

Una versión en Español de este documento está disponible en la Oficina Central del CHA o en la página web de CHA: [www.cambridge-housing.org](http://www.cambridge-housing.org)  
Yon vèsyon Kreyòl Ayisyen pou dokiman enpòtan sa-a disponib nan Biwo Santral CHA, epi nan sit intènèt CHA: [www.cambridge-housing.org](http://www.cambridge-housing.org).  
A versão em Português deste documento está a sua disposição no Local Central de Gerencia do CHA, e no Website do CHA: [www.cambridge-housing.org](http://www.cambridge-housing.org)

## EMERGENCY FOLLOW-UP LETTER

**This is an important letter regarding your Emergency Application.  
Please read this letter promptly.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Applicant Address

\_\_\_\_\_  
City State Zip

Dear \_\_\_\_\_,

***ALL HOUSEHOLD MEMBERS WHO ARE EIGHTEEN YEARS OF AGE AND OLDER ARE REQUIRED TO ATTEND THE INTERVIEW APPOINTMENT. BRING THIS LETTER WITH YOU WHEN YOU COME TO YOUR INTERVIEW.***

Please be advised that Cambridge Housing Authority would like you to come to an interview to process your emergency application. An appointment has been scheduled for you as follows:

\_\_\_\_\_ at \_\_\_\_\_  
Insert Date Insert Time

Location: Cambridge Housing Authority, 675 Massachusetts Avenue, 2<sup>nd</sup> Floor, Cambridge, MA

It is important that you keep this appointment. If you do not attend this appointment, CHA will assume that you are not interested in pursuing an Emergency Application and your file will be closed. If you need to reschedule this appointment, please call me at (\_\_\_\_\_)\_\_\_\_\_ - \_\_\_\_\_ before the scheduled appointment date.

Insert Phone Number

### **YOU ARE REQUIRED TO BRING THE FOLLOWING INFORMATION:**

#### **1. INFORMATION ABOUT YOUR INCOME:**

For every member of your household who is working or receiving the following, please provide the requested documentation. **Please note that all documents must be dated within the last 60 days:**

- Name, address and telephone number of the employer.
- 6 consecutive pay stubs if weekly pay, 3 consecutive pay stubs if paid every other week, 2 pay stubs if paid monthly, 2 pay stubs if paid twice per month or a letter from your employer, on company letterhead, verifying your pay rate and hours worked per pay period.
- Documentation of other types of income you expect to receive from employment such as tips, commissions, bonuses, profit sharing programs, etc.

#### **2. INFORMATION ABOUT YOUR ASSETS:**

- If you have bank accounts, other financial investments (stocks, bonds) and/or other assets (i.e. real estate) you will need to self-certify the types of accounts or assets and the annual income received from these assets.
- If you have assets valued at greater than \$50,000 you must bring documentation of these assets.

#### **3. INFORMATION ABOUT YOUR BENEFIT AND SUPPORT INCOME:**

For every member of your household who receives the following, please provide documentation of:

- Public Assistance: Verification letter which states the amount of benefits paid.



- Social Security/SSI: You can call 1-800-772-1213 to obtain a benefits statement. This statement must be dated within 60 days from the date it is provided to CHA.
- Court Ordered Support: Provide documentation of any income provided via court order.
- Voluntary Support: If you receive any regular contributions or gifts from organizations or persons which are provided to your family on a regular basis, provide documentation of such support.
- Child Support/Alimony Payments: Provide documentation of the frequency and amount of child support and/or alimony payments.
- Pensions: Provide documentation of the frequency and amount of any pension income.
- Unemployment/Workmen's Compensation: Provide documentation of the schedule/frequency and amount of unemployment compensation or workmen's compensation payments.
- VA Benefit: Provide documentation of the VA benefit.
- Disability Benefits: For family members receiving Social Security Administration (SSA) disability benefits provide a current SSA benefit verification letter for each family member claiming disability status, for family members not receiving SSA disability benefits provide third-party verification from a knowledgeable professional.

**4. INFORMATION ABOUT YOU AND YOUR HOUSEHOLD MEMBERS:**

- Social Security Numbers for all household members aged six and over (if you have SS numbers for household members who are under the age of six, please bring a copy of his/her SS number).
- Birth certificates – for all household members
- Proof of Citizenship – for all household members
- Proof of eligible immigration status (INS documents) - for all non-citizen household members
- Custody agreements
- Adoption papers
- For household members age 18 or over, who are full time students, provide verification of full time student status

**5. INFORMATION ABOUT YOUR EXPENSES:**

- Medical Expenses: If the head of household is at least 58 years of age or disabled, provide documentation of unreimbursed medical expense.
- Child Care Expenses: If child care expenses (for children under age 14) are necessary to enable a family member to work, look for work or further his/her education and the expenses is not reimbursed by an agency or individual outside the household and the expenses incurred enable a family member to work and do not exceed the amount earned, provide documentation of the child care expenses.

**6. INFORMATION ABOUT YOUR EMERGENCY STATUS:**

**You must have this information with you in order to process your application.** After submitting your documentation your case will be presented to a review committee. The committee's recommendation will be sent to the Executive Director for approval or denial. You will not be advised of a decision on your case until the Executive Director has rendered his final decision. At that time, you will be provided with a copy of the approved/denied recommendation form that will state the reasons for the decision and the procedure for appeal if necessary.

Sincerely,

\_\_\_\_\_  
Emergency Staff Member Signature

\_\_\_\_\_  
Emergency Staff Member Name

\_\_\_\_\_  
Title

