

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:

<p>I am eligible to apply for:</p> <p><input type="checkbox"/> Federal rental assistance</p> <p><input type="checkbox"/> State rental assistance</p> <p><input type="checkbox"/> Family public housing</p> <p><input type="checkbox"/> Elderly/disabled public housing</p> <p>For elderly/disabled housing, one must be: a. 60 or older for state programs; b. 62 or older for federal programs; or c. disabled</p>	<p>Applicants to elderly/disabled public housing only: Select up to 3 developments. You may choose the <i>Family List</i> in addition to, or in lieu of, a development choice (see <i>Elderly/Disabled Development Descriptions</i> for more information):</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Development name:</td> <td style="width: 20%;">1.</td> <td style="width: 20%;">2.</td> <td style="width: 20%;">3.</td> </tr> <tr> <td>Development number:</td> <td></td> <td></td> <td></td> </tr> </table>	Development name:	1.	2.	3.	Development number:			
Development name:	1.	2.	3.						
Development number:									

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.

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

	Name	Soc. Security #/ Relation to head	Sex/DOB/Age	Race/ethnicity (Choose all applicable)	Disabled	Income:	Assets
1	Last:	SSN:	Sex (M/F):		<input type="checkbox"/> Yes <input type="checkbox"/> No	Annual:	List:
	First:	Head of household	Date of Birth:				
	Middle:		Age:				
2	Name	SSN	Sex (M/F):		<input type="checkbox"/> Yes <input type="checkbox"/> No	Annual:	List:
			Date of Birth:				

Last Name _____ First Name _____ Social Security Number _____

	Middle:		Age:			Source(*below):	Value:
3	Name	SSN:	Sex (M/F):		<input type="checkbox"/> Yes <input type="checkbox"/> No	Annual:	List:
		Relationship to HoH	Date of Birth:				
			Age:				Source(*below):
4	Name:	SSN:			<input type="checkbox"/> Yes <input type="checkbox"/> No	Annual:	List:
	First:	Relationship to HoH	Date of Birth:				
	Middle:		Age:				Source(*below):
5	Last:	SSN:	Sex (M/F):		<input type="checkbox"/> Yes <input type="checkbox"/> No	Annual:	List:
		Relationship to HoH	Date of Birth:				
			Age:				Source (below):
6	Name	SSN:			<input type="checkbox"/> Yes <input type="checkbox"/> No	Annual:	List:
	First:	Relationship to HoH	Date of Birth:				
	Middle:		Age:				Source(*below):
7	Name:	SSN:	Sex (M/F):		<input type="checkbox"/> Yes <input type="checkbox"/> No	Annual:	List:
		Relationship to HoH	Date of Birth:				
			Age:				Source(*below):
8	Name:	SSN:	Sex (M/F):		<input type="checkbox"/> Yes <input type="checkbox"/> No	Annual:	List:
	First:	Relationship to HoH	Date of Birth:				
	Middle:		Age:				Source(*below):

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:

Street		Apartment	
City	State	ZIP Code	

Current Address (If different from permanent/ mailing):

Street		Apartment	
City	State	ZIP Code	

7. Phone numbers:

Daytime

Evening

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

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