

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

DEVELOPMENT CHOICE ADD FORM (Public Housing)

() I WISH TO MAKE THE FOLLOWING DEVELOPMENT CHANGES TO MY APPLICATION:

Applicant	Name:			ent #:	
	(PLEASE PRINT YOUR FIRS	T AND LAST NAM	ME) So	cial Security #:	
Current			Bedroom	Wheelchair Accessible Units	Circle Changes Here
Choice(s)	Development	Neighborhood	Size	That Exist At the Site	ADD
	FAMILY FEDERAL PROGRAM				
		Roxbury	1,2,3,4&5	YES	ADD
	Cathedral	South End	1,2,3&4	YES	ADD
	Charlestown	Charlestown	1,2,3,4&5	YES	ADD
	Commonwealth	Brighton	1,2,3,4&5	YES	ADD
	Franklin Field	Dorchester	1,2,3,4&5	YES	ADD
	Highland Park	Roxbury	2&3	NO	ADD
	Lenox St.	South End	1,2&3	YES	ADD
	M. E. McCormack	South Boston	1,2&3	NO	ADD
	Mildred C. Haley Apts.(Bromley Pk.)	Jamaica Plain	1,2,3,4&5	YES	ADD
	Mildred C. Haley Apts. (Heath St.)	Jamaica Plain	1,2,3,4,5&6	YES	ADD
	Old Colony	South Boston	1,2,3,4,5&6	YES	ADD
	Rutland/East Springfield	South End	1,2,3&4	NO	ADD
	West Newton St.	South End	0,1,2,3,4&5	NO	ADD
	Whittier Street	Roxbury	1,2,3&4	Modified	ADD
	FAMILY STATE PROGRAM				
		Roslindale	1,2,3,4,5&6	YES	ADD
	Camden	South End	1,2&3	YES	ADD
	Condos-Scattered Sites	City-Wide	1,2,3&4	YES	ADD
		Hyde Park	2&3	NO	ADD
	Faneuil	Brighton	2,3,&5	NO	ADD
	Franklin Field	Dorchester	2	YES	ADD
		Mattapan	2,3&4	NO	ADD
	Orient Heights	East Boston	1,2,3,4&5	YES	ADD
	South St.	Jamaica Plain	1,2,3&4	NO	ADD
	West Broadway	South Boston	1,2,3,4,5&6	YES	ADD

IMPORTANT (PLEASE READ, AND SIGN)

I UNDERSTAND BY ADDING NEW DEVELOPMENT CHOICES THAT I WILL BE GIVEN A NEW ELIGIBILITY DATE FOR EACH DEVELOPMENT CHOICE ADDED. <u>PLEASE NOTE:</u> ELIGIBILITY DATE IS DETERMINED BY THE DATE RECEIVED AND TIME-STAMPED AT OUR OFFICE.

I have read, and understand that I will receive a new eligibility date for each new choice I select today.

Applicant Signature: ____

(HEAD OF HOUSEHOLD)

_Date:_____

OFFICE USE ONLY

Eligibility Date:_

PLEASE SEE REVERSE SIDE FOR THE ELDERLY OR DISABLED DEVELOPMENT CHOICES. <u>PLEASE NOTE:</u> TO APPLY TO THIS PROGRAM YOU MUST BE A SENIOR CITIZEN OR DISABLED, AND NOT REQUIRING MORE THAN (2) TWO BEDROOM.

() I WISH TO MAKE THE FOLLOWING DEVELOPMENTS CHANGES TO MY APPLICATION:

Applicant Name:	

_Client #: ___

	(PLEASE PRINT YOUR FIRST AND LAST NAME)			Social Security #:			
Current				Bedroom	Wheelchair Accessible Units	Circle Changes Here	
Choice(s)	Development		Neighborhood	Size	That Exist at The Site	ADD	

ELDERLY/DISABLED FEDERAL PROGRAM

Amory Street	Jamaica Plain	0, 1 & 2	YES	ADD
Annapolis	Dorchester	1 & 2	NO	ADD
Ashmont	Dorchester	1 & 2	NO	ADD
Ausonia	North End	1 & 2	YES	ADD
Bellflower	Dorchester	1 & 2	YES	ADD
Codman Apartments	Dorchester	0, 1 & 2	YES	ADD
Commonwealth	Brighton	1 & 2	YES	ADD
Davison Apts.	Hyde Park	0 & 1	NO	ADD
Eva White Apts.	South End	0, 1 & 2	NO	ADD
Foley Apts.	South Boston	1	NO	ADD
Frederick Douglass	South End	0 & 1	YES	ADD
General Warren	Charlestown	0, 1 & 2	NO	ADD
Groveland	Mattapan	0 & 1	NO	ADD
Hampton House	South End	0 & 1	YES	ADD
Hassan Apts.	Mattapan	0, 1 & 2	YES	ADD
Heritage Apts.	East Boston	0, 1 & 2	YES	ADD
Holgate Apts.	Roxbury	1	NO	ADD
John J. Carroll	Brighton	1 & 2	NO	ADD
Lower Mills	Dorchester	0, 1 & 2	YES	ADD
Malone Apts.	Hyde Park	1	YES	ADD
Meade Apts.	Dorchester	1 & 2	NO	ADD
Mildred C. Haley Apts.(Bromley Park)	Jamaica Plain	1 & 2	NO	ADD
MLK Apts.	Roxbury	0 & 1	NO	ADD
Pasciucco	Dorchester	0,1&2	YES	ADD
Patricia White	Brighton	1 & 2	YES	ADD
Peabody	Dorchester	1 & 2	YES	ADD
Pond Street	Jamaica Plain	1 & 2	NO	ADD
Rockland Towers	West Roxbury	0, 1 & 2	YES	ADD
Roslyn	Roslindale	1 & 2	YES	ADD
Spring Street	West Roxbury	1 & 2	YES	ADD
St. Botolph St.	Back Bay	0, 1 & 2	MODIFIED	ADD
Torre Unidad	South End	0, 1 & 2	YES	ADD
Walnut Park	Roxbury	0, 1 & 2	YES	ADD
Washington Manor	South End	0 & 1	YES	ADD
Washington St.	Brighton	1 & 2	NO	ADD
West Ninth	South Boston	1 & 2	NO	ADD

ELDERLY/DISBABLED STATE PROGRAM

Basilica	Charlestown	1	NO	ADD
Franklin Field Elderly	Dorchester	1 & 2	NO	ADD
Franklin Field -Grandparenting	Dorchester	2	YES	ADD
Msgr. Powers/"L" St.	South Boston	0, 1 & 2	YES	ADD

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Applicant Signature: _____

(HEAD OF HOUSEHOLD)

_____Date: ____

OFFICE USE ONLY

Eligibility Date: