

Don't staple the pages of this application together!

1. Some providers *scan* the application, and if you staple, that means removing staples from 1000 applications every week or month.
2. If you include a letter, don't staple that either: providers need to quickly get to your waitlist data and your cover page just gets in the way.

Use #10 double window envelopes. Fold on the line, and addresses will fit in the windows.

Dear \_\_\_\_\_

I am applying to the following waitlist, which I believe is open:

App Generated: \_\_\_\_\_

### Housing Authority or Management Office Only

**Is this waitlist closed? Any other questions or concerns?** *Fill in the appropriate circle(s) below and fax this page to HousingWorks at the number below – and we will correct the problem. Hundreds of thousands of applicants check our free website to see what lists are open! Keeping us updated will save you many phone calls, reduces frivolous applications - and takes only 10 minutes a year.*

☐ **This particular waitlist is closed: The only open waitlists we have at present are:**

\_\_\_\_\_

☐ **This is not the correct application. The correct application is available by/from:**

\_\_\_\_\_

☐ **Any other info you wish to tell HousingWorks?**

\_\_\_\_\_

**Your position or title at this housing program:** \_\_\_\_\_

**Your signature:** \_\_\_\_\_

HousingWorks Fax: 617-536-8561



○	Head of Household's FIRST Name
	Head of Household's MIDDLE Name
	Head of Household's LAST Name

HoH's SOCIAL SECURITY NUMBER	GENDER	HoH's DATE OF BIRTH
○	○	○

ETHNICITY Also provide your race at right!	RACE: Asian , Black, White, Native American, Pacific Islander, Multi-racial Do <b><u>NOT</u></b> write Spanish, Hispanic, Latino here – and do <b><u>NOT</u></b> write your country!
○	○

○ YOUR MOTHER'S MAIDEN NAME
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YOUR HOME TELEPHONE	SECOND TELEPHONE
○	
YOUR EMAIL ADDRESS	
○	

CURRENT ADDRESS <u>OR</u> LONG-TERM CONTACT ADDRESS
This is:
○
○

SECOND CONTACT ADDRESS
This is:
○
○

TOTAL HOUSEHOLD SIZE	# BEDROOMS	How much money does your family receive in a year?
○ # Adults # Children Total #	○	○ .0 0

INCOME SOURCES
○

MOBILE RENTAL ASSISTANCE, if any
○

REQUESTED ACCOMMODATIONS
○

SPECIAL CIRCUMSTANCES THAT <u>SOME</u> PROGRAMS MAY USE TO ASSIGN PRIORITY OR PREFERENCE
○

*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):

<b>Development name:</b>	1.	2.	3.
<b>Development number:</b>			

**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:			Source(*below):	Value:
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:**

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Daytime

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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](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**