



## Massachusetts EA Emergency Family Shelter

This application is available in English

Esta solicitud está disponible en español.

Aplikasyon sa a disponib an kreyòl ayisyen;

Este formulário está disponível em português

Es kandidatura sta disponivel na kriolu di Kabu Verdi.

This application is the first step to access emergency family shelter and other benefits offered by the State to eligible families that have no safe place to stay.

**We will ask you questions about the people you will bring with you to shelter. We call them your “family members” in this application.**

### Help with your Application



**This is an important document. Before you start, please know we are here to make sure you can fully understand and complete it.**

Is there a person you would like to help you with this application? (We can contact this person.)

Yes  No

If yes, who is this person and how can we contact?

Do you need help from us with filling out this application?

Yes  No

Do you need help to gather and give us documents for your application?

Yes  No

Do you need help because you do not speak or read English well?

Yes  No

What is your primary language?



## Help with your Application

If you have a health problem that makes it hard for you to do something, you can ask for help. (A health problem can be physical, mental, or emotional.)

Do you need help filling out this application because of a health problem?

Yes  No

What kind of help do you need?

**If you need help, you can stop here and tell us.**

## Your Information

**Today's Date** (Month/Day/Year)

**First Name**

**Middle Name** (If Applicable)

**Last Name**

**Phone Number**

**Email Address**

**Birth Date** (Month/Day/Year)

**Gender**

- Woman (Girl, if child)
- Man (Boy, if child)
- Culturally Specific Identity (e.g. Two-Spirit)
- Transgender
- Non-Binary
- Questioning
- Different Identity
- Do not know
- Prefer not to answer

Have you or anyone in your family ever served in active U.S. military duty?

Yes  No



## Your Information

### Race and Ethnicity

- American Indian/Alaskan Native or Indigenous
- Asian or Asian American
- Black, African American, or African
- Hispanic/Latina/e/o
- Middle Eastern or North African
- Native Hawaiian or Pacific Islander
- White
- Do not Know
- Prefer not to answer

## Address / Contact

### Address where you are staying

### City

### State

### Zip Code

### Phone

### Email

## Address

### Mailing Address (if different from where you are staying)

### City

### State

### Zip Code

Have you been living in Massachusetts for more than 90 days? *(Your answers will not affect your eligibility for shelter.)*

- Yes  No

If No, what date did you arrive in Massachusetts? (Month/Day/Year)

## Your Emergency Contact

### Full Name

### Phone

### Email



### Who is Applying?

How many people are you applying for besides yourself?

 

How many are under 21 years old?

 

Are you or a family member pregnant?

Yes  No

**(You will be asked for family member information later in this application.)**

### Family Income

Please include income from **EVERYONE** who will be in shelter with you.

Income Source	Combined Income <i>(Last 30 days)</i>
Income from work <i>(wages, self-employed, etc.)</i>	
Money from the government <i>(SSDI, cash assistance, etc. Does not include SNAP, food stamps.)</i>	
Money paid to you by someone who is not applying for shelter with you. <i>(child support, alimony, or other money you receive on a regular basis)</i>	
Other <i>(help to pay the bills or supplement income)</i>	
Total	

### Family Income

Has your family income changed recently, or do you expect it to change soon?

Yes  No

If yes, please give us more detail: *(For example, someone recently lost their work hours or their job)*

### Family Assets / Items of Value

Please include assets owned by **EVERYONE** who will be shelter with you.

**Question 1.** Do you or any family members have any bank or retirement accounts? If yes, please fill out the section below:

Bank and Retirement Accounts	Asset Value
Bank Account <i>(Checking's, Savings)</i>	
Retirement Account <i>(IRAs, 401K)</i>	



### Family Assets / Items of Value

**Question 2.** Does your family own more than one car?

If No, you may go to question 3. If Yes, please fill out this section:

	Car 1	Car 2
Car Make		
Car Model		
Car Year		
Estimated Mileage		
If you have a car loan, how much do you owe?		

**Question 3.** Please list any other valuables or property owned by all family members:

Other Property	Asset Value

### Family Immigration Status

Is at least one of your family members a U.S. citizen?

Yes  No

Does anyone in your family have a green card?

Yes  No

Does anyone in your family have other immigration status in the U.S.? For example: TPS, F-1, U-Visa, T-Visa, etc.

Yes  No

If your family members don't have any other immigration status, is the U.S. government letting anyone in your family live in the U.S. without trying to make them leave right away?\*

Yes  No

If you are not sure, please explain:

\* This is also known as permanently residing under the color of law. For example: I-94, Pending Asylum Application (I-589), Pending Petition for Citizenship (I-130).



### Family Immigration Status

Please answer the next 3 questions if you have been in Massachusetts for less than 90 days, and no one in your family is a U.S. citizen nor has a green card. We are asking these questions to help you get the services you may need. (Your answers will not affect your eligibility for shelter.)

What date did you enter the U.S.?

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List all countries where you have citizenship today. (Not including the U.S.)

What is your immigration court case number? (This is also called your A number)

*(Later in the form, we will need information on all your family members who will be staying in shelter with you..)*

### Family Immigration Status

If no one in your family is a U.S. citizen or has a green card, please answer the next 2 questions. Your answers will let us know if you need help with seeking a work permit from the U.S. government. (Your answers will not affect your eligibility for shelter.)

Does anyone in your family have a work permit from the U.S. government to work here?

Yes  No

If No, is anyone in your family waiting for the U.S. government to decide on a work permit application?

Yes  No

### Massachusetts Residency

Do you or a family member live in Massachusetts?

Yes  No

Do you plan to stay in Massachusetts, or do you plan to move somewhere else?

Plan to stay  
 Plan to move somewhere else



## Housing Options

Where did you stay last night?

Where did you stay over the past 90 days?

(Please include addresses, start and end dates, host or landlord names, phone numbers and reason why you left. If you need more space, please use page 14. Include all items listed here.)



## Housing Options

Could you stay at any of these places starting tonight?

Yes  No

If yes, for how long?

If no, why not?

Are any of those places public or subsidized housing? That is the kind of housing where the rent changes if the tenant's income changes.

Yes  No

If yes, please explain:

## Housing Options

Does anyone in your family have a disability or medical problem which keeps you from staying in any of those places?

Yes  No

Has there been violence against anyone in your family in any of these places? Has anyone living in any of these places hurt someone in your family?

Yes  No

**Important!!** We would like to contact the people you have stayed with in the last 30 days to see if they will let you stay with them.

Are you afraid that anyone would harm you or a family member if we contacted them?

Yes  No

If yes, is there someone safe we can contact who can tell us about why you are afraid?

Yes  No





## Housing Options

If you are letting us call the people you stayed with, please provide their names and phone numbers:

**Name**

**Phone Number**

**Name**

**Phone Number**

**Name**

**Phone Number**

**Name**

**Phone Number**

## Reason for Homelessness

**Question 1.** How did you become homeless? Please pick the situation that best applies to you:

- Domestic violence or abuse
- Eviction (a judge ordered you to leave, or you signed an "Agreement for Judgment" in court.)
- My home is not safe for my family to live in
- Fire, flood, or natural disaster
- Asked to leave a Teen Living Program
- If we do not get into shelter today, we will sleep in a place not meant for people to stay. (For example, a car or hospital)
- Other reason (If selected, please explain)



## Reason for Homelessness

**Question 2. Answer only if your checked "Eviction" in Question 1.** I am being evicted because of: *(check all that apply)*

- Condemnation: The government said that my home cannot be lived in
- Foreclosure: The owner of my home gave up my home to the bank or someone else (and it was not my fault)
- Lease Non-renewal: My landlord did not renew my lease even though I did not violate the lease.
- Someone else's Conduct: The actions of someone I had no control over. That person is not applying to shelter with me.
- Nonpayment of Rent:
  - I did not pay my rent because of a medical problem or disability. (Please explain below)
  - I did not pay my rent because my family lost income. The loss of income was not my fault.
  - I did not pay my rent because my family income went down when someone moved out.
  - Other (Please explain below)
- Criminal Activity:
  - I committed the crime because an abuser made me do so. It would have been unsafe for me not to participate.
  - I committed the crime, but it was related to a medical problem or disability
  - Someone who is not applying to shelter with me committed the crime.
- Property Damage: A family member caused property damage:
  - The property damage was a result of domestic violence.
  - The property damage was a result of a medical problem or disability
- Any other reason. Please explain:



## Reason for Homelessness

**Question 3. Have you been a tenant in public or subsidized housing within the last 3 years.** *This kind of housing where the rent changes if the tenant's income changes.*

In the last year, I moved out of this type of housing without being evicted.

Yes  No

If yes, please explain why:

In the last 3 years, were you evicted from this type of housing for not paying your rent?

Yes  No

If yes, please explain why:

In the last 3 years, were you evicted from this type of housing for committing fraud?

Yes  No

If yes, please explain why:

If you answered "Yes" to any of the questions on the left side of this page: Was the reason you were evicted or moved out related to a disability or medical problem?

Yes  No

Was the reason you were evicted or moved out related to domestic violence?

Yes  No

Since moving out, have you lived somewhere else where the landlord gave you permission to live there?

Yes  No

**Question 4. Answer only if you checked "Asked to leave a Teen Living Program" in Question 1.** Were you asked to leave **three** Teen Living Programs?

Yes  No

If yes, please explain the reason(s):



## Family Member Information

Please fill out for all family members who will be staying with you in shelter

Full Name	Gender*	Race / Ethnicity**	Relationship to Head of Household	Date of Birth

Please use one of these options when filling out the Gender and Race/Ethnicity columns above.

* Gender Options:		** Race/Ethnicity Options:	
Woman/Girl	Questioning	American Indian/Alaska Native or Indigenous	Native Hawaiian or Pacific Islander
Man/Boy	Different Identity	Asian or Asian American	White
Culturally specific identity	Do not Know	Black, African	Do not Know
Transgender	Prefer Not to Answer	Hispanic/Latina/e/o	Prefer Not to Answer
Non-Binary		Middle Eastern or North African	



## Family Immigration Information

Please fill out the table below if you have been in Massachusetts for less than 90 days, and no one in your family is a U.S. citizen nor has a green card. We are asking these questions to help you get the services you may need. *(Your answers will not affect your eligibility for shelter.)*

<b>Full Name</b> <small>(List all family members)</small>	<b>What date did you enter the U.S.?</b> <small>(MM/DD/YYYY)</small>	<b>Country of Citizenship</b> <small>(If more than one, please list all)</small>	<b>What is your immigration court case number?</b> <small>(This is also called your A number)</small>



## Additional Information

Is one of your family members registered in the Sex Offender Registry as a Level 2 or Level 3 sex offender? (*Your answers will not affect your eligibility for shelter.* If eligible, it may affect where you are placed in shelter.)

Yes  No

If Yes, please write their name and level here:

## Extra Writing Space

**Use this section if you need more space to answer any questions on this form.**



## Types of Documents Needed

We will ask you for documents for your application. We will keep your information private.

### Documents we need before we can offer you EA Emergency Family shelter:

#### Proof of Identity and Family Relationship:

*Why?* We need to know more about you and your children to confirm you are all part of one family. In the program, a family must include a child under 21 years old or a pregnant person. A family can also include:

- Parents or Guardians
- Spouses
- Siblings
- Stepparents
- Stepsiblings
- Half-siblings
- Relatives who take care of the child because there is no parent in the family

### Other Documents we need:

#### MA Residency Documents:

*Why?* This program is for families that are in Massachusetts and intend to stay here.

#### Documents for Cause of Homelessness:

*Why?* We can only help families who are homeless for certain reasons. We can also help some families who do not have a safe place to stay.

#### Financial Information - Assets & Income:

*Why?* We can only help families who are below our income and asset limits.

#### Citizenship or Immigration Documents:

*Why?* At least one family member must have an eligible immigration status.



## Acknowledgements



**Please read each statement carefully, then initial in the boxes below:**

Your Initials

The information in this application is true to the best of my knowledge. I understand that I am required to provide documents to support my application.

Your Initials

I understand that EOHLC will look at the Sex Offender Registry to see if any family member is a registered sex offender. This will not affect my eligibility for shelter. This may affect where we are placed in shelter.

Your Initials

I understand that if I leave or am terminated from shelter, I will not be eligible for EA Emergency Family Shelter for 12 months.

**By signing, I confirm that this application is complete. I confirm the information I provided here is correct.**

**Applicant Signature**

**Date** (Month/Day/Year)

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**Other Adult Signature**

**Date** (Month/Day/Year)

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**Other Adult Signature**

**Date** (Month/Day/Year)

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**Other Adult Signature**

**Date** (Month/Day/Year)

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## Voluntary Consent to Share Information

### Section 1: Consent to Share and Receive Information About You and Your Family

I understand that the Executive Office of Housing and Livable Communities (EOHLC) may need information about my family from others to find out if I am eligible for the Emergency Assistance (EA) program.

I give permission to any government agency, organization, medical provider, company, employer, or person to share information about me and my minor family members to EOHLC. I understand that information may include copies of paper or electronic records.

I understand that EOHLC may need to share information about my family with others to run the EA program. I also understand that this may happen even after my family is found eligible for the EA program. I give permission for EOHLC to share information about me and my family with government agencies, researchers, and organizations that work with EOHLC. I understand that EOHLC still has to comply with state privacy laws.

### Section 2: Signatures of All Adult Family Members (Who Are 18 Years Old or Older)

By signing below, I give permission to EOHLC to share and receive information about me and minor family members listed on this form.

Print Name of Applicant

Applicant Signature

Date (Month/Day/Year)

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Print Name of Other Adult

Other Adult Signature

Date (Month/Day/Year)

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Print Name of Other Adult

Other Adult Signature

Date (Month/Day/Year)

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Print Name of Other Adult

Other Adult Signature

Date (Month/Day/Year)

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## What comes next?

### **1. Submit Your Application:**

Email or hand in your completed application to EOHLC staff.

### **2. Discuss Document Requirements:**

Talk to EOHLC staff about the documents needed. They will help you to understand what you need to submit.

### **3. Gather and Submit Documents:**

Staff will tell you what documents we need to place you in shelter. You can email or hand us the documents.

### **4. EOHLC Review:**

EOHLC will carefully review what you have given us. EOHLC staff may contact you if we have any questions.

### **5. Eligibility Decision:**

EOHLC will notify you about the decision on your application.

*We're here to assist you every step of the way. Please contact EOHLC staff if you have questions or need help. The staffer who helped you with your application is a good person to contact first.*