

**BOSTON HOUSING AUTHORITY**  
52 Chauncy Street  
Boston, Massachusetts 02111-02375

**Leased Housing Division**  
Tel (617) 988-4157  
Fax (617) 988-4147 or 988-4235  
TDD 1-800-545-1833 Ext. 420

## **Long-term Homeless Preference + Homeless Service Organization**

**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:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### **A. Long Term Homeless**

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

\_\_\_ Homeless in or displaced from Boston twelve (12) months or longer as defined below:

----- 1. Three hundred and sixty-five (365) days in shelter, transitional housing, or safe haven over the last three (3) years in Boston and/or;

----- 2. at least one (1) night per month for twelve (12) months homeless unsheltered in Boston over the last three (3) years, and/or:

----- 3. Same as above, however, homeless days are outside of Boston and city of origin is Boston as documented by DHCD's Emergency Assistance System.

\_\_\_ 4. Not Applicable

### **B. Homeless Service Organization Preference Points**

The above referenced applicant has applied to **3368 Washington Street**, a site where the Boston Continuum of Care or one of its members provides services. As result, the applicant is eligible to receive Homeless Service Organization preference points.

The Homeless Service Organization at the above referenced site is referring this applicant to said site and is hereby certifying that the applicant is engaged in services through its supportive housing program and meets the definition of long term homeless above

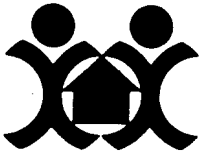
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Agency / Org Name: \_\_\_\_\_

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

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



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