

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.**

Your Name: \_\_\_\_\_

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



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

**PRELIMINARY APPLICATION FOR ALL BHA HOUSING PROGRAMS**  
THIS INFORMATION IS AVAILABLE IN AN ALTERNATIVE FORMAT UPON REQUEST

ALL PARTS OF THIS APPLICATION MUST BE COMPLETED IN ORDER TO BE PROCESSED

CHECK OFF (4) TYPE OF HOUSING SELECTED:	FAMILY PUBLIC HOUSING (   )  (SEE PART II FOR ATTACHED HOUSING CHOICES FORM)	ELDERLY /DISABLED PUBLIC HOUSING (   )  (SEE PART II FOR ATTACHED HOUSING CHOICES FORM)	Housing Choice Voucher (Section 8) Mod Rehab Project –Based Certificate and Project Based Voucher Programs (   ). If this is checked off, you MUST provide <u>with this application the Priority One Third Party Verification</u> else it will not be processed. (SEE PART III ATTACHED SITE CHOICE(S) FORM)	TENANT-BASED HOUSING CHOICE VOUCHER PROGRAM (SECTION 8) <b>IS CLOSED</b>		
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:  FAMILY _____ DISABLED _____	ELDERLY _____	Please Calculate your Total Household Annual Income: \$ _____		
Household Composition For Head and Co-Head Only. Both people will have equal rights to this application. This counts as one application only. If you are under the age of 18, are you an Emancipated Minor: YES _____ NO _____, if no, you cannot apply.	Does anyone in your family require a Wheelchair Accessible Unit? Yes _____ No _____ If yes, who? _____ What is the relationship to the Head of Household _____		Is anyone in your household a USA citizen? Yes _____ No _____ If No, Does at least one Household member have Eligible INS Status? Yes _____ No _____			
1. (Head)  First Name for Head of Household _____  Middle Name for Head of Household _____  Last Name for Head of Household _____	SSN #: _____  Head of Household	D.O.B:     /     /  SEX:   M / F  Disabled (✓)?  YES (____) NO (____)	Income (✓):  Weekly _____ Bi-Weekly _____ Monthly _____ Annually _____ \$ _____.	Source of Income:  Ethnicity (Select One (✓))  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. _____ \$ _____.
2. (Co-Head) has equal rights to this application.  First Name (Co-Head) _____  Middle Name (Co-Head) _____  Last Name (Co-Head). _____	SSN #: _____  Relationship to Head of House:	D.O.B:     /     /  SEX:   M / F  Disabled (✓)?  YES (____) NO (____)	Income (✓):  Weekly _____ Bi-Weekly _____ Monthly _____ Annually _____ \$ _____.	Source of Income:  Ethnicity (Select One (✓))  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. _____ \$ _____.

**MAILING ADDRESS**

STREET \_\_\_\_\_ APT. # \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
Daytime Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_

**CURRENT ADDRESS (where residing if different from mailing)**

STREET \_\_\_\_\_ APT. # \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
Evening /or Cell Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_

**NEED TO ANSWER ALL QUESTION(S):**

1. Have you or your Co-Head ever been evicted from BHA or any Subsidized Housing Program? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, from where and when: \_\_\_\_\_

2. Do you or your Co-Head owe any money to the BHA or other Public Housing/Section 8 Program? YES \_\_\_\_\_ NO \_\_\_\_\_  
If yes, from where and how much do you or your Co-head owe? \$ \_\_\_\_\_ . \_\_\_\_\_

Additional Household Member(s):

<div>3.</div> <div>First Name</div> <div>Middle Name</div> <div>Last Name</div>	<div>SSN:<div>– –</div></div> <div>Relationship to Head of House:</div>	<div>D.O.B: / /</div> <div>SEX: M / F</div> <div>Disabled (✓)?</div>	<div>Income:<div>Weekly</div><div>Bi-Weekly</div><div>Monthly</div><div>Annually</div></div> <div>\$_____</div>	<div>Source of Income:</div> <div>Ethnicity (Select One (✓))</div> <div>Hispanic or Latino ( )</div> <div>Non-Hispanic or Latino( )</div>	<div>Race</div> <div>(Choose all Applicable (✓))</div> <div>American Indian / Native Alaskan</div> <div>Asian White</div> <div>Black / African American</div> <div>Native Hawaiian / Pacific Islander</div>	<div>A</div> <div>S</div> <div>S</div> <div>E</div> <div>T</div> <div>S</div>	<div>LIST VALUE &amp; SOURCE:</div> <div>1.</div> <div>2.</div> <div>3.</div> <div>\$_____</div>
<div>4.</div> <div>First Name</div> <div>Middle Name</div> <div>Last Name</div>	<div>SSN:<div>– –</div></div> <div>Relationship to Head of House:</div>	<div>D.O.B / /</div> <div>SEX: M / F</div> <div>Disabled (✓)?</div>	<div>Income:<div>Weekly</div><div>Bi-Weekly</div><div>Monthly</div><div>Annually</div></div> <div>\$_____</div>	<div>Source of Income:</div> <div>Ethnicity (Select One (✓))</div> <div>Hispanic or Latino ( )</div> <div>Non-Hispanic or Latino ( )</div>	<div>Race</div> <div>(Choose all Applicable (✓))</div> <div>American Indian / Native Alaskan</div> <div>Asian White</div> <div>Black / African American</div> <div>Native Hawaiian / Pacific Islander</div>	<div>A</div> <div>S</div> <div>S</div> <div>E</div> <div>T</div> <div>S</div>	<div>LIST VALUE &amp; SOURCE:</div> <div>1.</div> <div>2.</div> <div>3.</div> <div>\$_____</div>
<div>5.</div> <div>First Name</div> <div>Middle Name</div> <div>Last Name</div>	<div>SSN:<div>– –</div></div> <div>Relationship to Head of House:</div>	<div>D.O.B / /</div> <div>SEX: M / F</div> <div>Disabled (✓)?</div>	<div>Income:<div>Weekly</div><div>Bi-Weekly</div><div>Monthly</div><div>Annually</div></div> <div>\$_____</div>	<div>Source of Income:</div> <div>Ethnicity (Select One (✓))</div> <div>Hispanic or Latino ( )</div> <div>Non-Hispanic or Latino( )</div>	<div>Race</div> <div>(Choose all Applicable (✓))</div> <div>American Indian / Native Alaskan</div> <div>Asian White</div> <div>Black / African American</div> <div>Native Hawaiian / Pacific Islander</div>	<div>A</div> <div>S</div> <div>S</div> <div>E</div> <div>T</div> <div>S</div>	<div>LIST VALUE &amp; SOURCE:</div> <div>1.</div> <div>2.</div> <div>3.</div> <div>\$_____</div>
<div>6.</div> <div>First Name</div> <div>Middle Name</div> <div>Last Name</div>	<div>SSN:<div>– –</div></div> <div>Relationship to Head of House:</div>	<div>D.O.B / /</div> <div>SEX: M / F</div> <div>Disabled (✓)?</div>	<div>Income:<div>Weekly</div><div>Bi-Weekly</div><div>Monthly</div><div>Annually</div></div> <div>\$_____</div>	<div>Source of Income:</div> <div>Ethnicity (Select One (✓))</div> <div>Hispanic or Latino ( )</div> <div>Non-Hispanic or Latino( )</div>	<div>Race</div> <div>(Choose all Applicable (✓))</div> <div>American Indian / Native Alaskan</div> <div>Asian White</div> <div>Black / African American</div> <div>Native Hawaiian / Pacific Islander</div>	<div>A</div> <div>S</div> <div>S</div> <div>E</div> <div>T</div> <div>S</div>	<div>LIST VALUE &amp; SOURCE:</div> <div>1.</div> <div>2.</div> <div>3.</div> <div>\$_____</div>
<div>7.</div> <div>First Name</div> <div>Middle Name</div> <div>Last Name</div>	<div>SSN:<div>– –</div></div> <div>Relationship to Head of House:</div>	<div>D.O.B / /</div> <div>SEX: M / F</div> <div>Disabled (✓)?</div>	<div>Income:<div>Weekly</div><div>Bi-Weekly</div><div>Monthly</div><div>Annually</div></div> <div>\$_____</div>	<div>Source of Income:</div> <div>Ethnicity (Select One (✓))</div> <div>Hispanic or Latino ( )</div> <div>Non-Hispanic or Latino( )</div>	<div>Race</div> <div>(Choose all Applicable (✓))</div> <div>American Indian / Native Alaskan</div> <div>Asian White</div> <div>Black / African American</div> <div>Native Hawaiian / Pacific Islander</div>	<div>A</div> <div>S</div> <div>S</div> <div>E</div> <div>T</div> <div>S</div>	<div>LIST VALUE &amp; SOURCE:</div> <div>1.</div> <div>2.</div> <div>3.</div> <div>\$_____</div>
<div>8.</div> <div>First Name</div> <div>Middle Name</div> <div>Last Name</div>	<div>SSN:<div>– –</div></div> <div>Relationship to Head of House:</div>	<div>D.O.B / /</div> <div>SEX: M / F</div> <div>Disabled (✓)?</div>	<div>Income:<div>Weekly</div><div>Bi-Weekly</div><div>Monthly</div><div>Annually</div></div> <div>\$_____</div>	<div>Source of Income:</div> <div>Ethnicity (Select One (✓))</div> <div>Hispanic or Latino ( )</div> <div>Non-Hispanic or Latino( )</div>	<div>Race</div> <div>(Choose all Applicable (✓))</div> <div>American Indian / Native Alaskan</div> <div>Asian White</div> <div>Black / African American</div> <div>Native Hawaiian / Pacific Islander</div>	<div>A</div> <div>S</div> <div>S</div> <div>E</div> <div>T</div> <div>S</div>	<div>LIST VALUE &amp; SOURCE:</div> <div>1.</div> <div>2.</div> <div>3.</div> <div>\$_____</div>

PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS  
For the Head and/or Co-head please indicate:

Language Spoken: \_\_\_\_\_ Language Read: \_\_\_\_\_

- 1a. Is the Head or Co-Head a disabled veteran? Yes ( ) No ( )  
b. Is a member of your household the spouse of a Veteran or the surviving spouse, or divorced spouse with a minor child, dependent parent or child of Veteran? Yes ( ) No ( )  
c. Is a member of your household other Veteran? 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 ( )

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 ( )

If Yes, indicated estimated total annual expenses for: Medical \$ \_\_\_\_\_

Childcare \$ \_\_\_\_\_ Care for Disabled member expenses \$ \_\_\_\_\_

Mandatory support payments \$ \_\_\_\_\_

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 a person with a disability who has been homeless for a year or more, or has had at least four episodes of homelessness in the past three years? Yes ( ) No ( )

8. Has the Head of Household or other adult member been employed full time for the last six months? Yes ( ) No ( )

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 life-time registered Sex Offender? Yes ( ) No ( )  
Name of Member(s) \_\_\_\_\_

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:

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

If you checked any of the above, please explain exactly what you will need in the apartment, other Services or type of communication: for example: send copies of all your mail to a person of your choice.

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 \_\_\_\_\_

***IMPORTANT INFORMATION, PLEASE READ AND SIGN***

**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 visit our website and download at [www.bostonhousing.org](http://www.bostonhousing.org). 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 will require a signature from anyone over the age of 18. If any of these signatures 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 willingly made, will be sufficient cause for the rejection of my application.**

**Signed: Head of household** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **Any Family member over the age of 18 signatures required**

**Signed: Co-Head of Household** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **DATE** \_\_\_\_\_ **DATE** \_\_\_\_\_





**BOSTON HOUSING AUTHORITY**  
Occupancy Department  
52 Chauncy Street, Floor 3  
Boston, Massachusetts 02111

Phone: 617-988-4200  
Fax: 617-988-4214  
TDD: 800-545-1833 x420  
www.BostonHousing.org

## **AUTHORIZATION OF RELEASE AUTHORIZATION TO INSPECT AND/OR COPY RECORDS**

**CLIENT CONTROL #** \_\_\_\_\_

**LOCATION CODE: (Office Use Only)** \_\_\_\_\_

I, \_\_\_\_\_ (The Applicant)  
of (Address) \_\_\_\_\_

having Social Security No. \_\_\_\_\_ hereby authorize  
\_\_\_\_\_ (Please Print)

(\_\_\_\_\_) \_\_\_\_\_  
(Day Time Phone Number) (agency/relationship)

to inspect and/or copy all records maintained by the Boston Housing  
Authority Occupancy Department as part of my applicant file. I understand  
that a photocopy of this authorization is as valid as the original.

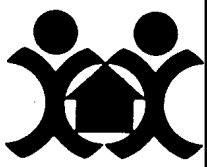
\_\_\_\_\_  
Date Signature of Applicant

For purposes of discussing my eligibility for public housing **only**, I further  
Authorize \_\_\_\_\_ to inspect **(Not  
Copy)** any CORI information about me held by the Boston Housing  
Authority.

\_\_\_\_\_  
Date Signature of Applicant

**THIS AUTHORIZATION IS VALID FOR A PERIOD  
OF ONE YEAR FROM THE DATE NOTED ABOVE**





**BOSTON HOUSING AUTHORITY**

Occupancy Department  
56 Chauncy Street, 1<sup>st</sup> Floor  
Boston, Massachusetts 02111

Phone: 617-988-4200  
Fax: 617-988-4214  
TDD: 800-545-1833 x420  
www.BostonHousing.org

(This information is available in an alternative format upon request.)

**PUBLIC HOUSING DEVELOPMENT CHOICE FORM**

**PLEASE NOTE:** Please make sure that the development(s) in which you select have the required bedroom size needed for your household. You may choose as many Developments as you would like as long as you meet the eligibility requirement for each housing program. For all Federal housing programs at least one household member must have legal immigration status in order to apply for those developments.

**Applicant Name:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
(PLEASE PRINT YOUR FIRST AND LAST NAME)

SELECT YOUR CHOICE(S) HERE (✓)	Development	Neighborhood	Bedroom Size	Wheelchair Accessible Units That Exist At the Site
	<b>FAMILY FEDERAL PROGRAM</b>			
	Alice H. Taylor	Roxbury	1,2,3,4&5	2,3,4&5
	Bromley Park	Jamaica Plain	1,2,3,4&5	1,2,3,&4
	Cathedral	South End	1,2,3&4	1,2,3&4
	Charlestown	Charlestown	1,2,3,4&5	1,2,3
	Commonwealth	Brighton	1,2,3,4&5	1,2,3,&4
	Franklin Field	Dorchester	1,2,3,4&5	2,3,4
	Heath St.	Jamaica Plain	1,2,3,4,5&6	2,3,4
	Heritage – Family	East Boston	3&4	No units at this site
	Highland Park	Roxbury	2&3	No units at this site
	Lenox St.	South End	1,2&3	No units at this site
	Mary Ellen McCormack	South Boston	1,2&3	No units at this site
	Old Colony	South Boston	1,2,3,4,5&6	1,2&3
	Rutland/East Springfield	South End	1,2,3&4	No units at this site
	Washington-Beech	Roslindale	1,2,3,4,5&7	No units at this site
	West Newton St.	South End	0,1,2,3,4&5	No units at this site
	Whittier Street	Roxbury	1,2,3&4	2&3
<b>FAMILY STATE PROGRAM</b>				
	Archdale	Roslindale	1,2,3,4,5&6	2
	Camden	South End	1,2&3	1&2
	Condos-Scattered Sites	City-Wide	1,2,3&4	1,2,3&4
	Fairmount	Hyde Park	2&3	No units at this site
	Faneuil	Brighton	2,3&5	No units at this site
	Franklin Field	Dorchester	2	2
	Gallivan Blvd	Mattapan	2,3&4	No units at this site
	Orient Heights	East Boston	1,2,3,4&5	2&3
	South St.	Jamaica Plain	1,2,3&4	No units at this site
	West Broadway	South Boston	1,2,3,4,5&6	1,2,3,4,&5

**PLEASE NOTE:** When 1<sup>st</sup> selecting your choice(s) with the application your eligibility date will be the same as your application date. If you decide later on that you would like to add new choice(s) you will be given a new eligibility date, only to the one(s) added after your application was originally submitted. Your development choice(s) eligibility date can also change if you submit a priority after the date of your application. If that priority is approved your eligibility date for all your development choice(s) will be the date that the priority was time stamped received in our office. However, if you are approved for a priority and then you decide to add new choice(s) your eligibility date will be the date you made the change.

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
(HEAD OF HOUSEHOLD)

**SEE REVERSE SIDE FOR THE ELDERLY / DISABLED DEVELOPMENT CHOICES  
ELDERLY OR DISABLED HOUSING LIST**



# 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

## 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

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

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

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