

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**

Occupancy Department
52 Chauncy Street, 3rd 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.)

DEVELOPMENT HOUSING CHOICE FORM FOR WHEELCHAIR ACCESSIBLE UNITS

PLEASE NOTE: Please make sure that development(s) in which you pick 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.

Applicant Name: _____ SS# or Client # _____
(PLEASE PRINT YOUR FIRST AND LAST NAME)

Select your choice(s) with an (X)	Development Name	Neighborhood	Bedroom Size
FAMILY FEDERAL PROGRAM			
	Alice H. Taylor	Roxbury	2,3,4&5
	Bromley Park	Jamaica Plain	1,2,3,&4
	Cathedral	South End	1,2,3&4
	Charlestown	Charlestown	1,2,3
	Commonwealth	Brighton	1,2,3,&4
	Franklin Field	Dorchester	2,3,4
	Franklin Hill	Dorchester	No units at this site
	Heath	Jamaica Plain	2,3,4
	Heritage – Family	East Boston	No units at this site
	Highland Park	Roxbury	No units at this site
	Lenox	South End	No units at this site
	Mary Ellen McCormack	South Boston	No units at this site
	Old Colony	South Boston	1,2&3
	Rutland/East Springfield	South End	No units at this site
	Washington-Beech	Roslindale	No units at this site
	West Newton	South End	No units at this site
	Whittier	Roxbury	2&3

Select your choice(s) with an (X)	Development Name	Neighborhood	Bedroom size
FAMILY STATE PROGRAM			
	Archdale	Roslindale	2
	Camden	South End	1&2
	Condos-Scattered Sites	City-Wide	1,2,3&4
	Fairmount	Hyde Park	No units at this site
	Faneuil	Brighton	No units at this site
	Franklin Field	Dorchester	2
	Gallivan Boulevard	Mattapan	No units at this site
	Orient Heights	East Boston	2&3
	South Street	Jamaica Plain	No units at this site
	West Broadway	South Boston	1,2,3,4,&5

PLEASE NOTE: When 1st 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

PLEASE NOTE:
TO APPLY TO THE ELDERLY/DIDABLED FEDERAL HOUSING PROGRAM THE HEAD OF HOUSEHOLD OR CO-HEAD MUST BE 62 YEARS OR OLDER OR DISABLED, AND REQUIRE NO MORE THAN A (2) TWO BEDROOM UNIT.

TO APPLY FOR THE ELDERLY/DISABLED STATE HOUSING PROGRAM THE HEAD OF HOUSEHOLD OR CO-HEAD MUST AT LEAS 60 YEARS OF AGE OR DISABLED AND REQUIRE NO MORE THAN A TWO (2) BEDROOM UNIT.

Applicant Name: _____ **SS# or Client#** _____
(PLEASE PRINT YOUR FIRST AND LAST NAME)

Select your choice(s) with an (X)	Development Name	Neighborhood	Bedroom size
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ELDERLY/DISABLED FEDERAL PROGRAM

	Amory Street	Jamaica Plain	1 & 2
	Annapolis	Dorchester	No units at this site
	Ashmont	Dorchester	No units at this site
	Ausonia	North End	1
	Bellflower	Dorchester	1 & 2
	Bromley Park	Jamaica Plain	No units at this site
	Codman Apartments	Dorchester	No units at this site
	Commonwealth	Brighton	1 & 2
	Davison Apts.	Hyde Park	No units at this site
	Eva White Apts.	South End	No units at this site
	Foley Apts.	South Boston	No units at this site
	Frederick Douglass	South End	1
	General Warren	Charlestown	No units at this site
	Groveland	Mattapan	No units at this site
	Hampton House	South End	1
	Hassan Apts.	Mattapan	1
	Heritage Apts.	East Boston	1 & 2
	Holgate Apts.	Roxbury	No units at this site
	John J. Carroll	Brighton	No units at this site
	Lower Mills	Dorchester	1 & 2
	Malone Apts.	Hyde Park	1
	Martin L. King Apts.	Roxbury	No units at this site
	Meade Apts.	Dorchester	No units at this site
	Pasciucco	Dorchester	1 & 2
	Patricia White	Brighton	1 & 2
	Peabody	Dorchester	1 & 2
	Pond Street	Jamaica Plain	1 & 2
	Rockland Towers	West Roxbury	No units at this site
	Roslyn	Roslindale	1 & 2
	Spring Street	West Roxbury	1 & 2
	St. Botolph St.	Back Bay	No units at this site
	Torre Unidad	South End	No units at this site
	Walnut Park	Roxbury	No units at this site
	Washington Manor	South End	1
	Washington St.	Brighton	No units at this site
	West Ninth	South Boston	No units at this site

Select your choice(s) with an (X)	Development Name	Neighborhood	Bedroom Size
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ELDERLY/DISABLED STATE PROGRAM

	Basilica	Charlestown	No units at this site
	Franklin Field Elderly	Dorchester	2
	Franklin Field Grandparenting Program	Dorchester	2
	Msgr. Powers/"L" St.	South Boston	1

PLEASE NOTE: When 1st 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)

(PLEASE SEE REVERSE SIDE FOR THE FAMILY DEVELOPMENT CHOICES)



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) 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: 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: <u>Ethnicity (Select One (✓))</u> 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: <u>Ethnicity (Select One (✓))</u> 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 & 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 & 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 & 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 & 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 & 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 & 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 your 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. 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 Fax: 617-988-4214
56 Chauncy Street, 1st Floor
Boston, Massachusetts 02111

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

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

BHA PRELIMINARY APPLICATION RECEIPT

PLEASE PRINT NAME OF HEAD OF HOUSEHOLD _____

SIGNATURE OF HEAD .Social Security Number DATE

SIGNATURE OF CO-HEAD Social .Security Number DATE

Our Mailing Address is: **Boston Housing Authority
Occupancy Department
John F. Murphy Housing Service Center
56 Chauncy Street, 1st floor
Boston, MA 02111**

Our Contact Numbers: Status Line- 617-988-4200 and TDD# 800-545-1833 X420

Our Web Site Address is: http://www.bostonhousing.org/housing_services.html

Please remember, per our **Confidentiality Policy** we will not provide any of your information to individuals who **are not listed on your BHA application**. Should you want us to provide information to specific individual(s), please sign an **Authorization of Release of Information**. We are not allowed to accept “verbal authorizations.” This form is enclosed and is available upon request or by downloading from our website above.

In addition if you need your BHA mail to be copied to a person of your choice, you need to submit a written request to us to the address listed above with the complete name, address, and relationship of the person.

Please be advised that the BHA accepts Original documents ONLY. If you want copies of the documents you are submitting to us, please make sure to make your own copies prior to submitting them to us. If you want the BHA to provide you with copies of your documents, you will need to make the request in advance Also, note that it is your responsibility to inform the BHA **in writing** of any change of address, income, or household composition and to respond to application updates, as well as any other information sent to you. Failure to do so may result in your application withdrawal.

Thank you and hope we may be of your assistance.

Sincerely,

Boston Housing Authority

FOR BHA USE ONLY

APPLICATION SUBMITTED: **IN PERSON ()** **BY MAIL ()**

Boston Housing Authority acknowledges receipt of your Preliminary Application.

In addition the applicant has provided the following Third Party Priority Certification Form, completed and signed as checked off below:

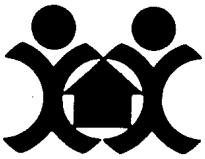
- | | |
|--|--|
| <input type="checkbox"/> Disaster | <input type="checkbox"/> Court-Ordered No Fault Eviction |
| <input type="checkbox"/> Victim of Hate Crime | <input type="checkbox"/> Inaccessibility of Dwelling Unit |
| <input type="checkbox"/> Avoidance of Reprisal | <input type="checkbox"/> Other Government Action (Federal Programs Only) |
| <input type="checkbox"/> Condemnation | <input type="checkbox"/> Homelessness <input type="checkbox"/> Excessive Rent Burden |
| <input type="checkbox"/> Urban Renewal | <input type="checkbox"/> Imminent Landlord Displacement |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> None Submitted |

SIGNATURE OF BHA STAFF MEMBER DATE



This is an important notice. Please have it translated.
Este é um aviso importante. Queira mandá-lo traduzir.
Este es un aviso importante. Sirvase mandarlo traducir.
ĐÂY LÀ MỘT BẢN THÔNG CÁO QUAN TRỌNG
XIN VUI LÒNG CHO DỊCH LẠI THÔNG CÁO ẤY
Ceci est important. Veuillez faire traduire.
本通知很重要。请将之译成中文。
នេះគឺជាដំណឹងល្អ សូមមេត្តាបកប្រែជូនផង





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**

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:

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