



Documentation Form: Long-term Homeless Preference

This form must be submitted to the BHA along with the “Boston Housing Authority Long-term Homeless Preference Certification Form.”

The same public shelter or social service agency official who completed the “Boston Housing Authority Long-term Homeless Preference Certification Form” must also complete and sign the Verification of Documentation section. The applicant must sign the Authorization of Release section.

VERIFICATION OF DOCUMENTATION

Applicant Name:_____ SSN: _____ - _____ - _____

- As a Public Shelter Official or Social Service Agency Official, I certify that:
- (1) I have completed “Boston Housing Authority Long-term Homeless Preference Certification Form” on behalf of the above applicant, **and**
 - (2) The applicant intends to submit this “Documentation Form: Long-term Homeless Preference” and the “Boston Housing Authority Long-term Homeless Preference Certification Form” to the Boston Housing Authority, **and**
 - (3) I have obtained documentation of Long-Term Homeless Status according to Chart A, below, and my agency will retain that documentation in a client file for no fewer than 5 years, to be provided to the City of Boston or its designee upon their request.

Official's Signature: _____

Official's Name (print): _____

Date: _____ Title: _____

Agency Name: _____ Agency Telephone: _____

Agency Address: _____ City/State/Zip: _____

Please be advised that the 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.

AUTHORIZATION OF RELEASE

I hereby authorize DHCD to share the information maintained in my HMIS database record with HomeStart, as the City of Boston’s designee to manage 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: _____

Chart A

Use this chart to determine what type of documentation your agency is required to retain in a client file on behalf of the applicant.

Definition 1
At least three hundred and sixty-five (365) nights* over the last three (3) years spent in one or more of the following locations:

- Boston emergency shelter,
- Boston transitional housing,
- Boston safe haven,
- Boston domestic violence shelter, or
- Unsheltered in Boston (outside, or in a place not meant for human habitation)**

*nights do not have to be consecutive
**sleeping unsheltered in Boston (outside, or in a place not meant for habitation) one (1) night in a given month counts for that full month of days. For example, one (1) night in November would count for thirty (30) days in November.

Definition 1 Required Documentation

- HMIS record of the number of Boston bed stays/outside nights, **and/or**
- Letter on agency letterhead documenting dates of Boston homeless bed stays*

*this will only be accepted from domestic violence shelters, emergency shelters and transitional housing programs that do not input homeless nights into HMIS. This form of documentation will not be accepted for shelters or programs that input into HMIS.

Definition 2
For *families* whose city of origin is Boston, at least three hundred and sixty-five (365) nights over the last three (3) years spent in an emergency shelter outside of Boston due to a lack of family emergency shelter or domestic violence shelter capacity in Boston.

Definition 2 Required Documentation

- DHCD Database record(s) documenting dates of homeless bed stays and showing that place of residence was Boston when seeking shelter, or that the family’s last permanent address was in Boston, **or**
- Letter on domestic violence shelter agency letterhead documenting dates of homeless bed stays and showing that place of residence was Boston when seeking shelter, or that the family’s last permanent address was in Boston.