

BOSTON HOUSING AUTHORITY (BHA) – PRELIMINARY APPLICATION FOR HOUSING

Name of Head of Household (please print) (Note: must be 18 years old or emancipated minor)

First		MI		Last

Name of Co-Head of Household (Note: must be 18 years old or emancipated minor and will have equal rights to the application)

First		MI		Last

Mailing Address

#		Street		Apt #

City		State		Zip Code

Address where currently residing (if different from above):

Language Spoken: _____ Language Read: _____

Day time Phone: (____) _____ - _____ Evening Phone: (____) _____ - _____

Household Composition. Request an additional page if you will have more than 5 household members.

Please list all individuals who **will** live with you if housed with the BHA. For the elderly/disabled housing program, household size can not exceed the number of persons who could legally occupy a two bedroom apartment.

	First Name	MI	Last Name	Relationship To Head	Sex M/F	Date of Birth Mo/Day/Year	Age	Social Security #	Disabled Yes/No	Race-- See Codes*	Hispanic/Latino? Yes/No	US Citizen, Yes/No	If No, Alien Registration #	Income Source**	Annual Gross Income	Value of Assets
1				Head		/ /		- -								
2				Co-Head		/ /		- -								
3						/ /		- -								
4						/ /		- -								
5						/ /		- -								

Please answer the following questions: If the response is not applicable write N/A

- 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. **If yes, please identify the family member and indicate the accommodations needed:**
 _____ **Need Wheelchair Unit?** Yes () No ()
- My household has special expenses such as medical expenses, childcare, care of a disabled family member and/or mandatory support payments.
 \$ _____
- Have you or your Co-Head ever been evicted from BHA or any Subsidized Housing Program? Yes () No ()
If yes, from where and when: _____
- Do you or your Co-Head owe any money to the BHA or other Subsidized Housing or Section 8 Program? Yes () No ()
If yes, from where and how much do you or your Co-Head owe? _____

- Are you or anyone in your household subject to a **life-time** Sex Offender Registry? Yes () No ()
 Name of Member(s) _____
- Have you or anyone in your household been convicted, **found guilty**, of a crime? Yes () No ()
 Name of Member(s) _____
- Have you or anyone in your household been convicted, **found guilty**, of producing Methamphetamine? Yes () No ()
 Name of Member(s) _____
- A member of the household is pregnant with a due date of: _____

Notes: If you change your address, telephone number, or household composition, please notify the BHA immediately, IN WRITING, to: BHA, John F Murphy Housing Service Center, 56 Chauncy Street, Boston, MA 02111. **BHA staff Full Name & Time Stamp Here↓**

*Race Codes - **you must choose one of these codes:** 1 = White 2 = Black 3 = Native American/Native Alaskan 4 = Asian/Pacific Islander

**Possible Sources of Income: Employment, TAFDC, EAEDC, Social Security, SSI, SSDI, Pension, Veterans Benefits, Unemployment, etc.

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: _____

I wish to apply for the public housing program (check one or both and complete the choice forms):

- Family Public Housing**
- Elderly/Disabled Public Housing:** to qualify for this program, you must be 60 years of age or older for the state programs, and 62 or older for federal programs, or disabled as defined by the Social Security Administration or federal regulations.

To apply for the following Section 8 programs, you must qualify as a Priority One Applicant as of the date you apply. (Check one or both and complete the choice forms):

- Housing Choice Voucher (Section 8) Mod Rehab
- Housing Choice Voucher (Section 8) Project-Based
- Housing Choice Voucher (Section 8) Tenant- Based is **closed**.



This information is available in alternative format upon request. Rev. 08/05/13



Spanish & Chinese versions available upon request.
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 Versión Disponible en Español
 Si es pedida

 **BOSTON HOUSING AUTHORITY (BHA) – PRELIMINARY APPLICATION FOR HOUSING- ADDITIONAL FAMILY MEMBERS ADDENDUM**

Name of Head of Household (please print) (Note: must be 18 years old or emancipated minor)

First		MI		Last

Head of Household's Social Security Number - -

Page 2. Continuation of the Preliminary Application with the additional Household Members.

Please list all individuals who **will** live with you if housed with the BHA. For the elderly/disabled housing program, household size can not exceed the number of persons who could legally occupy a two bedroom apartment.

#	First Name	MI	Last Name	Relationship To Head	Sex M/F	Date of Birth Mo/Day/Year	Age	Social Security #	Disabled Yes/No	Race—See Codes*	Hispanic/Latino? Yes/No	US Citizen, Yes/No	If No, Alien Registration #	Income Source**	Annual Gross Income	Value of Assets
6						/ /		- -								
7						/ /		- -								
8						/ /		- -								
9						/ /		- -								
10						/ /		- -								
11						/ /		- -								
12						/ /		- -								

Notes: If you change your address, telephone number, or household composition, please notify the BHA immediately, IN WRITING, to: BHA, John F Murphy Housing Service Center, 56 Chauncy Street, Boston, MA 02111. **BHA staff Full Name & Time Stamp Here**↓

*Race Codes - you must choose one of these codes: 1 = White 2 = Black 3 = Native American/Native Alaskan 4 = Asian/Pacific Islander

**Possible Sources of Income: Employment, TAFDC, EAEDC, Social Security, SSI, SSDI, Pension, Veterans Benefits, Unemployment, etc.

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: _____ Co-Head of Household: _____ Date: _____



This information is available in alternative format upon request





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

PUBLIC HOUSING DEVELOPMENT CHOICE FORM

PLEASE NOTE:

TO APPLY TO THE ELDERLY/DISABLED FEDERAL HOUSING PROGRAM YOU 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 YOU MUST AT BE AT LEAST 60 YEARS OF AGE OR DISABLED AND REQUIRE NO MORE THAN A TWO (2) BEDROOM UNIT.

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

SELECT YOUR CHOICE(S) HERE (√)	ELDERLY/DISABLED Federal Program		Bedroom Size	Wheelchair Accessible Units That Exist at The Site
	Development	Neighborhood		
	Amory Street	Jamaica Plain	0, 1 & 2	1
	Annapolis	Dorchester	1 & 2	No units at this site
	Ashmont	Dorchester	1 & 2	No units at this site
	Ausonia	North End	1 & 2	1
	Bellflower	Dorchester	1 & 2	1 & 2
	Mildred C. Hailey Apts.	Jamaica Plain	1 & 2	No units at this site
	Codman Apartments	Dorchester	0, 1 & 2	1 & 2
	Commonwealth	Brighton	1 & 2	1 & 2
	Davison Apts.	Hyde Park	0 & 1	No units at this site
	Eva White Apts.	South End	0, 1 & 2	No units at this site
	Foley Apts.	South Boston	1	1
	Frederick Douglass	South End	0 & 1	1
	General Warren	Charlestown	0, 1 & 2	No units at this site
	Groveland	Mattapan	0 & 1	No units at this site
	Hampton House	South End	0 & 1	1
	Hassan Apts.	Mattapan	0, 1 & 2	1
	Heritage Apts.	East Boston	0, 1 & 2	1 & 2
	Holgate Apts.	Roxbury	1	No units at this site
	John J. Carroll	Brighton	1 & 2	No units at this site
	Lower Mills	Dorchester	0, 1 & 2	1 & 2
	Malone Apts.	Hyde Park	1	1
	Meade Apts.	Dorchester	1 & 2	No units at this site
	MLK Apts.	Roxbury	0 & 1	No units at this site
	Pasciucco	Dorchester	0, 1 & 2	1 & 2
	Patricia White	Brighton	1 & 2	1 & 2
	Peabody	Dorchester	1 & 2	1 & 2
	Pond Street	Jamaica Plain	1 & 2	No units at this site
	Rockland Towers	West Roxbury	0, 1 & 2	1 & 2
	Roslyn	Roslindale	1 & 2	1 & 2
	Spring Street	West Roxbury	1 & 2	1 & 2
	St. Botolph St.	Back Bay	0, 1 & 2	1 & 2
	Torre Unidad	South End	0, 1 & 2	1 & 2
	Walnut Park	Roxbury	0, 1 & 2	1 & 2
	Washington Manor	South End	0 & 1	1
	Washington St.	Brighton	1 & 2	No units at this site
	West Ninth St.	South Boston	1 & 2	No units at this site

ELDERLY/DISABLED State Program		Bedroom Size	Wheelchair Accessible Units That Exist at The Site	
Development	Neighborhood			
	Basilica	Charlestown	1	No units at this site
	Franklin Field Elderly	Dorchester	1 & 2	No units at this site
	Franklin Field Grandparenting Program	Dorchester	2	2
	Msgr. Powers/"L" St.	South Boston	0, 1 & 2	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 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 and if all household members do not have eligible immigration status the rent will be pro-rated.

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

SELECT YOUR CHOICE(S) HERE (✓)	FAMILY FEDERAL PROGRAM		Bedroom Size	Wheelchair Accessible Units That Exist At the Site
	Development	Neighborhood		
	Alice H. Taylor	Roxbury	1,2,3,4&5	2,3,4&5
	Anne M. Lynch Homes at Old Colony	South Boston	1,2,3,4,5&6	1,2&3
	Cathedral/Ruth Barkley Apts.	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
	Mildred C. Hailey Apts. (Heath St)	Jamaica Plain	1,2,3,4,5&6	2,3,4
	Highland Park	Roxbury	2&3	No units at this site
	Lenox St.	South End	1,2&3	2 & 3
	Mary Ellen McCormack	South Boston	1,2&3	No units at this site
	Mildred C. Hailey Apts. (Bromley)	Jamaica Plain	1,2,3,4&5	1,2,3,&4
	Rutland/East Springfield	South End	1,2,3&4	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

	FAMILY STATE PROGRAM			
	Archdale	Roslindale	1,2,3,4,5&6	2
	BHA Condos –scattered sites	City-Wide	1,2,3&4	1&2&3
	Camden	South End	1,2&3	1
	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 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)

**BOSTON HOUSING AUTHORITY**Occupancy Department
56 Chauncy Street
Boston, Massachusetts 02111-2375617-988-3400
TDD 1-800-545-1833 Ext. 420
www.BostonHousing.org

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

PUBLIC HOUSING PROGRAMS PRIORITY SELF-CERTIFICATION FORM**PRINT NAME:** _____ **S.S#** _____

Please check off only the priority or priorities status(es) that verifies your current living situation. You must be in the specific situation that you are certifying when you complete, sign and submit this certificate. You will be required to submit the listed third party verification once you are contacted for your personal interview during the final eligibility determination screening process. During that process we will verify if you do qualify for the self-certified priority/priorities and therefore, to continue to final screening process and determine if you will be a suitable resident for the BHA's public housing program.

Please be advised, that if it is determined that you have **knowingly and willingly falsified information** by self-certifying a priority status for a living situation that you are not currently in, **you will be found ineligible for falsification** of information **for** a period of **three (3) years**.

PRIORITY CATEGORIES

Disaster: Displacement due to a disaster, such as flood or fire, that results in the un-inhabitability of your apartment or dwelling unit not due to the fault of your own and/or Household member(s) or beyond your control. **Verification must include:**

- ◆ A copy of the incident report from the local Fire Department, **and**
- ◆ A copy of your lease, or a statement from the property owner, verifying that you were the tenant of record at the affected address, **and**
- ◆ Verification from the Fire Department, the Inspectional Services Department, the Health Department or other appropriate agency that the dwelling unit is now uninhabitable, **and**
- ◆ The cause of the disaster if known. If you or a household member or guest was the cause of the disaster, approval for priority status will be denied unless mitigating circumstances are established to the satisfaction of Occupancy Department.

Condemned Housing: Your apartment have been declared unfit for habitation by an agency of government through no fault of your own. **Verification requirements are:**

- ◆ Third-party, written verification from the appropriate unit or agency of government certifying that you have been displaced or will be displaced in the next ninety days, as a result of action by that agency, including copy of the lease **and**
- ◆ The precise reason(s) for such displacement, **and** a copy of the "Condemnation Notice."

Court-Ordered/No-Fault Eviction: Eviction pursuant to an Order for Judgment (or Agreement for Judgment) issued by a court because of: (a) Landlord action beyond your ability to control or prevent, and the action occurred despite you having met all previously imposed conditions of occupancy and displacement was not the result of failure to comply with HUD and State policies in it's housing programs with respect to occupancy of under-occupied and overcrowded units or failure to accept a transfer to another unit in accordance with a court order or policies or procedures under a HUD-approved desegregation plan. **Verification requirements (all documents are required):**

- ◆ Submission of a fully completed "Certificate of Involuntary Displacement by Court Ordered/No Fault Eviction" **and**
- ◆ A copy of the Notice to Quit issued by the landlord or property manager; **and**
- ◆ A copy of the Summons and Complaint available from the court; **and**
- ◆ A copy of the Answer or other response(s) filed by you in court in response to the Complaint, if any; **and**
- ◆ A copy of the Judgment of the Court (Agreement for Judgment, Order for Judgment and Findings of Fact, or Default Judgment); **and** If applicable, a copy of the execution issued by the court and other documentation to verify no fault.

Displacement Due to Domestic Violence/Dating Violence/Sexual Assault or Stalking: Which is defined as displacement from an address where you were the tenant of record due to continuing actual or threatened physical violence (including sexual assault) directed against one or more of the household members. Verification must include submission of a fully completed "Certificate of Involuntary Displacement Due to Domestic Violence/Dating Violence/Sexual Assault or Stalking " or third-party, written verification from the local police department, a social service agency, a court of competent jurisdiction, a clergy member, a physician, or a public or private facility that provides shelter or counseling to the victims of domestic violence. Verification will not be considered valid unless it:

- ◆ Supplies the name of the abuser
- ◆ Describes how the situation came to verifier's attention; and
- ◆ Indicates that the threats and/or violence are of a recent (within the past six-(6) months) or continuing nature if you are still residing in the dwelling where the violence has occurred or is occurring.
- ◆ Indicates that you have been displaced because of the threats and/or violence or that you are in imminent danger where you now resides.
- ◆ You must supply the name and address of the abuser **AND**
- ◆ Provide documentation that you are/were a tenant of record.

Governmental Displacement: A Household is required to permanently move from their residence by a Federal, State or local governmental action such as code enforcement, public improvements or a development program. **Verification Requirements are:**

- ◆ Third-party, written verification from the appropriate unit or agency of government certifying that you have been displaced or will be displaced in the next ninety days, as a result of action by that agency; **and**
- ◆ The precise reason(s) for such displacement.
- ◆ Copy of the lease or a statement from the landlord.

Avoidance of Reprisal/Witness Protection: Relocation is required because: (A) a Household Member provided information or testimony on criminal activities to a law enforcement agency; and (B) based upon a threat assessment, a law enforcement agency recommends the relocation of the Household to avoid or minimize the risk of violence against Household Members as reprisal for providing such information. **Verification requirements are:**

- ◆ Submission of a fully completed "Certificate of Involuntary Displacement to Avoid Reprisal" or documentation from a law enforcement agency that you and/or a Household Member provided information on criminal activity; copy of the lease or a statement from the landlord; **and**
- ◆ Documentation that, following a threat assessment conducted by the agency, the agency recommends the relocation/re-housing of the household to avoid or minimize the threat of violence or reprisal to or against the Household Member(s) for providing such information. This includes situations in which you and/or Household Member(s) are themselves the victims of such crimes and have provided information (testimony) to a law enforcement agency.

Victim of Hate Crimes: A member of the Household has been a victim of one or more hate crimes AND the Household has vacated a dwelling unit because of this crime OR the fear associated with the crime has destroyed the peaceful enjoyment of the dwelling unit. **Verification must include:**

- ◆ Submission of a fully completed "Certificate of Involuntary Displacement by Hate Crimes" or documentation from a law enforcement agency that the Household Member(s) was/were a victim of such crime(s); **and** has vacated the dwelling because of such crime(s) or has experienced fear associated with such crime(s) and the fear has destroyed the peaceful enjoyment of their current dwelling unit and **proof** that the you were a tenant of record.

For disabled individuals only, inaccessibility of a critical element of their current dwelling unit: A member of the Household has a mobility or other impairment that makes the person unable to use a critical element of the current apartment or development **AND** the owner is not legally obligated under laws pertaining to reasonable accommodation to make changes to the apartment or dwelling unit that would make these critical elements accessible to the Household Member with the disability.

Verification Requirements are: the fully completed "Displacement due to Inaccessibility to the Dwelling Unit" that must include:

- ◆ The name of the household member who is a legal occupant and is unable to use the critical element;
- ◆ A written statement on the certificate from a Qualified Healthcare Provider verifying that the household member has a Disability (but not necessarily the nature of the Disability) and identifying the critical element of the dwelling which is not accessible and the reasons why it is not accessible; **and**
- ◆ The statement from the landlord or official of a government or other agency providing service to such Disabled Persons explaining the reason(s) that the landlord is not required to make changes which would render the dwelling accessible to the individual as a reasonable accommodation.

Homelessness: A Household lacks a fixed, regular and adequate nighttime place of habitation and the primary nighttime dwelling is one of the following:

a) A supervised public or private shelter designed to provide temporary living accommodations (includes welfare hotels, congregate shelters and transitional housing); or **b)** A public or private place not designed for human habitation. **c)** An Applicant or a member of his/her household is suffering from a medical condition or disability which precludes him/her from residing in a public or private shelter.

Persons living with tenants in private or subsidized housing, even if only temporarily DO NOT qualify as homeless, except for the situation described in category "c" which shall be reviewed and determined by the BHA's Director of Occupancy or designee.

*Persons who temporarily move to a shelter for the sole purpose of qualifying for this priority shall be determined ineligible.

Verification Requirements are: Submission of a "Certificate of Homelessness" fully completed by an appropriate source that he/she lacks a fixed, regular and adequate nighttime residence; or his/her primary nighttime residence is:

- ◆ a supervised public or private shelter designed to provide temporary housing accommodations (i.e., welfare hotels, congregate shelters and transitional housing);
- ◆ a public or private place not designed for human habitation; and
- ◆ A third-party written verification from a public or private facility that provides shelter for homeless individuals, the local police department, or a social services agency, certifying the Applicant's homeless status in accordance with the definition in this policy.
- ◆ Medical documentation verifying the existence of the medical condition or disability including the reason(s) the Applicant may not reside in a public or private shelter and acceptable verification of the current housing arrangements.

None of the Above are Applicable.

THE FOLLOWING PRIORITY CATEGORIES APPLY TO ELDERLY/DISABLED PUBLIC HOUSING PROGRAM APPLICANTS ONLY

Excessive Rent Burden: The household pays more than 50% of its total monthly income for rent and utilities (excluding telephone, internet and cable TV). **Verification requirements are:** Submission of a fully completed "Certificate of Excessive Rent Burden" form and all required documentation listed on the Certificate.

Imminent Landlord Displacement: You have not yet been evicted by Court-order BUT your landlord has notified you that you must vacate your dwelling unit through no-fault of your own, unrelated to a rent increase, and you have already vacated the dwelling unit or you will vacate the dwelling unit within the next six (6) months. Verification requirements are: Submission of a fully completed "Certificate of Involuntary Displacement by Landlord Action" form and all required documentation listed on the Certificate.

I hereby certify under pains and penalties of perjury that I have checked-off only the priority/priorities status(es) which reflect and describe my current living situation. I further understand that I must inform the Occupancy Department in writing if my current living situation changes and I obtain permanent housing. I understand that if I knowingly and willingly provide false information I will be determined ineligible for all BHA housing programs. Furthermore, I certify that I am residing at the following address since the date indicated below:

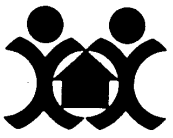
I am living at _____ Since _____
 Complete address where currently living Month/Day/Year

Applicant Head of Household Signature _____ Social Security # _____ Date _____

Applicant Co-Head of Household Signature _____ Social Security # _____ Date _____

This is an important document. If you require interpretation, please call the telephone number below or come to our offices.
 Este es un documento importante. Si necesita interpretación, por favor llame al número de teléfono que aparece abajo o visite nuestras oficinas.
 這是一份非常重要的文件。如果您需要翻譯服務，請撥下面的電話或前往我們的辦公室
 Isto é um documento importante. Se exige interpretação, por favor chama o número de telefone embaixo ou vem a nossos escritórios.
 Это важный документ. Если Вам требуется перевод, пожалуйста позвоните нам (телефонный номер ниже). Или придите в наш офис.
 Đây là một tài liệu quan trọng. Nếu quý vị cần phiên dịch, vui lòng hãy gọi cho số điện thoại bên dưới hoặc đến các văn phòng của chúng tôi.
ខ្ញុំ គឺជាអ្នកស្មារតីនានាមួយ។ ក្នុងករណីលោកអ្នក ចាំបាច់ត្រូវចង់បានការបកប្រែ សូមទូរស័ព្ទលេខខាងក្រោមនេះ៖ មកកាន់ ឬ អញ្ជើញមកទាក់ទងដោយផ្ទាល់នៅការិយាល័យយើងផង។
Sa a se yon dokiman enpòtan. Si ou bezwen entèpretasyon, tanpri rele nimewo telefòn ki anba la a oswa vini nan biwo nou.
Tani waa dhokomentii muhiim ah. Haddii aad rabto tarjumad, fadlan wac lambarka hoos ku qoran ama imow xafiisyadayada.
 هذه وثيقة مهمة، وإذا كنت في حاجة إلى ترجمة فورية، يرجى الاتصال على رقم الهاتف المذكور أدناه أو أن تتفضل بالمجيء إلى مكتبنا.
 این یک سند بسیار مهم است. اگر به ترجمه آن نیاز دارید، لطفاً با شماره تلفن زیر تماس بگیرید یا به دفتر ما مراجعه کنید.
Telephone No. : (617) 988-3400





BOSTON HOUSING AUTHORITY
Occupancy Department
56 Chauncy Street, 1st Floor
Boston, Massachusetts 02111



Phone: 617-988-3400
Fax: 617-988-4214
TDD: 800-545-1833 x420
www.BostonHousing.org

(This form is available in an alternative format upon request)

PUBLIC HOUSING PROGRAMS PREFERENCE SELF-CERTIFICATION FORM

PRINT NAME: _____ S.S. #: _____

Please check (✓) off only the preference categories that verifies your current situation. You must be in the specific situation that you are certifying when you complete, sign and submit this certificate. You will be required to submit the listed third party verification once you are contacted for your personal interview during the final eligibility determination screening process. During that process we will verify if you do qualify for the self-certified preference(s) and therefore, allowing you to continue with the final screening process and determine if you will be a suitable resident for the BHA's public housing program. Be advised that the applicant will be granted the preference date as of the date the preference self-certification is received and time-stamped by the Boston Housing Authority.

Please be advised, that if it is determined that you have **knowingly and willingly falsified information** by self-certifying a preference category for a situation that you are not currently in, **you will be found ineligible for falsification** of information for a period of **three (3) years**.

PREFERENCE CATEGORIES AND REQUIRED VERIFICATION:

1. Veterans Preference

A "veteran", as used in the BHA's Admissions and Continued Occupancy Policy (ACOP) shall include the spouse, surviving spouse, dependent parent or child of a Veteran and the divorced spouse of a Veteran who is the legal guardian of a child of a Veteran.

Verification Requirement:

Applicants claiming a Veteran's Preference must provide a copy of the discharge documents of the Veteran for whom the Preference is claimed. The Veteran's Preference is only applicable to Veterans and/or immediate families of Veterans who were discharged under circumstances other than dishonorable.

2. Disabled Non-Elderly Head and/or Co-Head

Disabled Non-elderly Head or Co-head will receive Preference points on the Family development/AMP waiting lists only. Households claiming this preference must verify their Household composition and show that the Head or Co-Head of Household is disabled as defined by the Social Security Administration.

Verification requirements:

- a.** The individual will qualify as disabled if his/her sole source of income is SSI benefits, SSDI benefits, or disability retirement income. Income verification will be required; OR
- b.** A certification from a Qualified Health Care Provider verifying that the head and/or co-head household member(s) meet(s) the criteria of a Disabled Person for the state and federal housing programs as a person who is under a disability as defined in Section 223 of the Social Security Act (42 U.S.C. 423) or defined as "handicapped persons of low income" in M.G.L. C121B § I and in 760 CMR 5.07.

3. Designated Housing Preference (Federal Elderly/Disabled Program Only)

Applicants who are 62 years of age or older and are on a Federal Elderly and Disabled Program designated development/AMP wait list where the elderly resident population is less than 80% will receive preference points

AND when the non-elderly disabled population is under 20% on a Federal Elderly and Disabled Program designated development/AMP wait list the non-elderly disabled will receive the preference points.

NOTE: preference points will NOT be applicable if a wheelchair accessible unit is required.

Verification requirements: Proof of age. A list of some of the accepted documents is birth certificate, baptism records, passport, and alien card OR is a Disabled Person who is under a disability as defined in Section 223 of the Social Security Act (42 U.S.C. 423) or defined as "handicapped persons of low income" in M.G.L. C121B § I and in 760 CMR 5.07.

4. Elderly Preference (State Elderly/Disabled Program Only)

Applicants who are sixty (60) years of age or older and are on a State Elderly and Disabled Program development waiting list where the Disabled resident population is at least 13.5% will receive preference in admissions over Applicants who are under sixty (60) years of age.

Verification requirements: Proof of age. A list of some of the accepted documents is birth certificate, baptism records, passport, and alien card.

PRINT NAME: _____

S.S. #: _____

5. **Displaced Boston Tenant Preference**

The BHA shall give two (2) Preference points to an Applicant who was displaced from a unit within the City of Boston that was the Applicant's last permanent residence.

- (1) No length of Residency Required. This Preference is not based on how long an Applicant was resident of the City of Boston, but only upon the establishment and proper verification of residency within the City Of Boston.

(2) **Verification Requirements:**

To receive this Preference, an Applicant must verify that: (1) they were displaced from a unit within the City of Boston, (2) that the unit was the Applicant's last permanent residence, and since the Applicant has been unable to obtain permanent housing. The following documentation is a non-exhaustive list of documentation that may be used, in conjunction with Priority documentation that establishes displacement, will verify the Displaced Boston Tenant Preference:

- (a) Landlord verification;
- (b) A copy of a Lease;
- (c) Utility Bill (electric, gas, oil, or water)
- (d) Mortgage Payments;
- (e) Taxes;
- (f) Other verification deemed acceptable or necessary by BHA.

6. **Residency Preference**

Residency preference shall be given to BHA Applicants **a)** who are residents of the City of Boston (**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), **b)** who work within the City of Boston, **c)** whose last permanent address was in the City of Boston **and** applicant has not claimed local residency preference in another community where the applicant is temporarily residing OR who have been offered employment in the City of Boston. Residency Preference shall not have the purpose or effect of delaying or otherwise denying admission to the program based on the race, color, ethnic origin, gender, religion, disability or age of any member of an Applicant household.

Verification Requirements: Applicants claiming a Boston Resident Preference shall be required to verify this through:

- 1. Proof of residency at an address within the Boston city limits (No length of stay verification will be imposed on Applicants claiming this Preference.); **or**
- 2. Proof that the Applicant is currently employed or has obtained employment in the city; **or**
- 3. Proof that the Applicant's last permanent address was within the Boston city limits; and
- 4. Proof that an Applicant has not claimed local preference in another community.

7. **BHA residents residing in federally funded developments/AMPs**

BHA residents residing in federally funded developments/AMPs who are financially affected due to having to pay pro-rated rent where the rent is 50% or more of the household's total gross income. Must provide proof that he/she is a current BHA public housing resident in the federal program.

I hereby certify under pains and penalties of perjury that I have checked-off only the preference categories which reflect and describe my current situation. I further understand that I must inform the Occupancy Department in writing if my current situation changes and I no longer qualify for the self-certified preference(s). I understand that if I knowingly and willingly provide false information I will be determined ineligible for all BHA housing programs. Furthermore, I certify that I am residing at the following address since the date indicated below:

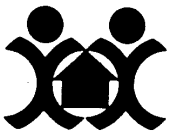
I am living at _____ Since _____
Complete address where currently living Month/Day/Year

Applicant Head of Household Signature _____ Social Security # _____ Date _____

Applicant Co-Head of Household Signature _____ Social Security # _____ Date _____

This is an important document. If you require interpretation, please call the telephone number below or come to our offices.
 Este es un documento importante. Si necesita interpretación, por favor llame al número de teléfono que aparece abajo o visite nuestras oficinas.
 這是一份非常重要的文件。如果您需要翻譯服務，請撥下面的電話或前往我們的辦公室
 Isto é um documento importante. Se exige interpretação, por favor chama o número de telefone embaixo ou vem a nossos escritórios.
 Это важный документ. Если Вам требуется перевод, пожалуйста позвоните нам (телефонный номер ниже). Или придите в наш офис.
 Đây là một tài liệu quan trọng. Nếu quý vị cần phiên dịch, vui lòng hãy gọi cho số điện thoại bên dưới hoặc đến các văn phòng của chúng tôi.
នេះ គឺជាឯកសារសំខាន់មួយ។ ត្រូវការណ៍លោកអ្នក ចាំបាច់ត្រូវចង់បានការបកប្រែ
សូមទូរស័ព្ទលេខខាងក្រោមនេះមកកាន់ ឬ
អញ្ជើញមកទាក់ទងដោយផ្ទាល់នៅការិយាល័យយើងផង។
 Sa a se yon dokiman enpòtan. Si ou bezwen entèpretasyon, tanpri rele nimewo telefòn ki anba la a oswa vini nan biwo nou.
 Tani waa dhokomentii muhiim ah. Haddii aad rabto tarjumad, fadlan wac lambarka hoos ku qoran ama imow xafiisyadayada.
 هذه وثيقة مهمة، وإذا كنت في حاجة إلى ترجمة فورية، يرجى الاتصال على رقم الهاتف المذكور أدناه أو أن تتفضل بالمجيء إلى مكتبنا.
 این یک سند بسیار مهم است. اگر به ترجمه آن نیاز دارید، لطفاً با شماره تلفن زیر تماس بگیرید یا به دفتر ما مراجعه کنید.
 Telephone No. : (617) 988-3400





BOSTON HOUSING AUTHORITY
 Occupancy Department
 56 Chauncy Street, 1st Floor
 Boston, Massachusetts 02111



Phone: 617-988-3400
 Fax: 617-988-4214
 TDD: 800-545-1833 x420
 www.BostonHousing.org

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

**HOUSING CHOICE VOUCHER PROJECT BASED PROGRAMS
 CHOICE(S) FORM**

Name: _____

SS#: _____

IA. ELDERLY/DISABLED HOUSING CHOICE VOUCHER PROGRAM PROJECT-BASED SITES

Note: Be advised, the Head or Co-Head must be Elderly (62 years or age or older) or Disabled AND must qualify as a Priority One Applicant in order to apply for the Sites listed below.

Check Box (✓)	Site Name	Neighborhood	Bedroom Size(s)	Wheelchair Access?
	Algonquin- Supported Housing	Dorchester	SRO	Yes
	Ashford Street Lodging	Allston	SRO, Studio, 1	Yes
	Boston Hope	Dorchester	1, 2	Yes
	Bowdoin Manor- Supported Housing	Boston	SRO	Yes
	Corey Seton Manor- Supported Housing	Brighton	Studio	Yes
	Egleston Crossing	Roxbury	1, 2	No
	Green Street – Supported Housing	Jamaica Plain	SRO	Yes
	Hearth at Burroughs LLC- Supported Housing	Jamaica Plain	SRO	Yes
	Hearth at Olmsted Green – Supported Housing	Dorchester	1	Yes
	Imani House	Dorchester	Studio,1	Yes
	Rutland Square House	Boston	2	Yes
	The Foley- Supported Housing	Mattapan	Studio, 1	Yes
	Uphams Corner – Supported Housing	Dorchester	Studio	Yes
	Walnut House	Roxbury	Studio	Yes
	Washington Street – Supported Housing	Boston	SRO	Yes
	Ziegler- Supported Housing	Boston	SRO	No

IB. ELDERLY/DISABLED HOUSING CHOICE VOUCHER PROGRAM PROJECT-BASED SITES

Note: Be advised, the Head or Co-Head must be Elderly (62 years or age or older) or Disabled in order to apply for the Sites listed below. These sites are OPEN to Priority One Applicants or Standard Elderly Applicants.

	Heritage Apts.	East Boston	Studio, 1 & 2	Yes
	Lower Mills	Dorchester	Studio, 1 & 2	Yes

II. ELDERLY HOUSING CHOICE VOUCHER PROGRAM PROJECT-BASED SITES

Note: Be advised, the Head or Co-Head must be Elderly (62 years or age or older). These sites are OPEN to Priority One and Non-Priority or Standard elderly applicants.

	Building 104	Charlestown	1	Yes
	Quincy Commons	Roxbury	1	Yes
	Central Boston Elder Services	Boston	1	No
	Morville House	Boston	1	Yes

I understand that the BHA will make a determination of my preliminary eligibility for all the sites that I have selected.

Date: _____

 Head of Household Signature

**HOUSING CHOICE VOUCHER PROJECT BASED PROGRAMS
CHOICE(S) FORM**

Name: _____

SS#: _____

III. FAMILY HOUSING CHOICE VOUCHER PROGRAM PROJECT-BASED SITES (PBV)

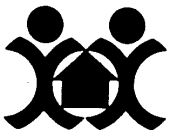
Note: Anyone may apply for these Sites as long as the bedroom size required exists at the selected choice(s).

Check Box (√)	Site Name	Neighborhood	Bedroom Size(s)	Wheelchair Access?
	Bloomfield Gardens	Dorchester	2, 3	No
	Boston Hope	Dorchester	3, 4	Yes
	Brighton Allston Apts.	Brighton/Allston	2	No
	Catherine Gallagher	Jamaica Plain	1, 2, 3, 4	No
	225 Centre Street	Jamaica Plain	1, 2, 3	Yes
	Condor Havre Garden	East Boston	2, 3	Yes
	Cortes Lodging House	Boston	SRO, Studio	Yes
	Crawford House – Supported Housing	Dorchester	2	Yes
	Dartmouth Hotel – Supported Housing	Roxbury	Studio, 1	Yes
	Dixwell Park	Boston	2, 3	No
	Dudley Greenville	Roxbury	2, 3	No
	Dunmore Place – Supported Housing	Roxbury	2,3	No
	Egleston Crossing	Roxbury	2	No
	Franklin Hill	Dorchester	1, 2, 3, 4,5	No
	Georgetowne Houses I and II	Hyde Park	1,2,3	Yes
	Hartwell Terrace	Dorchester	2	No
	Harvard Commons	Dorchester	2, 3, 4	Yes
	Harvard Hill Apts.	Dorchester	2, 3	No
	Heritage Apts.	East Boston	3,4	Yes
	Howard Dacia	Dorchester	2, 3	Yes
	JP Scattered Sites	Jamaica Plain	2,3	No
	Lower Roxbury Apts.	Roxbury	2, 3, 4	No
	Lucerne Gardens	Dorchester	2, 3	Yes
	698 Mass. Ave	Boston	SRO	Yes
	Mattapan Heights	Mattapan	1, 2	Yes
	Moreland Affordable	Roxbury	2, 3	No
	109 Mt. Pleasant Street – Supported Housing	Roxbury	2, 3	No
	Nazing Court	Dorchester	1, 2	No
	Nueva Esperanza	Roxbury	Studio	Yes
	Oak Terrace	Boston	1, 2, 3, 4	No
	Old Colony Phase I & II	South Boston	1, 2, 3, 4	Yes
	Oliver Lofts	Roxbury	1,2	No
	Olmsted Green	Dorchester	2, 3	No
	Pleasant Street – Supported Housing	Dorchester	2	No
	Rockvale Circle	Jamaica Plain	2, 3	No
	Rollins Square	Boston	1, 2, 3	Yes
	Roxbury Tenant of Harvard	Roxbury	1, 2, 3	No
	Rutland Square House	South End	SRO	No
	The Berkeley Residence	Boston	SRO	Yes
	The Greenway/Maverick	East Boston	3	No
	The Metropolitan	Boston	Studio	Yes
	Trinity House	East Boston	SRO, Studio	Yes
	Trinity Terrace	Dorchester	2, 3	Yes
	Uphams West	Dorchester	2	No
	40 Upton Street – Supported Housing	Boston	SRO	Yes
	Washington Beech	Roslindale	1, 2, 3, 4	No
	Westland/Burbank	Boston	1, 2	Yes
	Westminster Court	Roxbury	1, 2	Yes
	Wise Street – Supported Housing	Jamaica Plain	1	Yes

I understand that the BHA will make a determination of my preliminary eligibility for all the sites that I have selected.

Date: _____

Head of Household Signature _____



BOSTON HOUSING AUTHORITY

Occupancy Department
56 Chauncy Street, 1st Floor
Boston, Massachusetts 02111



Phone: 617-988-3400
Fax: 617-988-4214
TDD: 800-545-1833 x420
www.BostonHousing.org

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

MODERATE REHABILITATION PROGRAM CHOICE(S) FORM

Head of Household Name _____ (Print Clearly) SS# _____

Please read carefully the Site Descriptions included with the Application package and Check-off (✓) your choices after reading the site requirements, if any are applicable.

I. ELDERLY/DISABLED S8 MODERATE REHABILITATION AND PROJECT-BASED CERTIFICATE PROGRAM-

Note: Be advised, Head or Co-Head must be Elderly (62 years or older) or Disabled in order to apply for the Sites listed below.

Check Box (✓)	Site Name	Neighborhood	Bedroom Size(s)	Wheelchair Access?
<input type="checkbox"/>	Betances House - Supported Housing	Boston	SRO	No
<input type="checkbox"/>	Bishop – Supported Housing	Jamaica Plain	SRO	Yes
<input type="checkbox"/>	Coventry Street – Supported Housing	Boston	SRO	Yes
<input type="checkbox"/>	Daly House – Supported Housing	Roxbury	SRO	Yes
<input type="checkbox"/>	East Springfield – Supported Housing	Boston	SRO	No
<input type="checkbox"/>	Fessenden Street Apts. – Supported Hsg.	Mattapan	SRO	No
<input type="checkbox"/>	Fuller House – Supported Housing	Dorchester	SRO	No
<input type="checkbox"/>	Huntington at Symphony – Supported Hsg.	Boston	SRO	Yes
<input type="checkbox"/>	Lyon House – Supported Housing	Dorchester	SRO	No
<input type="checkbox"/>	Main Street	Charlestown	SRO	Yes
<input type="checkbox"/>	Nueva Vida, Inc. – Supported Housing	Roxbury	SRO	No
<input type="checkbox"/>	Park Street – Codman Sq.- Supported Hsg.	Dorchester	Studio	Yes
<input type="checkbox"/>	Souris House – Supported Housing	Dorchester	SRO	Yes
<input type="checkbox"/>	Tuttle House – Supported Housing	Dorchester	SRO	Yes
<input type="checkbox"/>	Valentine Street – Supported Housing. This Program is for women only.	Roxbury	SRO	No
<input type="checkbox"/>	Walnut House – Supported Housing	Roxbury	SRO	Yes
<input type="checkbox"/>	Westminster House- Supported Housing	Hyde Park	SRO	No

II. FAMILY S8 MODERATE REHABILITATION AND PROJECT-BASED CERTIFICATE PROGRAM

Note: Anyone may apply for these Sites as long as the bedroom size required exists at the selected choice(s)

Check Box (✓)	Site Name	Neighborhood	Bedroom Size(s)	Wheelchair Access?
<input type="checkbox"/>	Arch Project	Boston	SRO	Yes
<input type="checkbox"/>	Codman Square	Dorchester	2,3	No
<input type="checkbox"/>	Columbus Ave. Apts.	Roxbury	2,3,4	Yes
<input type="checkbox"/>	Congressman J. Moakley Quarters	Boston	SRO	Yes
<input type="checkbox"/>	Crawford Street	Dorchester	SRO	Yes
<input type="checkbox"/>	Dixwell	Roxbury	2,3	No
<input type="checkbox"/>	Esmond Street	Dorchester	3	No
<input type="checkbox"/>	Fessenden Street Apts.	Boston	2,3,4	No
<input type="checkbox"/>	Frawley Delle Apts.	Boston	2,3,4	No
<input type="checkbox"/>	Haley House	Boston	SRO	Yes
<input type="checkbox"/>	Huntington House	Boston	SRO	Yes
<input type="checkbox"/>	Infill 1	Dorchester	2,4,6	No
<input type="checkbox"/>	Infill 2	Dorchester	2,3,4,6	No
<input type="checkbox"/>	Jess Street	Jamaica Plain	2	No
<input type="checkbox"/>	Lawrenceville Scattered Sites	Boston	0,1,2,3,4,6	No
<input type="checkbox"/>	Montebello	Jamaica Plain	2,3,4	No
<input type="checkbox"/>	Sargent Prince	Roxbury	SRO	No
<input type="checkbox"/>	Washington Park	Dorchester	2,3	No

I understand that the BHA will make a determination of my preliminary eligibility for all sites that I have selected.

Applicant Signature: _____

Date: _____



BOSTON HOUSING AUTHORITY

Occupancy Department
56 Chauncy Street
Boston, Massachusetts 02111-2375



617-988-3400
TDD 1-800-545-1833 Ext. 420
www.BostonHousing.org

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

HOUSING CHOICE VOUCHER PROGRAM (SECTION 8) PRIORITY ONE SELF-CERTIFICATION FORM

NOTE: APPLICATIONS THAT ARE SUBMITTED WITHOUT THE REQUIRED COMPLETED, SIGNED, AND DATED PRIORITY ONE STATUS SELF-CERTIFICATION FORM WILL BE DENIED AND WILL NOT BE PLACED ON THE SECTION 8 PROGRAM WAITING LIST(S).

PRINT NAME _____ S.S# _____

Please check off only the priority or priorities status(es) that verifies your current living situation. You must be in the specific situation you are certifying when you complete, sign and submit this certificate. You will be required to submit the listed third party verification during the final eligibility determination process. During that process we will verify if you qualify for the self-certified priority/priorities and if so, will to continue the screening process to determine if you will be an eligible participant for the BHA's Housing Choice (Section 8) Voucher housing program.

Please be advised, that if it is determine that you have **knowingly and willingly falsified information** by self-certifying a priority status for a living situation that you are not currently in, **you will be found ineligible for a period of three (3) years.**

PRIORITY CATEGORIES-

Disaster: Displacement due to a disaster, such as flood or fire, that results in the uninhabitability of your apartment or dwelling unit due to no fault of your own and/or any Household member(s) or beyond your control. **Verification must include:**

- ◆ A copy of your lease, or a statement from the property owner, verifying that you were the tenant of record at the affected address, **and**
- ◆ Verification from the Fire Department, the Inspectional Services Department, the Health Department or other appropriate agency that the dwelling unit is now uninhabitable, **and** the cause of the disaster if known.

Condemnation: Your apartment has been declared unfit for habitation by an agency of government through no fault of your own. **Verification must include:**

- ◆ Verification of condemnation from the appropriate unit or agency of government such as the Inspectional Services Dept. or Health Department certifying that you have been displaced or will be displaced in the next ninety days, as a result of action by that agency; **and**
- ◆ The precise reason for the displacement

Court-Ordered/No-Fault Eviction: Eviction pursuant to an Order for Judgment (or Agreement for Judgment) issued by a court because of: Landlord action beyond your ability to control or prevent and the action occurred despite you having met all previously imposed conditions of occupancy. **Verification must include (all documents are required):**

- ◆ A fully completed "Certificate of Involuntary Displacement by Court Ordered/No Fault Eviction."
- ◆ A copy of the Notice to Quit issued by the landlord or property manager; **and**
- ◆ A copy of the Summons and Complaint available from the court; **and**
- ◆ A copy of the Judgment of the Court (Agreement for Judgment, Order for Judgment and Findings of Fact, or Default Judgment); **and** If applicable, a copy of the execution issued by the court.

Displacement Due to Domestic Violence/Dating Violence/Sexual Assault or Stalking: Which is defined as displacement from an address where you are/were the tenant of record due to continuing actual or threatened physical violence (including sexual abuse) directed against one or more of the household members. Verification must include submission of a fully completed "Certificate of Involuntary Displacement Due to Domestic Violence/Dating Violence/Sexual Assault or Stalking " or third-party, written verification from the local police department, a social service agency, a court of competent jurisdiction, a clergy member, a physician, or a public or private facility that provides shelter or counseling to the victims of domestic violence. **Verification must include:**

- ◆ Supplies the name of the threatening or abusive household member or other legal occupant of the dwelling unit;
- ◆ Describes how the situation came to verifier's attention; and
- ◆ Indicates that the threats and/or violence are of a recent (within the past six-(6) months) or continuing nature if you are still residing in the dwelling where the violence has occurred or is occurring.
- ◆ Indicates that you have been displaced because of the threats and/or violence and that you are in imminent danger where you now reside.
- ◆ You must supply the name and address of the abuser **AND provide** documentation that you are/were a tenant of record.

NOTE: Persons living in public housing DO NOT qualify in this Priority category unless evidence is provided that the housing authority could not transfer your household to suitable, alternative housing.

Avoidance of Reprisal/Witness Protection: Relocation is required because you, or a member of your Household provided information or testimony on criminal activities to a law enforcement agency; and based upon a threat assessment, a law enforcement agency recommends the relocation of the Household to avoid or minimize risk of violence against Household Members as reprisal for providing such information. **Verification must include:** Submission of a fully completed "Certificate of Involuntary Displacement to Avoid Reprisal" or documentation from a law enforcement agency that you and/or a Household Member provided information on criminal activity;

Documentation that, following a threat assessment conducted by the Law Enforcement agency, the agency recommends the relocation/re-housing of the household to avoid or minimize the threat of violence or reprisal to or against the Household Member(s) for providing such information. This includes situations in which you and/or a household member are themselves the victims of such crimes and have provided information (testimony) to a law enforcement agency.

NOTE: Persons living in public housing DO NOT qualify in this Priority category unless evidence is provided that the housing authority could not transfer your household to suitable, alternative housing.

Victim of Hate Crimes: Submission of a fully completed "Certificate of Involuntary Displacement by Hate Crimes" to verify that a member of the Household has been a victim of one or more hate crimes AND the Household has vacated a dwelling unit because of this crime OR the fear associated with the crime has destroyed the peaceful enjoyment of the dwelling unit. **Verification must include:**

- ◆ Submission of documentation from a law enforcement agency that the Household Member(s) was a victim of such crime(s); **and** has vacated the dwelling because of such crime(s) or has experienced fear associated with such crime(s) and the fear has destroyed the peaceful enjoyment of their current dwelling unit.

NOTE: Persons living in public housing DO NOT qualify in this Priority category unless evidence is provided that the housing authority could not transfer your household to suitable, alternative housing.

Other Government Action: Your household was required to permanently move from your residence by Federal, State, or Local governmental action such as code enforcement, public improvements, or a development program. **Verification must include:**

- ◆ Third party, written notification from the appropriate unit or agency of government certifying that your household has been displaced or will be displaced in the next ninety days, as a result of action by the agency; and
- ◆ The precise reason(s) for such displacement.

NOTE: Persons living in public housing DO NOT qualify in this Priority category unless evidence is provided that the housing authority could not transfer your household to suitable, alternative housing.

Inaccessibility of a critical element of their current dwelling unit: A Household member has a mobility or other impairment that makes the person unable to use a critical element of the current apartment or development AND the owner is not legally obligated (under Reasonable Accommodation law) to make changes to the apartment or dwelling unit that would make these critical elements accessible to the Household Member with the disability. **Verification must include:**

- ◆ A fully completed "Certificate of Displacement due to Inaccessibility to the Dwelling Unit" including the name of the household member who is unable to use the critical element AND
- ◆ A written statement from a Qualified Healthcare Provider verifying that the household member has a Disability (but not necessarily the nature of the Disability) and identifying the critical element of the dwelling which is not accessible and the reasons why it is not accessible; **and**
- ◆ A statement from the landlord or official of a government or other agency providing service to such Disabled Persons explaining the reason(s) that the landlord is not required to make changes which would render the dwelling accessible to the individual as a reasonable accommodation.

Homelessness: A Household lacks a fixed, regular and adequate nighttime habitation and the primary nighttime dwelling is one of the following: **a)** A supervised public or private shelter designed to provide temporary living accommodations (includes welfare hotels, congregate shelters and transitional housing); **b)** A public or private place not designed for, or ordinarily used as, a regular sleeping place for human beings; or **c)** An applicant or a member of his or her household is suffering from a severe condition or a disability which precludes this person from residing in a public or private shelter. (i) For purposes of this section, the Authority will consider a person's condition as severe when medical treatment cannot be provided in a shelter environment due to the high risk of endangering the health of the individual or exacerbating the condition as verified by a medical provider.

*Note: Persons living with tenants in private or subsidized housing DO NOT qualify as homeless, except for those applicants described in category "c" above.

Verification Requirements are: Submission of a "Certificate of Homelessness" fully completed by an appropriate source and the Applicant's signed statement that he/she lacks a fixed, regular and adequate nighttime residence; or his/her primary nighttime residence is:

- ◆ A supervised public or private shelter designed to provide temporary housing accommodations (i.e., welfare hotels, congregate shelters and transitional housing); or
- ◆ A public or private place not designed or used as a regular sleeping place for human beings.
- ◆ A third-party written verification from a public or private facility that provides shelter for homeless individuals, the local police department, or a social services agency, certifying the Applicant's homeless status in accordance with the definition in this policy; or,
- ◆ Written verification from a medical provider that the individual is unable to live in a public or private shelter, or any other place unfit for human habitation due to the applicant's severe medical condition or disability.

Graduates of Project-Based Units who have Fulfilled Supportive Service Goals: A participant in a transitional housing Program for Elderly of Disabled persons which includes a supportive services component and where the participant has outgrown or completed the supportive services program. **Verification must include:**

- ◆ Submission of a "Certificate of Emergency Disability or Elderly Persons Relocation" stating that you are an elderly or disabled person; and you have been a tenant for not less than 12 months in a housing program for disabled or elderly persons which includes a supportive services component; **and** you have outgrown or completed the program's service provider's regarding your completion of the program; and as a result, you must relocate from such housing.

None of the Above Are Applicable

I hereby certify under pains and penalties of perjury that I have checked-off only the priority/priorities status(es) which reflect and describe my current living situation. I further understand that I must inform the Occupancy Department in writing if my current living situation changes and I obtain permanent housing. I understand that if I knowingly and willingly provide false information I will be determined ineligible for all BHA housing programs. Furthermore, I certify that I am residing at the following address since the date indicated below:

I am living at: _____ Since _____
 Complete address **where currently living** Month/Day/Year

Applicant Head of Household Signature _____ Social Security # _____ Date _____

Applicant Co-Head of Household Signature _____ Social Security # _____ Date _____

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Sa a se yon dokiman enpòtan. Si ou bezwen entèpretasyon, tanpri rele nimewo telefòn ki anba la a oswa vini nan biwo nou.
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 هذه وثيقة مهمة، وإذا كنت في حاجة إلى ترجمة فورية، يرجى الاتصال على رقم الهاتف المذكور أدناه أو أن تتفضل بالمشي إلى مكتبنا.
 این یک سند بسیار مهم است. اگر به ترجمه آن نیاز دارید، لطفاً با شماره تلفن زیر تماس بگیرید یا به دفتر ما مراجعه کنید.
Telephone No. : (617) 988-3400





BOSTON HOUSING AUTHORITY

Occupancy Department
56 Chauncy Street
Boston, MA 02111-2375



617-988-3400

TDD 1-800-545-1833 Ext. 420
www.BostonHousing.org

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

HOUSING CHOICE VOUCHER PROGRAM (SECTION 8) PREFERENCE SELF-CERTIFICATION FORM

PRINT NAME: _____ **S.S#:** _____

NOTE: APPLICATIONS THAT ARE SUBMITTED WITHOUT THE REQUIRED COMPLETED, SIGNED, AND DATED PRELIMINARY APPLICATION AND PRIORITY ONE STATUS SELF-CERTIFICATION FORM WILL BE DENIED AND WILL NOT BE PLACED ON THE SECTION 8 PROGRAM WAITING LIST(S).

BE ADVISED THAT APPLICANTS MAY UPDATE THEIR PREFERENCE(S) AT ANYTIME AFTER SUBMITTING A COMPLETED AND SIGNED PRELIMINARY APPLICATION WITH A PRIORITY ONE SELF-CERTIFICATION FORM AS REQUIRED. THE APPLICANT WILL BE GRANTED THE PREFERENCE DATE AS OF THE DATE THE PREFERENCE SELF-CERTIFICATION FORM IS RECEIVED AND TIME-STAMPED BY THE BOSTON HOUSING AUTHORITY.

Please check (√) off only the preference(s) category that verifies your current situation. You must be in the specific situation you are certifying when you complete, sign and submit this certificate. You will be required to submit the listed third party verification during the final eligibility screening process. During that process we will verify if you qualify for the self-certified preference(s); if so, we will to continue the screening process to determine if you will be an eligible participant for the BHA's Housing Choice (Section 8) Voucher housing program. If you do not qualify for the preference(s) certified below, the screening process will stop and you will be placed back on the waiting list minus the preference points.

PREFERENCE CATEGORIES AND REQUIRED VERIFICATION

1. Elderly or Non-Elderly Disabled Person Preference:

The Boston Housing Authority has an Admissions preference for an Elderly or Disabled single person Applicant, over other single persons. Such an Applicant will be given preference over Non-Elderly or Disabled Single within each waiting list Priority category.

Note: A single woman who is pregnant at the time of admission, or a Single Person who has secured or is in the process of securing the custody of any individual(s) below the age of 18, will not be considered a Single Person for the purposes of this preference.

Verification Requirements:

- a) Proof of age to document that the sole household member is 62 years of age or older.. Some of the accepted documents to verify age are: birth certificate, baptism records, passport, or resident alien card.
- b) Verification of SSI benefits, SSDI benefits, or disability retirement income will be accepted as verification of a disability; OR a certification from a Qualified Health Care Provider verifying that the Applicant meets the Federal definition of a Disabled Person.

2. Veterans Preference

A "veteran", as used in the BHA's Administrative Plan shall include the spouse, surviving spouse, dependent parent or child of a Veteran and the divorced spouse of a Veteran who is the legal guardian of a child of a Veteran.

Verification Requirement:

Applicants claiming a Veteran's Preference must provide a copy of the discharge documents of the Veteran for whom the Preference is claimed. The Veteran's Preference is only applicable to Veterans and/or immediate families of Veterans who were discharged under circumstances other than dishonorable.

3. Working Families Preference

Please check (√) off the current situation that applies to you.

- (a) A Family whose Head of Household or other adult member is employed full time and who has been employed for the last six months. Full time is defined as working at least 32 hours a week.
- (b) An Applicant shall be given the benefit of the Working Family preference if the head and spouse, OR the sole household member is age 62 or older, OR the sole household member is a Disabled Person.

Verification Requirements:

- (i) Four most recent pay stubs; **or**
- (ii) Verification from employer that Family meets the definition of a working Family; **or**
- (iii) Proof of age to document that the household composition consisting only of the head and spouse, where both are 62 years of age or older **or** the sole household member is 62 years of age. Some of the accepted documents to verify age are: birth certificate, baptism records, passport, and alien card; **or**
- (iv) b) Verification of SSI benefits, SSDI benefits, or disability retirement income will be accepted as verification of a disability; OR a certification from a Qualified Health Care Provider verifying that the Applicant meets the Federal definition of a Disabled Person.

4. **Displaced Boston Tenant Preference**

The BHA shall give preference points to an Applicant who was displaced from a unit within the City of Boston

(1) No length of Residency Required. This Preference is not based on how long the Applicant resided within the City of Boston, but only upon the establishment and proper verification of residency within the City Of Boston.

(2) **Verification Requirements**

To receive this Preference, an Applicant must provide verification that: (1) they were displaced from a unit within the City of Boston, and (2) provide the following documentation in addition to their Priority documentation:

- (a) Landlord verification;
- (b) A copy of a Lease;
- (c) Utility Bill (electric, gas, oil, or water)
- (d) Mortgage Payments;
- (e) Letter from School Department;
- (f) Letter from Social Security Department;
- (g) Taxes;
- (h) Other verification deemed acceptable by BHA.

(3) Non-discriminatory Effect of Preference. This Preference shall not have the purpose or effect of delaying or otherwise denying admission to the program based on the race, color, ethnic origin, gender, religion, disability, or age of any member of an Applicant Family.

I hereby certify under pains and penalties of perjury that I have checked (✓) off only the preference(s) category which reflect and describe my current situation. I further understand that I must inform the BHA in writing if my current situation changes. I understand that if I knowingly and willingly provide false information I will be determined ineligible for all BHA housing programs. Furthermore, I certify that I am residing at the following address since the date indicated below:

I am living at: _____ Since _____
Complete address where currently living Month/Day/Year

Applicant Head of Household Signature _____ Social Security # _____ Date _____

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នេះ គឺជាឯកសារសំខាន់មួយ។ ក្នុងករណីលោកអ្នក ចាំបាច់ត្រូវចង់បានការបកប្រែ សូមទូរស័ព្ទលេខខាងក្រោមនេះមកកាន់ ឬ

អញ្ជើញមកទាក់ទងដោយផ្ទាល់នៅការិយាល័យយើងខ្ញុំ។

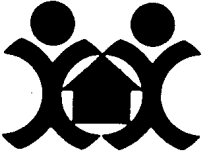
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Telephone No. : (617) 988-3400



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



Phone: 617-988-3400
 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**



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

BHA PRELIMINARY APPLICATION RECEIPT # _____

Note: Please make sure to keep the BHA time-stamped receipt for your records in a safe place.
 You may need it in the future.

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- 617-988-3400 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 and you will have to pay first for each copy. 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 being withdrawn.

If you and/or a member of your household is a victim of domestic violence, dating violence, sexual assault or stalking and need certain circumstances considered or reviewed as mitigating circumstances, or require an interpreter please inform the Occupancy Department.

Thank you and hope we may be of your assistance.

Sincerely,
 Boston Housing Authority

TO BE COMPLETED BY BHA STAFF ONLY

APPLICATION SUBMITTED: IN PERSON () BY MAIL ()

Boston Housing Authority acknowledges receipt of your **Preliminary Application with your housing choice forms** for:
 () **Public Housing** () **Section 8 PBV** () **Section 8 Mod Rehab**

In addition, the applicant submitted a **Self-Certification PRIORITY** and the **required Third Party Verification Forms** completed, signed, AND verified checked (√) off below:

- Disaster (323)
- Victim of Hate Crime (254)
- Avoidance of Reprisal (327)
- Condemnation (324)
- Urban Renewal (325)
- Domestic Violence (252)
- Outgrown Services Emergency
- Disabled or Elderly Persons Relocation (258)
- NONE Submitted- Standard Applicant**
- Court-Ordered No Fault Eviction (251)
- Inaccessibility of Dwelling Unit (257)
- Other Government Action (Federal Programs Only) (325)
- Homelessness (255)
- Imminent Landlord Displacement (256)
- Excessive Rent Burden (253)
- BHA PH Federal No Household w/ Eligible Immigration Status (326)
- HUD VAWA Certificate (332)

The applicant submitted a **Self-Certification PREFERENCE Form** that was completed and signed checked (√) off below for which program(s):

- Public Housing (245)
- Leased Housing (244)
- NONE Submitted**

The applicant completed, signed, and submitted an **Authorization of Release?** () YES () NO

 FULL SIGNATURE OF BHA STAFF MEMBER

 DATE