post Offices
Support and Alimony Providers

Welfare Agencies
Credit Providers and Credit Bureau
Past and Present Employers
CORI (Criminal Offender Record Info)
Retirement Systems
Banks and Financial Institutions
Veterans Administration
Mass. Wage Reporting and Bank Match System

I hereby give you my permission to release this information to the Georgetown Housing Authority subject to the condition that it is kept confidential. I would appreciate your prompt attention in supplying all the information to the Georgetown 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 and assistance in this matter.

Signature: _____ **Date:** _____

THIS AUTHORIZATION IS VALID FOR ONE YEAR FROM THE DATE NOTED ABOVE.

INCOME NUMBERS VERIFICATION – FILLED OUT BY RESIDENT OR APPLICANT

1. Checking Acct(s) - Bank Name and Address

Account #(s) _____

2. Savings Acct(s) - Bank Name and Address

Account #(s) _____

3. Stocks – Bonds - Bank Name and Address

Account #(s) _____

4. Certificate of Deposit(s) - Bank Name and Address

Account #(s) _____

5. Pension - Company Name and Address

Employee no. _____

6. Other

GEORGETOWN HOUSING AUTHORITY
23 Trestle Way
Georgetown, MA 01833

CORI REQUEST FORM

Georgetown Housing Authority has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant/employee for Georgetown Housing Authority, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

Applicant

APPLICANT / EMPLOYEE INFORMATION (PLEASE PRINT):

Last Name *First Name* *Middle Initial* *Suffix*

Date of Birth *Social Security Number*

Sex *Race* *Height (ft in)* *Weight* *Eye Color*

Father's Name

Last Name *First Name*

Mother's Name

Last Name *First Name* *Maiden Name*

Applicant / Employee Maiden Name Or Alias (If Applicable) *Place Of Birth*

Current Address

Former Address

State Driver's License Number (Include State Of Issue)

The Information Above Was Verified With The Following Form Of Government Issued Photographic Identification: _____

REQUESTED BY: _____
SIGNATURE OF CORI AUTHORIZED EMPLOYEE

*The CHSB Identity Theft Index PIN Number is to be completed by those applicants/employees that have been issued an Identity Theft Index PIN Number by the CHSB. Certified agencies are required to provide all applicants/employees the opportunity to include this information to ensure the accuracy of the CORI request process. **All CORI request forms that include this field are required to be submitted to the CHSB via mail or by fax to 617.660.4614**

Income-Asset-Tax Match Authorization

All adult members of the household must sign this form.

Head of Household

Social Security Number: _____

Name (please print): _____

Signature: _____

Other adult (aged 18 and over) household members:

1. Social Security Number: _____

Name (please print): _____

Signature: _____

2. Social Security Number: _____

Name (please print): _____

Signature: _____

3. Social Security Number: _____

Name (please print): _____

Signature: _____

4. Social Security Number: _____

Name (please print): _____

Signature: _____

Dear Massachusetts Public Housing Resident Head of Household or Household Member:

Under state law, each head of household and adult household member (age 18 and over) residing in state-aided public housing is required to participate in the Massachusetts Wage Reporting System. The purpose is to verify the income of households. This will be done by matching the income and assets reported by each head of household and adult household member (age 18 and older) of each household with wages reported by employers to the Massachusetts Department of Revenue.

Therefore, we are requiring you at this time to provide your social security number (SSN). Many households signed such a release several years ago. We are asking all Residents to sign the release again to allow for the most current information to be provided. This will update the release already on file so that all current members of the household eighteen years of age and older may be included. New residents and those households who failed to comply during the last wage reporting match are asked to submit an original release to the Georgetown Housing Authority. The SSNs and the names of the head of household and all adult members of the household will be forwarded by this housing agency to the state agency, the Department of Housing and Community Development (DHCD), which administers the state-aided public housing programs. DHCD will forward this information to the Department of Revenue. The Department of Revenue will provide DHCD with information from its records as to your reported wages and the reported wages of other members of your household and DHCD will inform this agency of this information. If there is a 'mismatch' between the information provided to us by the household and the information provided by the Department of Revenue, we will contact the head of household. We will meet and work with the head of household whose information is in question to try to resolve the 'mismatch'. However, if the 'mismatch' cannot be resolved and we determine that the household has incorrectly underreported wages, we may take one or more of the following actions: adjust the household's current rent; seek repayment of rental underpayments incorrectly made by the household; and/or terminate the household's tenancy. If we take any of these actions, the head of household has the right to dispute our decision through this Agency's grievance procedures and in court.

Any 'mismatch' which cannot be resolved could also result in referral to DHCD. Information concerning you and your household may also be referred to the District Attorney, Attorney General, or other appropriate law enforcement officials which may result in further investigation, action, and/or criminal prosecution. Before you sign this form it is important that you know the following additional information:

1. In accordance with state law (chapter 43 of the Acts of 1997, section 174; 760 CMR 6.05 (3)), it is mandatory that each head of household and adult household member (age 18 and over) disclose to us his or her social security number. If a head of household or any adult (age 18 or over) household member has a social security number and fails to provide this Agency with that social security number that is grounds for termination of the household's tenancy.
2. We will use and hold your social security number and the information obtained from the Department of Revenue and DHCD in our records only for the purposes described above unless we get your consent to use it for any additional purposes.
3. We will keep the wage reporting information confidential. Only employees of the Agency and the entities described above may see this wage reporting information or keep it in their records for the purposes described above. These entities will also keep the information confidential. If we receive a legal order to release the information to anyone else, we will notify you.
4. If you ask, you or your authorized representative have a right to inspect and copy information collected about you and we will answer your questions about how we keep and use this information.
5. You may object to the accuracy, completeness, pertinence, timeliness, relevance, use or dissemination of information we hold about you. If you object, we will investigate your objection and will either correct a problem or make your objection part of the file. If you are dissatisfied, we will further inform you of any additional opportunity for appeal.

Sincerely,

Georgetown Housing Authority

Georgetown Housing Authority
23 Trestle Way
Georgetown, MA 01833
(978) 352-6331

Affidavit for Abusive Situation Priority

Date: _____

In recognition of the fact that I have been granted a priority that will require the Georgetown Housing Authority (GHA) to offer me housing ahead of other applicants on its waiting list, I _____, (applicant/tenant name) hereby certify that _____, (name of former abuser) will **not reside with** my family and me in GHA housing unless I apply to the GHA to add him/her to my household and the GHA gives advance written approval.

I understand that if _____, (name of former abuser), returns to my household without prior approval then this will be grounds for the GHA to terminate my lease and to initiate eviction proceedings against me.

Sign this _____, day of _____, 20____, under the pains and penalties of perjury.

Applicant/ Tenant

Date

Georgetown Housing Representative

Date