The name of the waitlist I'm applying for is: _____

Some waitlists are closed: Before sending this application, check http://www.housingworks.net/ to see what is open

Office Only: Date/Time Stamp

You must answer every question on this application: respond to questions that are not applicable by writing "N/A".
Incomplete applications may be returned or discarded.

Your Name:_____

Long-Term Mailing Address (an addresst that may work for the next 3-5 years):

_____

City/State/Zip: _____

Phones: _____ _____

Email: _____

MAIL TO: (Allow 3 wks for response)

Do you have a **Social Security Number** (SSN)? ☐ Yes ☐ No *If "Yes" you must provide the SSN below.*

The **SSN** for the head of household is: _____

What is your **date of birth**? _____ What is your **gender**? _____

Race (white, black, asian, etc)? _____ **Also**: ☐ Hispanic or ☐ non-Hispanic?

What was your **mother's last name** when she was born? *Protects your privacy)*_____

How many people will be living in the unit? _____ people. What **unit size** are you seeking?_____BR

Describe your **Income Sources** (Employment, SSI, TAFDC etc.) _____

What is your family's **ANNUAL** income? $_____ (do NOT write *an hourly, weekly, or monthly amount!)*

☐ YES ☐ NO Do you **have a rental voucher** or some other form of regular rental assistance?

Specify: ☐ Section 8 ☐ MRVP ☐ AHVP ☐ Flex Funds

☐ YES ☐ NO Do you need a **wheelchair accessible unit** (or a "no-steps" unit)?

☐ YES ☐ NO Do you need reasonable accommodations, either during the application period or tenancy?

☐ YES ☐ NO Are you or any member of your household subject to a lifetime registration requirement under a State Sex Offender Registration program?

Priority Status: We may or may not be able to take your priority need into consideration, but it is helpful for us to know what those priorities are:_____

Boston Housing Authority
56 Chauncy Street
Boston, MA 02111
Attn: J.F.Murphy Housing Service Center

THIS INFORMATION IS AVAILABLE IN AN ALTERNATIVE FORMAT UPON REQUEST

ALL PARTS OF THIS APPLICATION **MUST** BE COMPLETED

TYPE OF HOUSING :	___ **FAMILY PUBLIC HOUSING (SEE ATTACHED HOUSING CHOICES FOR WHEELCHAIR UNITS ONLY)**	___ **ELDERLY /DISABLED HOUSING (SEE ATTACHED HOUSING CHOICES FOR WHEELCHAIR UNITS ONLY)**	**Section 8 Mod Rehab** (__) **Section 8 Project –Based Program** (__) **Specific Name (Optional)**_____	HOUSING CHOICE VOUCHER PROGRAM (SECTION 8) **IS CLOSED**

HOW MANY BEDROOMS DO YOU REQUIRE: **0 1 2 3 4 5 6 7** (PLEASE CIRCLE ONE)	TOTAL AMOUNT OF HOUSEHOLD MEMBERS WHO WILL BE LIVING WITH YOU: _____	**HUD HOUSEHOLD TYPE:** SINGLE_____ FAMILY_____ DISABLED_____ELDERLY_____	Please Calculate your Total Household Annual Income: $_____

Household Composition For **Head and Co-Head Only:** **If you are under the age of 18, are you an Emancipated Minor: YES___ NO___**	Does anyone in your family require a Wheelchair Accessible Unit? Yes___ No___ If yes, who?_____ What is the relationship to the Head of House_____	Is anyone in your household a USA citizen? Yes___ No___ **If No**, Does at least one Household member have INS Eligibility: Yes___ No___

(Head) First Name / Middle Name / Last Name	**SSN:** **Head of Household**	**D.O.B:** **SEX: M / F** **Are you Disabled:** YES___NO___	**Income:** Weekly ___ Bi-Weekly ___ Monthly ___ Annually ___ $_____.___	**Source of Income:** **Ethnicity** Hispanic or Latino ___ Non-Hispanic or Latino ___	**Race (Choose all Applicable)** American Indian / Native Alaskan ___ Asian ___ White ___ Black / African American ___ Native Hawaiian / Pacific Islander ___	**ASSETS LIST VALUE & SOURCE:** **1.** **2.** **3.** **$** _____
(Co-Head) First Name / Middle Name / Last Name	**SSN:** **Relationship to Head of House:**	**D.O.B:** **SEX: M / F** **Are you Disabled** YES___ NO___	**Income:** Weekly ___ Bi-Weekly ___ Monthly ___ Annually ___ $_____.___	**Source of Income:** **Ethnicity** Hispanic or Latino ___ Non-Hispanic or Latino ___	**Race (Choose all Applicable)** American Indian / Native Alaskan ___ Asian ___ White ___ Black / African American ___ Native Hawaiian / Pacific Islander ___	**ASSETS LIST VALUE & SOURCE:** **1.** **2.** **3.** **$** _____

PERMANENT / MAILING ADDRESS/ PHONE #(S)

_____
STREET APT#

_____,_____._____
CITY STATE ZIP CODE

__ __ __ __ __ __ __ __ __ __ _____

__ __ __ __ __ __ __ __ __ __ _____

CURRENT ADDRESS(if different from permanent/mailing):

_____
STREET APT #

_____,_____._____
CITY STATE ZIP CODE

__ __ __ __ __ __ __ __ __ __ _____

__ __ __ __ __ __ __ __ __ __ _____

Please List your Telephone Number(s). (On the Space next to the number list what this number is: -example: Home, Cell, etc…)

QUESTION(S):

1. Have you ever been Evicted from any Subsidized Housing Program?
   YES___ NO___ If yes, where and when:_____
   _____

2. Do you owe any money to a Public Housing / Section 8 Program?
   YES___NO___

   If yes, where and how much do you owe?

   _____ **$**_____

Additional Household Member(s):

First Name Middle Name Last Name	**SSN:** **Relationship to Head of House:**	**D.O.B:** **SEX: M / F** **Are you Disabled:** YES___ NO___	**Income:** Weekly Bi-Weekly Monthly Annually $	**Source of Income:** **Ethnicity** Hispanic or Latino Non-Hispanic or Latino	**Race (Choose all Applicable)** American Indian / Native Alaskan Asian White Black / African American Native Hawaiian / Pacific Islander	**A S S E T S**	**LIST VALUE & SOURCE:** **1.** **2.** **3.** **$** .
First Name Middle Name Last Name	**SSN:** **Relationship to Head of House:**	**D.O.B** **SEX: M / F** **Are you Disabled:** YES___ NO___	**Income:** Weekly Bi-Weekly Monthly Annually $	**Source of Income:** **Ethnicity** Hispanic or Latino Non-Hispanic or Latino	**Race (Choose all Applicable)** American Indian / Native Alaskan Asian White Black / African American Native Hawaiian / Pacific Islander	**A S S E T S**	**LIST VALUE & SOURCE:** **1.** **2.** **3.** **$** .
First Name Middle Name Last Name	**SSN:** **Relationship to Head of House:**	**D.O.B** **SEX: M / F** **Are you Disabled:** YES___ NO___	**Income:** Weekly Bi-Weekly Monthly Annually $	**Source of Income:** **Ethnicity** Hispanic or Latino Non-Hispanic or Latino	**Race (Choose all Applicable)** American Indian / Native Alaskan Asian White Black / African American Native Hawaiian / Pacific Islander	**A S S E T S**	**LIST VALUE & SOURCE:** **1.** **2.** **3.** **$** .
First Name Middle Name Last Name	**SSN:** **Relationship to Head of House:**	**D.O.B** **SEX: M / F** **Are you Disabled:** YES___ NO___	**Income:** Weekly Bi-Weekly Monthly Annually $	**Source of Income:** **Ethnicity** Hispanic or Latino Non-Hispanic or Latino	**Race (Choose all Applicable)** American Indian / Native Alaskan Asian White Black / African American Native Hawaiian / Pacific Islander	**A S S E T S**	**LIST VALUE & SOURCE:** **1.** **2.** **3.** **$** .
First Name Middle Name Last Name	**SSN:** **Relationship to Head of House:**	**D.O.B** **SEX: M / F** **Are you Disabled:** YES___ NO___	**Income:** Weekly Bi-Weekly Monthly Annually $	**Source of Income:** **Ethnicity** Hispanic or Latino Non-Hispanic or Latino	**Race (Choose all Applicable)** American Indian / Native Alaskan Asian White Black / African American Native Hawaiian / Pacific Islander	**A S S E T S**	**LIST VALUE & SOURCE:** **1.** **2.** **3.** **$** .
First Name Middle Name Last Name	**SSN:** **Relationship to Head of House:**	**D.O.B** **SEX: M / F** **Are you Disabled:** YES___ NO___	**Income:** Weekly Bi-Weekly Monthly Annually $	**Source of Income:** **Ethnicity** Hispanic or Latino Non-Hispanic or Latino	**Race (Choose all Applicable)** American Indian / Native Alaskan Asian White Black / African American Native Hawaiian / Pacific Islander	**A S S E T S**	**LIST VALUE & SOURCE:** **1.** **2.** **3.** **$** .

Answering the following questions is **optional.** However, if you decline to answer, we may be unable to determine if you qualify for a Reasonable Accommodation or if you are eligible for a special unit for the mobility-impaired. If you require a Reasonable Accommodation, forms will be given upon request.
Please check any of the following that apply:

1. Do you or any member of your household have a condition that requires:

( )	Separate bedroom	( )	Unit for vision impaired
( )	Unit for hearing impaired	( )	Barrier-free apartment
( )	Other physical modification	( )	Wheelchair accessible apartment
( )	Communication in a specially requested format because of a disability.		

If you checked any of the above, please explain exactly what you will need in the apartment or other Services:
_____
_____
_____
_____

2. Are you or any household member unable to go up or down the stairs without assistance?
Yes ( ) No ( ) If yes, please explain _____
_____
_____

3. Will you or any member of your household require a Live-In Aid to assist you? Yes ( ) No ( )
If yes, please explain_____
_____
_____
_____

4. Fill out only if you answered yes to question 1, 2 or 3. What are the name(s) of the household member requiring the features or assistance?
_____

5. Are there any other accommodations which you or anyone in your household will need?
Yes ( ) NO ( )
If yes, please explain_____
_____
_____

PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS

1. I live alone and would be willing to live in a Lodging House. Yes ( ) No ( )

2. The Head of or Co-Head is a resident of the City of Boston, or is employed in the City of Boston, or has been offered employment in the City of Boston. You are also considered a Boston Resident if you are temporarily residing outside of the City of Boston but last permanent address was in the City of Boston and have not claimed residency at any other housing authority.
I am a Resident of the City of Boston ( ) **I'm not** a Resident of the City of Boston ( )

3. The Head or Co-Head is a US Veteran or the spouse of a US Veteran, or the guardian of a child of a deceased US Veteran or a member of the household is a dependent child of a deceased US Veteran?
Yes ( ) No ( )

4. Do you or any member of your household have special expenses such as medical, childcare, or care of a disabled household member and/or mandatory support payments? Yes ( ) No ( )

5. Are you or any member of your household expecting a baby? Yes ( ) No ( )
If yes, who is expecting and when is the expected due date?
_____

6. Do you or your Co-Head have legal custody of a grandchild under the age of 18? Yes ( ) No ( )

7. Are you interested in applying for SRO PROGRAM? Yes ( ) No ( )
(What is an SRO? This program is made for a single room occupant.)

8. Are you interested in applying for Project-Based Voucher Program? Yes ( ) No ( )
(Project-Based Program- Unit is Subsidized Only)

_____

The Following three (3) Questions must be completed so the Application can be Processed.

1. Have you or anyone in your household been convicted of a crime? Yes ( ) No ( )
Name of Member(s) _____

2. Have you or anyone in you household been convicted of producing Methamphetamine?
Yes ( ) No ( )
Name of Member(s)_____

3. Are you or anyone in your household a registered Sex Offender? Yes ( ) No ( )
Name of Member(s) _____

IMPORTANT INFORMATION, PLEASE READ AND SIGN

Please list your primary language: _____

Please note: **City of Boston** includes the neighborhoods of Allston, Back Bay, Beacon Hill, Brighton, Charlestown, Chinatown, Dorchester, Downtown, East Boston, Fenway-Kenmore, Hyde Park, Jamaica Plain, Mattapan, Mission Hill, North End, Roslindale, Roxbury, South Boston, South End, and West Roxbury.

If you change your address, please notify the BHA **immediately.** This must be done in writing, by mail or visiting our 56 Chauncy Street office. You can also download our CHANGE OF ADDRESS FORM from our WEBSITE. **(SEE ATTACHED RECEIPT FOR WEBSITE ADDRESS)**

It is also very important to notify our office in writing if there is a change in your family composition. If you are requesting to add additional member(s) to your household, you should contact our office so that we can send you the proper forms to fill out, or visit our office. You can also download them off our WEBSITE. In removing a household member, with the exclusion of the Head or Co-head, you would still follow the above procedure. If requesting to remove either Head or Co-Head a written notice must be made by the person being removed, acknowledging her/his removal from the application.

You should also notify us of any changes in priority(s), preference(s) and income, or any change(s) that you feel may help us in determining your placement on our waiting list. It is very important that you stay in contact with our office and that you respond to any notice(s) we send out.

In order to completely process this application a signature from Head and Co-Head (if applicable) is required. We also require a signature from anyone over the age of 18.
If any of these signature are missing this application will be considered incomplete and mailed back to you, and you will be issued a new date of application when it is returned.

Attached is a receipt for your records. On this signed receipt you will be given contact numbers as well as our Web Page address.

I declare that the information provided on this application is true to the best of my knowledge and understand that any false statements, which I have knowingly and willing made, will be sufficient cause for the rejection of my application.

Signed: Head of household_____ DATE:_____

Signed: Co-Head of Household_____ DATE:_____

Any Family member over the age of 18 signatures required

_____DATE_____

_____DATE_____