

**Mail this application to:**

**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*

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.**

**Name of HoH:** \_\_\_\_\_

**Long-Term Mailing Address** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_  
(this address should ideally work for the next 3-5 years):

**Phone(s):** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Email:** \_\_\_\_\_

The **SSN** for the head of household is: \_\_\_\_\_

Does the HoH have a **Social Security Number (SSN)**? ☐ Yes ☐ No *If "Yes" you must provide it above).*

What is your **date of birth**? \_\_\_\_\_ What is your **gender**? \_\_\_\_\_

**Race** (white, black, asian, etc)? \_\_\_\_\_

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** (Job, Food Stamps, 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 ☐ Homebase ☐ \_\_\_\_\_

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

☐ YES ☐ NO Do you need **reasonable accommodations** due to a disability, 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?

☐ YES ☐ NO **Priority/Preference Status:** If there is a section in this application that asks about priorities and preferences, did you claim any?

**Office Only: Date/Time Stamp**

This information is available in alternative format upon request.



**Boston Housing Authority**  
**Housing Application**  
**Preliminary Application**

**ALL PARTS OF THIS APPLICATION MUST BE COMPLETED. INCOMPLETE APPLICATIONS WILL BE RETURNED.**

**1. Type of housing:**

**I am eligible to apply for:**

- ☐ Federal rental assistance  
☐ State rental assistance  
☐ Family public housing  
☐ Elderly/disabled public housing

For elderly/disabled housing, one must be:  
a. 60 or older for state programs;  
b. 62 or older for federal programs; or  
c. disabled

**Applicants to elderly/disabled public housing only:** Select up to 3 developments. You may choose the *Family List* in addition to, or in lieu of, a development choice (see *Elderly/Disabled Development Descriptions* for more information):

| Development name:   | 1. | 2. | 3. |
|---------------------|----|----|----|
| Development number: |    |    |    |

**See form:**

**1: Priority & Preference Information Sheet** (Circle all that apply.)

**Priority One**

1a 1b  
1c 1d  
1e 1f  
1g 1h  
1i

**Priority Two**

2a 2b  
2c 2d

**Preferences**

3A 3B  
3C 3D

**4. What is the primary language spoken in your household?**

☐ English ☐ Spanish ☐ Other (Language: \_\_\_\_\_)

**5. Household Composition:**

Please list all individuals **who will live with you** in public housing. For the elderly/disabled housing program, household size cannot exceed the number of persons who could legally occupy a two-bedroom apartment.

|   | Name    | Soc. Security #/<br>Relation to head | Sex/DOB/Age    | Race/ethnicity (Choose<br>all applicable)   | Disabled  | Income:         | Assets |
|---|---------|--------------------------------------|----------------|---|---|-----------------|--------|
| 1 | Last:   | SSN:                                 | Sex (M/F):     | <input type="checkbox"/> White <input type="checkbox"/> Black<br><input type="checkbox"/> Native-American/Alaskan | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | Annual:         | List:  |
|   | First:  | Head of household                    | Date of Birth: | <input type="checkbox"/> Asian/Pacific Islander<br><input type="checkbox"/> Do not wish to report                 |   | Source(*below): | Value: |
|   | Middle: |                                      |                |   |   |                 |        |
| 2 | Last:   | SSN:                                 | Sex (M/F):     | <input type="checkbox"/> White <input type="checkbox"/> Black<br><input type="checkbox"/> Native-American/Alaskan | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | Annual:         | List:  |
|   | First:  | Co-head of household                 | Date of Birth: | <input type="checkbox"/> Asian/Pacific Islander<br><input type="checkbox"/> Do not wish to report                 |   |                 |        |

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

|   |         |                                    |                |  |   |                 |        |
|---|---------|------------------------------------|----------------|--|---|-----------------|--------|
|   | Middle: |                                    | Age:           | <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic<br><input type="checkbox"/> Do not wish to report  |   | Source(*below): | Value: |
| 3 | Last:   | SSN:                               | Sex (M/F):     | <input type="checkbox"/> White <input type="checkbox"/> Black<br><input type="checkbox"/> Native-American/Alaskan<br><input type="checkbox"/> Asian/Pacific Islander<br><input type="checkbox"/> Do not wish to report | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | Annual:         | List:  |
|   | First:  | Relationship to head of household: | Date of Birth: |  |   |                 |        |
|   | Middle: |                                    | Age:           | <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic<br><input type="checkbox"/> Do not wish to report  |   | Source(*below): | Value: |
| 4 | Last:   | SSN:                               | Sex (M/F):     | <input type="checkbox"/> White <input type="checkbox"/> Black<br><input type="checkbox"/> Native-American/Alaskan<br><input type="checkbox"/> Asian/Pacific Islander<br><input type="checkbox"/> Do not wish to report | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | Annual:         | List:  |
|   | First:  | Relationship to head of household: | Date of Birth: |  |   |                 |        |
|   | Middle: |                                    | Age:           | <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic<br><input type="checkbox"/> Do not wish to report  |   | Source(*below): | Value: |
| 5 | Last:   | SSN:                               | Sex (M/F):     | <input type="checkbox"/> White <input type="checkbox"/> Black<br><input type="checkbox"/> Native-American/Alaskan<br><input type="checkbox"/> Asian/Pacific Islander<br><input type="checkbox"/> Do not wish to report | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | Annual:         | List:  |
|   | First:  | Relationship to head of household: | Date of Birth: |  |   |                 |        |
|   | Middle: |                                    | Age:           | <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic<br><input type="checkbox"/> Do not wish to report  |   | Source (below): | Value: |
| 6 | Last:   | SSN:                               | Sex (M/F):     | <input type="checkbox"/> White <input type="checkbox"/> Black<br><input type="checkbox"/> Native-American/Alaskan<br><input type="checkbox"/> Asian/Pacific Islander<br><input type="checkbox"/> Do not wish to report | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | Annual:         | List:  |
|   | First:  | Relationship to head of household: | Date of Birth: |  |   |                 |        |
|   | Middle: |                                    | Age:           | <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic<br><input type="checkbox"/> Do not wish to report  |   | Source(*below): | Value: |
| 7 | Last:   | SSN:                               | Sex (M/F):     | <input type="checkbox"/> White <input type="checkbox"/> Black<br><input type="checkbox"/> Native-American/Alaskan<br><input type="checkbox"/> Asian/Pacific Islander<br><input type="checkbox"/> Do not wish to report | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | Annual:         | List:  |
|   | First:  | Relationship to head of household: | Date of Birth: |  |   |                 |        |
|   | Middle: |                                    | Age:           | <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic<br><input type="checkbox"/> Do not wish to report  |   | Source(*below): | Value: |
| 8 | Last:   | SSN:                               | Sex (M/F):     | <input type="checkbox"/> White <input type="checkbox"/> Black<br><input type="checkbox"/> Native-American/Alaskan<br><input type="checkbox"/> Asian/Pacific Islander<br><input type="checkbox"/> Do not wish to report | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | Annual:         | List:  |
|   | First:  | Relationship to head of household: | Date of Birth: |  |   |                 |        |
|   | Middle: |                                    | Age:           | <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic<br><input type="checkbox"/> Do not wish to report  |   | Source(*below): | Value: |

Use a separate sheet of paper for any additional household members.

\*Possible sources of income: employment, TAFDC, EAEDC, Social Security, SSI, SSDI, Pension, Veterans Benefits, unemployment, etc.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 Social Security Number \_\_\_\_\_

## 6. Address:

**Permanent/ Mailing Address:**

[illegible]

City State ZIP Code

## 7. Phone numbers:

|         |  |  |   |  |  |   |  |  |  |  |
|---------|--|--|---|--|--|---|--|--|--|--|
|         |  |  | - |  |  | - |  |  |  |  |
| Daytime |  |  |   |  |  |   |  |  |  |  |

|  |  |  |   |  |  |  |   |  |  |  |
|--|--|--|---|--|--|--|---|--|--|--|
|  |  |  | - |  |  |  | - |  |  |  |
|--|--|--|---|--|--|--|---|--|--|--|

Evening

**Current Address (If different from permanent/mailling):**

[illegible]

City State ZIP Code

**8. Please check any of the following that apply:**

- ☐ I live alone and would be willing to live in a lodging house.
- ☐ A household member is a disabled individual whose disability requires special housing features such as wheelchair access, first floor unit, accommodations for hearing or blindness, etc. Please identify the family member and indicate the accommodations needed:

- ☐ The head or co-head is a resident of the City of Boston \*, is employed in the City of Boston, has been offered employment in the City of Boston, or is temporarily residing outside of the City of Boston but last permanent address was in the Boston.
- ☐ 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.
- ☐ A member of the household is pregnant with a due date of:

☐ My household has special expenses such as medical, childcare, care of a disabled family member and/or mandatory support payments.

**\*City of Boston:** the 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.

**Rent owed:** If any member of your household is a former subsidized housing resident (BHA or other) and still owes rent, the entire rent balance must be paid before your application will be processed.

**Changes to Application:** If you change your address or household composition, please notify the BHA immediately. This must be done by written letter or by using the forms available at [www.BostonHousing.org](http://www.BostonHousing.org)

**Where to Mail?** Mail this application and any changes to: *Housing Application, Boston Housing Authority, 52 Chauncy Street, Boston, MA 02111*

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

**Signed:** Head of Household: \_\_\_\_\_ **Date:** \_\_\_\_\_

Co-Head of Household: \_\_\_\_\_ Date: \_\_\_\_\_

**EQUAL OPPORTUNITY HOUSING  EQUAL OPPORTUNITY EMPLOYER**

## Housing History, Page 1

**Note: you can often locate landlord information by using the Tax Assessor's website in each town (or by calling the Tax Assessor's phone number in most towns):** To determine if there is an online Tax Assessor page for a town search the web like this: "Tax Assessor, Boston MA" or "Property Assessment, Dallas TX".

### CURRENT RESIDENCE

### DATES YOU LIVED THERE:

Name on the lease \_\_\_\_\_ to: \_\_\_\_\_ or present

Address you lived at: \_\_\_\_\_  
Street and Apt# City State Zip

Landlord's Name and Address \_\_\_\_\_

Landlord Tel: \_\_\_\_\_

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

### PRIOR RESIDENCE

### DATES YOU LIVED THERE:

Name on the lease \_\_\_\_\_ to \_\_\_\_\_

Address you lived at: \_\_\_\_\_  
Street and Apt# City State Zip

Landlord's Name and Address \_\_\_\_\_

Landlord Tel: \_\_\_\_\_

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

### RESIDENCE BEFORE THAT

### DATES YOU LIVED THERE:

Name on the lease \_\_\_\_\_ to \_\_\_\_\_

Address you lived at: \_\_\_\_\_  
Street and Apt# City State Zip

Landlord's Name and Address \_\_\_\_\_

Landlord Tel: \_\_\_\_\_

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

## Housing History, Page 2

### RESIDENCE BEFORE THAT

### DATES YOU LIVED THERE:

Name on the lease \_\_\_\_\_ to \_\_\_\_\_

Address you lived at: \_\_\_\_\_  
Street and Apt# City State Zip

Landlord's Name and Address \_\_\_\_\_

Landlord Tel: \_\_\_\_\_

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

### RESIDENCE BEFORE THAT

### DATES YOU LIVED THERE:

Name on the lease \_\_\_\_\_ to \_\_\_\_\_

Address you lived at: \_\_\_\_\_  
Street and Apt# City State Zip

Landlord's Name and Address \_\_\_\_\_

Landlord Tel: \_\_\_\_\_

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

### RESIDENCE BEFORE THAT

### DATES YOU LIVED THERE:

Name on the lease \_\_\_\_\_ to \_\_\_\_\_

Address you lived at: \_\_\_\_\_  
Street and Apt# City State Zip

Landlord's Name and Address \_\_\_\_\_

Landlord Tel: \_\_\_\_\_

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

## Housing History, Page 3

### RESIDENCE BEFORE THAT

### DATES YOU LIVED THERE:

Name on the lease \_\_\_\_\_ to \_\_\_\_\_

Address you lived at: \_\_\_\_\_  
Street and Apt# City State Zip

Landlord's Name and Address \_\_\_\_\_

Landlord Tel: \_\_\_\_\_

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

### RESIDENCE BEFORE THAT

### DATES YOU LIVED THERE:

Name on the lease \_\_\_\_\_ to \_\_\_\_\_

Address you lived at: \_\_\_\_\_  
Street and Apt# City State Zip

Landlord's Name and Address \_\_\_\_\_

Landlord Tel: \_\_\_\_\_

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

### RESIDENCE BEFORE THAT

### DATES YOU LIVED THERE:

Name on the lease \_\_\_\_\_ to \_\_\_\_\_

Address you lived at: \_\_\_\_\_  
Street and Apt# City State Zip

Landlord's Name and Address \_\_\_\_\_

Landlord Tel: \_\_\_\_\_

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A