



**Boston Housing Authority**

56 Chauncy Street  
Boston, MA 02111

Attn: John F. Murphy Housing Service Center

**PRELIMINARY APPLICATION FOR ALL BHA HOUSING PROGRAMS**

THIS INFORMATION IS AVAILABLE IN AN ALTERNATIVE FORMAT UPON REQUEST

ALL PARTS OF THIS APPLICATION MUST BE COMPLETED IN ORDER TO BE PROCESSED

<b>CHECK OFF (4) TYPE OF HOUSING SELECTED:</b>	<b>FAMILY PUBLIC HOUSING ( )</b> (SEE PART II FOR ATTACHED HOUSING CHOICES FORM)	<b>ELDERLY /DISABLED PUBLIC HOUSING ( )</b> (SEE PART II FOR ATTACHED HOUSING CHOICES FORM)	<b>Housing Choice Voucher (Section 8) Mod Rehab Project –Based Certificate and Project Based Voucher Programs ( ).</b> If this is checked off, you <b>MUST</b> provide <u>with</u> this application the <b>Priority One Third Party Verification</b> else it will not be processed. (SEE PART III ATTACHED SITE CHOICE(S) FORM)	<b>TENANT-BASED HOUSING CHOICE VOUCHER PROGRAM (SECTION 8) IS CLOSED</b>
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HOW MANY BEDROOMS DO YOU REQUIRE : <b>0 1 2 3 4 5 6 7</b> (PLEASE CIRCLE ONE)	TOTAL AMOUNT OF HOUSEHOLD MEMBERS WHO WILL BE LIVING WITH YOU: _____	PLEASE CALCULATE YOUR TOTAL HOUSEHOLD ANNUAL INCOME: \$ _____
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Household Composition For <b>Head and Co-Head Only</b> . Both people will have equal rights to this application. This counts as one application only. If you are under the age of 18, are you an Emancipated Minor: YES ___ NO ___, if no, you cannot apply.	Does anyone in your family require a Wheelchair Accessible Unit? Yes ___ No ___ If yes, who? _____ What is the relationship to the Head of Household _____	Is anyone in your household a USA citizen? Yes ___ No ___ <b>If No</b> , Does at least one Household member have Eligible INS Status? Yes ___ No ___
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<b>1. (Head)</b> _____ First Name for Head of Household _____ Middle Name for Head of Household _____ Last Name for Head of Household	SSN #: _____  <b>Head of Household</b>	D.O.B: / /  <b>SEX: M / F</b>  <b>Disabled (√)?</b> YES (___) NO (___)	<b>Income (√):</b> Weekly _____ Bi-Weekly _____ Monthly _____ Annually _____ \$ _____	<b>Source of Income:</b> _____ <b>Ethnicity (Select One (√))</b> Hispanic or Latino (___) Non-Hispanic or Latino (___)	<b>Race (Choose all Applicable (√))</b> American Indian / Native Alaskan ___ Asian ___ White ___ Black / African American ___ Native Hawaiian / Pacific Islander ___	<b>ASSETS LIST VALUE &amp; SOURCE:</b> 1. _____ 2. _____ 3. _____ \$ _____
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<b>2. (Co-Head) has equal rights to this application.</b> _____ First Name (Co-Head) _____ Middle Name (Co-Head) _____ Last Name (Co-Head).	SSN #: _____  <b>Relationship to Head of House:</b>	D.O.B: / /  <b>SEX: M / F</b>  <b>Disabled (√)?</b> YES (___) NO (___)	<b>Income (√):</b> Weekly _____ Bi-Weekly _____ Monthly _____ Annually _____ \$ _____	<b>Source of Income:</b> _____ <b>Ethnicity (Select One (√))</b> Hispanic or Latino (___) Non-Hispanic or Latino (___)	<b>Race (Choose all Applicable (√))</b> American Indian / Native Alaskan ___ Asian ___ White ___ Black / African American ___ Native Hawaiian / Pacific Islander ___	<b>ASSETS LIST VALUE &amp; SOURCE:</b> 1. _____ 2. _____ 3. _____ \$ _____
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**MAILING ADDRESS**

\_\_\_\_\_  
STREET APT.#

\_\_\_\_\_  
CITY STATE ZIP CODE

Daytime Phone: ( ) -

**CURRENT ADDRESS (where residing if different from mailing)**

\_\_\_\_\_  
STREET APT.#

\_\_\_\_\_  
CITY STATE ZIP CODE

Evening /or Cell Phone: ( ) -

**NEED TO ANSWER ALL QUESTION(S):**

1. Have you or your Co-Head ever been evicted from BHA or any Subsidized Housing Program? Yes \_\_\_ No \_\_\_  
If yes, from where and when: \_\_\_\_\_
2. Do you or your Co-Head owe any money to the BHA or other Public Housing/Section 8 Program? YES \_\_\_ NO \_\_\_  
If yes, from where and how much do you or your Co-head owe? \_\_\_\_\_ \$ \_\_\_\_\_

**Additional Household Member(s):**

<b>3.</b>	<b>SSN:</b> - -	<b>D.O.B:</b> / /	<b>Income:</b> Weekly _____ Bi-Weekly _____ Monthly _____ Annually _____ \$_____.	<b>Source of Income:</b> _____	<b>Race</b> <b>(Choose all Applicable (√))</b> American Indian / Native Alaskan _____ Asian _____ White _____ Black / African American _____ Native Hawaiian / Pacific Islander _____	<b>A</b> <b>S</b> <b>S</b> <b>E</b> <b>T</b> <b>S</b>	<b>LIST VALUE &amp; SOURCE:</b> 1. 2. 3. \$_____.
First Name	<b>Relationship to Head of House:</b>	<b>SEX: M / F</b>		<b>Ethnicity (Select One (√))</b>			
Middle Name		<b>Disabled (√)?</b>		Hispanic or Latino ( )			
Last Name		YES( ) NO( )		Non-Hispanic or Latino( )			
<b>4.</b>	<b>SSN:</b> - -	<b>D.O.B:</b> / /	<b>Income:</b> Weekly _____ Bi-Weekly _____ Monthly _____ Annually _____ \$_____.	<b>Source of Income:</b> _____	<b>Race</b> <b>(Choose all Applicable (√))</b> American Indian / Native Alaskan _____ Asian _____ White _____ Black / African American _____ Native Hawaiian / Pacific Islander _____	<b>A</b> <b>S</b> <b>S</b> <b>E</b> <b>T</b> <b>S</b>	<b>LIST VALUE &amp; SOURCE:</b> 1. 2. 3. \$_____.
First Name	<b>Relationship to Head of House:</b>	<b>SEX: M / F</b>		<b>Ethnicity (Select One (√))</b>			
Middle Name		<b>Disabled (√)?</b>		Hispanic or Latino ( )			
Last Name		YES( ) NO( )		Non-Hispanic or Latino ( )			
<b>5.</b>	<b>SSN:</b> - -	<b>D.O.B:</b> / /	<b>Income:</b> Weekly _____ Bi-Weekly _____ Monthly _____ Annually _____ \$_____.	<b>Source of Income:</b> _____	<b>Race</b> <b>(Choose all Applicable (√))</b> American Indian / Native Alaskan _____ Asian _____ White _____ Black / African American _____ Native Hawaiian / Pacific Islander _____	<b>A</b> <b>S</b> <b>S</b> <b>E</b> <b>T</b> <b>S</b>	<b>LIST VALUE &amp; SOURCE:</b> 1. 2. 3. \$_____.
First Name	<b>Relationship to Head of House:</b>	<b>SEX: M / F</b>		<b>Ethnicity (Select One (√))</b>			
Middle Name		<b>Disabled (√)?</b>		Hispanic or Latino ( )			
Last Name		YES( ) NO( )		Non-Hispanic or Latino( )			
<b>6.</b>	<b>SSN:</b> - -	<b>D.O.B:</b> / /	<b>Income:</b> Weekly _____ Bi-Weekly _____ Monthly _____ Annually _____ \$_____.	<b>Source of Income:</b> _____	<b>Race</b> <b>(Choose all Applicable (√))</b> American Indian / Native Alaskan _____ Asian _____ White _____ Black / African American _____ Native Hawaiian / Pacific Islander _____	<b>A</b> <b>S</b> <b>S</b> <b>E</b> <b>T</b> <b>S</b>	<b>LIST VALUE &amp; SOURCE:</b> 1. 2. 3. \$_____.
First Name	<b>Relationship to Head of House:</b>	<b>SEX: M / F</b>		<b>Ethnicity (Select One (√))</b>			
Middle Name		<b>Disabled (√)?</b>		Hispanic or Latino ( )			
Last Name		YES( ) NO( )		Non-Hispanic or Latino( )			
<b>7.</b>	<b>SSN:</b> - -	<b>D.O.B:</b> / /	<b>Income:</b> Weekly _____ Bi-Weekly _____ Monthly _____ Annually _____ \$_____.	<b>Source of Income:</b> _____	<b>Race</b> <b>(Choose all Applicable (√))</b> American Indian / Native Alaskan _____ Asian _____ White _____ Black / African American _____ Native Hawaiian / Pacific Islander _____	<b>A</b> <b>S</b> <b>S</b> <b>E</b> <b>T</b> <b>S</b>	<b>LIST VALUE &amp; SOURCE:</b> 1. 2. 3. \$_____.
First Name	<b>Relationship to Head of House:</b>	<b>SEX: M / F</b>		<b>Ethnicity (Select One (√))</b>			
Middle Name		<b>Disabled (√)?</b>		Hispanic or Latino ( )			
Last Name		YES( ) NO( )		Non-Hispanic or Latino( )			
<b>8.</b>	<b>SSN:</b> - -	<b>D.O.B:</b> / /	<b>Income:</b> Weekly _____ Bi-Weekly _____ Monthly _____ Annually _____ \$_____.	<b>Source of Income:</b> _____	<b>Race</b> <b>(Choose all Applicable (√))</b> American Indian / Native Alaskan _____ Asian _____ White _____ Black / African American _____ Native Hawaiian / Pacific Islander _____	<b>A</b> <b>S</b> <b>S</b> <b>E</b> <b>T</b> <b>S</b>	<b>LIST VALUE &amp; SOURCE:</b> 1. 2. 3. \$_____.
First Name	<b>Relationship to Head of House:</b>	<b>SEX: M / F</b>		<b>Ethnicity (Select One (√))</b>			
Middle Name		<b>Disabled (√)?</b>		Hispanic or Latino ( )			
Last Name		YES( ) NO( )		Non-Hispanic or Latino( )			

**PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS**

**For the Head and/or Co-head please indicate:**

**Language Spoken:** \_\_\_\_\_ **Language Read:** \_\_\_\_\_

- 1a. Is the Head or Co-Head a disabled veteran? Yes ( ) No ( )
  - b. Is a member of your household the spouse of a Veteran or the surviving spouse, or divorced spouse with a minor child, dependent parent or child of Veteran? Yes ( ) No ( )
  - c. Is a member of your household other Veteran? Yes ( ) No ( )
- 2a. The Head of or Co-Head is a resident of the City of Boston, or is employed in the City of Boston, or has been offered employment in the City of Boston. You are also considered a Boston Resident if you are temporarily residing outside of the City of Boston but last permanent address was in the City of Boston and have not claimed residency at any other housing authority.  
**I am** a Resident of the City of Boston ( ) **I'm not** a Resident of the City of Boston ( )
- b. The Head(s) of household was/were displaced from a unit within the City of Boston where the Applicant(s) was/were a **tenant of record**, and the displacement was not due to the fault of the Applicant. **Yes, I am/We are** a Resident who was/were **displaced** from a unit within the City of Boston ( ) **No, I am/we are not** a Resident displaced from a unit within the City of Boston ( )
3. Do you or any member of your household have special expenses such as medical, childcare, or care of a disabled household member and/or mandatory support payments? Yes ( ) No ( )  
 If Yes, indicated estimated total annual expenses for: Medical \$ \_\_\_\_\_ Childcare \$ \_\_\_\_\_  
 Care for Disabled member expenses \$ \_\_\_\_\_ Mandatory support payments \$ \_\_\_\_\_
4. Are you or any member of your household expecting a baby? Yes ( ) No ( )  
 If yes, who is expecting and when is the expected due date? \_\_\_\_\_
5. Do you or your Co-Head have legal custody of a grandchild under the age of 18? Yes ( ) No ( )
6. Are you a person with a disability who has been homeless for a year or more, or has had at least four episodes of homelessness in the past three years? Yes ( ) No ( )
7. Has the Head of Household or other adult member been employed full time for the last six months? Yes ( ) No ( )

**The Following three (3) Questions must be completed so the Application can be Processed.**

- 1. Have you or anyone in your household been convicted of a crime? Yes ( ) No ( )  
 Name of Member(s) \_\_\_\_\_
- 2. Have you or anyone in you household been convicted of producing Methamphetamine?  
 Yes ( ) No ( ) Name of Member(s) \_\_\_\_\_
- 3. Are you or anyone in your household a life-time registered Sex Offender? Yes ( ) No ( )  
 Name of Member(s) \_\_\_\_\_

Answering the following questions is **optional**. However, if you decline to answer, we may be unable to determine if you qualify for a Reasonable Accommodation or if you are eligible for a special unit for the mobility-impaired. If you require a Reasonable Accommodation, forms will be given upon request.

**Please check any of the following that apply:**

1. Do you or any member of your household have a condition that requires:

- ( ) Communication in a specially requested format because of a disability.
- ( ) Separate bedroom ( ) Unit for vision impaired
- ( ) Unit for hearing impaired ( ) Barrier-free apartment
- ( ) Other physical modification ( ) Wheelchair accessible apartment

If you checked any of the above, please explain exactly what you will need in the apartment, other Services or type of communication: for example: send copies of all your mail to a person of your choice.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Are you or any household member unable to go up or down the stairs without assistance?

Yes ( ) No ( ) If yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Will you or any member of your household require a Live-In Aid to assist you? Yes ( ) No ( )

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Fill out only if you answered yes to question 1, 2 or 3. What are the name(s) of the household member requiring the features or assistance?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Are there any other accommodations which you or anyone in your household will need?

Yes ( ) NO ( )  
If yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IMPORTANT INFORMATION, PLEASE READ AND SIGN**

**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.

If you change your address, please notify the BHA **immediately**. This must be done in writing, by mail or visiting our 56 Chauncy Street office. You can also download our CHANGE OF ADDRESS FORM from our WEBSITE. **(SEE ATTACHED RECEIPT FOR WEBSITE ADDRESS)**

It is also very important to notify our office in writing if there is a change in your family composition. If you are requesting to add additional member(s) to your household, you should contact our office so that we can send you the proper forms to fill out, or visit our office. You can also visit our website and download at [www.bostonhousing.org](http://www.bostonhousing.org). In removing a household member, with the exclusion of the Head or Co-head, you would still follow the above procedure. If requesting to remove either Head or Co-Head a written notice must be made by the person being removed, acknowledging her/his removal from the application.

You should also notify us of any changes in priority(s), preference(s) and income, or any change(s) that you feel may help us in determining your placement on our waiting list. It is very important that you stay in contact with our office and that you respond to any notice(s) we send out.

In order to completely process this application a signature from Head and Co-Head (if applicable) is required. We also will require a signature from anyone over the age of 18. If any of these signatures are missing this application will be considered incomplete and mailed back to you, and you will be issued a new date of application when it is returned.

Attached is a receipt for your records. On this signed receipt you will be given contact numbers as well as our Web Page address.

**I declare that the information provided on this application 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 AND I will not be able to re-apply for a period of three (3) years.**

Signed: Head of household \_\_\_\_\_ DATE: \_\_\_\_\_

Any Family member over the age of 18 signatures required

Signed: Co-Head of Household \_\_\_\_\_ DATE: \_\_\_\_\_

\_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_ DATE \_\_\_\_\_