



BOSTON HOUSING AUTHORITY
 FSS Drop Box
 52 Chauncy Street
 Boston, Massachusetts 02111-02375

Leased Housing Division

Tel. (617) 988-4030
 TDD 1-800-545-1833 Ext. 420

**APPLICATION FOR THE TENANT BASED SECTION 8
 FAMILY SELF SUFFICIENCY (FSS) PROGRAM**

«FirstName» «LastName»
 «PrimaryStreet» «Suite»
 «City» «State» «Zip»

Entity ID#: «EntityID»

**ALL SECTIONS MUST BE COMPLETED,
 FAILURE TO DO SO WILL RESULT IN PROCESSING DELAY OR DENIAL.**

Please note any changes/ corrections to the above information in the space below:

Name:		
Address:		
City:	State:	Zip Code:

Day Phone Number (Include Area Code)
 -

Cell Phone Number (Include Area Code)
 -

Do you require an interpreter? Yes No, If Yes, What Language _____

PARTICIPANT ELIGIBILITY:

Good Standing:

To qualify for the FSS Program an applicant must be a participant in good standing in the BHA's Section 8 tenant based assistance program. This threshold will be certified at the time of your screening appointment for the FSS Program.

Applicant's Signature _____

Date _____

If you or a member of your family is/are disabled or handicapped under applicable state or federal law, and you feel you need a reasonable accommodation in the BHA's eligibility intake procedures as a result of such disability or handicap, then you have the right to request a reasonable accommodation. You may do so by completing a Request for Reasonable Accommodation Form. This form is available at the reception desks on the 4th and 5th floors of the BHA's office at 52 Chauncy Street, Boston, MA 02111, or by mail upon request.

Please be advised if you are not interested in applying at this time the waiting list for the FSS Program will remain open and you could do so in the future.

Return Application To: **BOSTON HOUSING AUTHORITY**
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 Este é um aviso importante. Queris mandá-lo traduzir.
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 ĐÂY LÀ MỘT BÀN THÔNG CÁO QUAN TRỌNG
 XIN VUI LÒNG CHO DỊCH LẠI THÔNG CÁO ẤY
 Ceci est important. Veuillez faire traduire.
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