

**CLAIM FOR LOCAL PREFERENCE**

- I am not claiming a local preference.
- I hereby claim that my family is entitled to one or more of the following local preference(s) for admission to public housing and/or Piney Creek North.

I understand that it is my responsibility to provide documentation, including verifications and/or certifications, to support my family's claim for a preference. If determined eligible for a preference, I understand that my application will be placed on a waiting list with other applicants, who may also claim and/or be entitled to a local preference at the time a unit becomes available. The eventual extension of housing will be based upon my place on the waiting list and the size and type of unit for which my family is qualified.

**Working Family**

- \_\_\_\_\_ Head or co-head is employed at least (30) hours per week (Must be documented with pay stubs)
- \_\_\_\_\_ Head or co-head is elderly (age 62 or older)
- \_\_\_\_\_ Head or co-head is disabled (Must be documented on BHA Disability Verification Form or evidence applicant is receiving disability benefits)

**Involuntary Displaced – Applicant has vacated or will have to vacate his or her housing unit as a result of:**

- \_\_\_\_\_ A Presidentially Declared Disaster (must be documented by proof of residency in presidentially declared disaster area)
- \_\_\_\_\_ Fire, flood or other natural disaster (must be documented by proof of residency in the disaster area and verification of the disaster such as letter(s) from a government agency, newspaper account, etc.)
- \_\_\_\_\_ Action by local, state or federal government (Must be documented by written verification from the government agency which caused displacement.)
- \_\_\_\_\_ Action by the landlord which did not result from acts of the applicant or members of the applicant's household and does not include eviction for non-payment of rent or other evictions for failure to comply with obligations under the lease. (Must be documented by signed statement from landlord describing the reason for displacement.)
- \_\_\_\_\_ Actual or threatened violence against applicant or member of applicant's household. (Must be documented by a police report, social service agency or any other agency which has investigated the claim of family violence.)

**Homeless or living in a temporary shelter**

- \_\_\_\_\_ Family lacks a fixed, regular, and adequate night time residence. Does not include living with family or friends. (Must be documented by motel or other receipts or verified by a government agency, social service agency, homeless shelter or an individual acting in an official capacity such as a judge, police officer, minister, etc. who is knowledgeable of situation and/or providing temporary shelter.)

**Living in substandard housing – a unit is considered substandard if**

- \_\_\_\_\_ Unit is dilapidated or unsafe
  - \_\_\_\_\_ Unit does not have operable indoor plumbing
  - \_\_\_\_\_ Unit does not have a useable flush toilet, bathtub and/or shower inside the unit
  - \_\_\_\_\_ Unit does not have electricity or has inadequate or unsafe electrical service
  - \_\_\_\_\_ Unit does not have a safe or adequate source of heat
  - \_\_\_\_\_ Unit does not have kitchen facilities or place to prepare food
  - \_\_\_\_\_ Unit has been declared unfit by habitation by an agency or unit of government
- (Must be documented with pictures evidencing the condition of the interior and exterior of the unit and BHA must be permitted to inspect the condition of the unit prior to admission.)

**Veteran** (Must be documented with a Form DD-214)

I certify that the above information is true and correct to the best of my knowledge and that I have provided the necessary documentation to establish my claim for this preference(s). Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Head of Household Printed Name

\_\_\_\_\_  
Co-Head/Other Adult Printed Name

\_\_\_\_\_  
Other Adult Printed Name

\_\_\_\_\_  
Head of Household Signature

\_\_\_\_\_  
Co-Head/Other Adult Signature

\_\_\_\_\_  
Other Adult Signature