



**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](http://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 \_\_\_\_\_

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។ ក្នុងករណីលោកអ្នក ចាំបាច់ត្រូវចង់បានការបកប្រែ សូមទូរស័ព្ទលេខខាងក្រោមនេះមកកាន់ ឬ**

**អញ្ជើញមកទាក់ទងដោយផ្ទាល់នៅការិយាល័យយើងខ្ញុំ។**

**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 dhokomentu 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**