

 **BOSTON HOUSING AUTHORITY (BHA) – PRELIMINARY APPLICATION FOR HOUSING**

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

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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)

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First MI Last

Mailing Address

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Street Apt

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City State Zip Code

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**.

Address where currently residing (if different from above): _____

Day time Phone: (____) ____-____ Evening Phone: (____) ____-____ Language Spoken: _____ Language Read: _____

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

1. 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 ()

2. My household has special expenses such as medical expenses, childcare, care of a disabled family member and/or mandatory support payments.\$ _____

3. Have you or your Co-Head ever been evicted from BHA or any Subsidized Housing Program? Yes () No () **If yes**, from where and when: _____

4. 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? _____

5. Are you or anyone in your household subject to a **life-time** Sex Offender Registry? Yes () No ()
Name of Member(s) _____

6. Have you or anyone in your household been convicted, **found guilty**, of a crime? Yes () No ()
Name of Member(s) _____

7. Have you or anyone in your household been convicted, **found guilty**, of producing Methamphetamine? Yes () No ()
Name of Member(s) _____

8. 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: _____

Note: Pink Time-Stamped Copy for Applicant



This information is available in alternative format upon request

