



52 Chauncy Street  
Boston, Massachusetts 02111-02375  
Tel (617) 988-4157  
Fax (617) 988-4147 or 988-4235  
TDD 1-800-545-1833 Ext. 420

### Certification Form: Long-term Homeless Preference

An Official from a Public Shelter or Social Service Agency may complete this form. The person completing this form must be serving in an official capacity and must have direct knowledge of the applicant's housing history based on a professional relationship with the applicant.

Applicant name : \_\_\_\_\_ SSN: \_\_\_\_\_

**Please check that the following applies to the above named applicant:**

- ☐ Long Term Homeless, defined as: Homeless in or displaced from Boston twelve (12) months, or longer as defined below.
- ☐ I have completed the City of Boston Long-term Homeless Preference Documentation Form and submitted a copy to the BHA

**Please check which of the following applies to above named applicant:**

only 1 required, but you may also use a combination of these stays to document the long term stayer preference

- ☐ Three hundred and sixty-five (365) days in Boston emergency shelters, transitional housing programs, or safe havens over the last three (3) years;
- ☐ At least one (1) night per month for twelve (12) months homeless outside or in a place not meant for human habitation in Boston over the last three (3) years, and/or:
- ☐ Same as above for families displaced from Boston due to lack of family shelter capacity within Boston; homeless days are outside of Boston and city of origin is Boston

### Long-term Homeless Preference Certification Form

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

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**AUTHORIZATION OF RELEASE** - I hereby authorize the BHA to share the information maintained in my file (applicant/participant) with HOMESTART, as the City of Boston's designated management entity for homeless set aside units, or any subsequent homeless set aside designees of the City of Boston for purposes of verifying the above for one year from the date of this release.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please be advised that above information is being relied upon in determining the applicant's place on the waiting list. Falsification of such information is considered fraud, See 24 CFR 982.552(c)(1)(iv), and could result in loss of subsidy and/or debarment.**