A Message for Visitors to Boston Housing Authority Offices at 52 and 56 Chauncy Street, Boston, MA

Due to evolving news of COVID-19 (Coronavirus), the Boston Housing Authority offices at 52-56 Chauncy Street are closed to the public until further notice in order to limit in-person contact and protect our clients, residents and staff. Essential services will continue according to the below instructions.

Applicants: Applicants may print a CHAMP/BHA application from the BHA’s website at bostonhousing.org, request a mailed copy or check the status of a current application by calling the status Line at (617) 988-3400, Monday-Friday between 9:00AM and 5:00PM.

Applications should be submitted by mail whenever possible at BHA-Occupancy Department, 56 Chauncy Street, Boston, MA 02111 or if necessary applications can be dropped off in the outer lobby of BHA’s main office at 52 Chauncy Street.

Translation Services: Those needing translation services to conduct BHA business should continue to call the BHA’s Language Line at 617-988-4001.

It is our priority to effectively serve our residents, voucher holders and applicants while limiting in person contact according to public health instructions.

For more public health information regarding COVID-19/Coronavirus, visit the Boston Public Health Commission website at www.bphc.org.
Common Housing Application for Massachusetts Public Housing (CHAMP) – Application for State-Aided Public Housing

You may now apply for state-aided public housing online! Please use the Common Housing Application for Massachusetts Public Housing (CHAMP) website:

https://www.mass.gov/applyforpublichousing

If you do not want to apply online, please fill out the following application and mail or hand deliver it to a local housing authority (LHA). If you are applying to more than one housing authority, please indicate on the Housing Selections list the housing authorities where you would like to apply and the program you are applying for, family, elderly/handicapped. Submit the completed application to a housing authority. The information will be entered online by that housing authority, and your application will be submitted to the LHAs that you selected. If you submit a paper application instead of applying online, you can still use the CHAMP website to make changes or updates to your application.

It is important to only apply for housing at cities or towns where you want to live. If you fail to accept an offer of housing, you will be removed from that waiting list. If you refuse to accept a total of three offers of housing, you will be removed from waiting lists at all the housing authorities where you applied.

Please complete all information requested on the application below. Incomplete applications may not be fully processed. If a question is not applicable, please write n/a. All questions must be answered, but please pay particular attention to the asterisked (*) fields. If these asterisked questions are left blank, your application will be incomplete and cannot be fully processed.

Please make sure you sign the Applicant’s Certification AND the Fair Information Practices Act - Statement of Rights at the end of the application.

If you need additional space to provide an answer, please attach additional sheets.

If you have a disability, you have a right to request a reasonable accommodation with the application process. Contact your local housing authority to make arrangements.

1. Contact Information

Name of Applicant/ Head of Household

First Name* Middle Initial Last Name* Suffix

Please provide your residential address

If you are currently homeless, please provide your shelter’s address OR the address of your last residence. This address will be used to determine your local resident preference.

Street Address*

Apt. Suite, Floor, etc.

City/Town* State* Zip Code*

1/2019 CHAMP https://www.mass.gov/applyforpublichousing Page 1 of 18
Please provide your mailing address, only if different from the address listed above
Street Address, P.O. Box or c/o
Apt. Suite, Floor, etc.

<table>
<thead>
<tr>
<th>City/Town*</th>
<th>State*</th>
<th>Zip Code*</th>
</tr>
</thead>
</table>

Please provide your phone and email
Home Phone | Mobile Phone | Work Phone |

Email address

Please provide a secondary contact person or alternative address
First Name | Middle Initial | Last Name | Suffix
Street Address, P.O. Box or c/o
Apt. Suite, Floor, etc.

<table>
<thead>
<tr>
<th>City/Town</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

Phone | Email

2. Housing Type

There are different state-aided public housing programs available for low-income families, elderly persons, and persons with disabilities. Not all housing authorities administer every program.

You can apply for housing in these programs at any local housing authority by selecting them at the end of this application, but it's important to remember that if you do not accept housing that is offered, your application may be removed from one or more waitlists. Family housing is for households of any age and any size. Household members must be related by blood, marriage, operation of law, or a stable interdependent relationship. To be eligible for elderly/handicapped public housing, at least one household member must be at least 60 years old or be a person with a disability who meets certain eligibility criteria.
A. Are you applying for Elderly/Handicapped Housing?*

Elderly/Handicapped Program

☐ Yes  ☐ No

If you are applying for elderly/handicapped housing, you must indicate which type below*:  

☐ Elderly

☐ Non-elderly Handicapped

B. Apartment size

How many bedrooms do you believe you need?* (**)

☐ 1  ☐ 2  ☐ 3  ☐ 4  ☐ 5  ☐ 6  ☐ 7  ☐ 8  ☐ 9

**Note that not all of these apartment sizes may be available.

3. Current Housing Situation

Please tell us about your current housing situation. The information you provide will be verified to determine the priority of your application. Making a false statement or misrepresentation may result in the denial of your application.

Do you currently have a voucher from the Massachusetts Alternative Housing Voucher Program (AHVP)?

☐ Yes  ☐ No

Are you requesting a transfer to move from one apartment to another within the same housing authority?

☐ Yes  ☐ No

If yes, housing authority where you currently live:  

If yes, reason for transfer request (check one)

☐ Apartment too small for household

☐ Apartment too big for household

☐ Medical reasons

☐ other (specify)________________________

If yes, please provide some additional details about your transfer requests:

________________________________________

1/2019 CHAMP https://www.mass.gov/applyforpublichousing
Are you now homeless or in imminent danger of becoming homeless?

☐ Yes    ☐ No

On what day did you become, or will you become, displaced from your primary residence? A primary residence is a home occupied by your household for no less than nine months of the year, and that was not intended to be a temporary residence.

Month / Day / Year

If yes, please check ALL of the following statements that apply to you.

☐ I do not have a place to live; OR, I am living in a situation that is a significant immediate threat to the life or safety to me or to a household member. Placement in an appropriate unit would remedy my living situation.

☐ I have not caused or substantially contributed to the unsafe or life threatening situation.

☐ I have tried to avoid or prevent the situation.

☐ I have done this by seeking assistance through the courts or appropriate administrative or enforcement agencies. (Note: you must also check this box if there was no available way to prevent or avoid the situation, such as a natural disaster.)

☐ I have been displaced or am about to be displaced from my primary residence.

Note: Primary residence means that this is a home occupied by your household for no less than nine months of the year, and that was not intended to be a temporary residence.

☐ I have made reasonable efforts to find alternative housing.

If yes, did you become homeless in any of the following ways?
Check all that apply

☐ Displaced by natural forces (i.e. flood, fire, earthquake)

☐ Displaced by urban renewal or eminent domain.

☐ Displaced by condemnation of home or code violations.

☐ No fault loss of housing - such as condominium conversion, owner wants unit for personal or family use, or discharge from nursing home or long-term care facility.

☐ Victim of abuse (domestic violence).

☐ Severe medical emergency.

Please provide some additional details about your housing situation: ________________________________

__________________________________________

1/2019

CHAMP https://www.mass.gov/applyforpublichousing

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4. Employment & Veteran Status

You may receive local resident preference based on where you are employed in addition to where you live. For some programs, you may also receive a preference for Veterans of the U.S. Military and some members of their families.

Where is your current place of employment?

<table>
<thead>
<tr>
<th>City/Town</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

Are you a Veteran of the United States Armed Forces?

☐ I am a Veteran, or a member of my household is a Veteran.
☐ I, or a member of my household, is the spouse, surviving spouse, dependent parent or a child or divorced spouse with a dependent child of a Veteran.

Please enter the dates of service of the Veteran in your household.

| Start Date: Day/Month/Year | End Date: Day/Month/Year |

Please check all that apply

☐ A U.S. Veteran in my household has a service-connected disability.
☐ A former member of my household is a deceased U.S. Veteran whose death has been determined by the Veteran’s Administration to be service connected.

5. Accessibility

Do you or a member of your household have a disability for which you need a reasonable accommodation such as grab bars in the unit?

☐ Yes ☐ No

If yes, please enter some additional details:

_____________________________________________________________________________________

Does your household need a unit that is wheelchair accessible?

☐ Yes ☐ No

1/2019 CHAMP https://www.mass.gov/applyforpublichousing
Do you need a unit that does not require you or any member of your household to climb stairs?*

If you answer 'yes' to this question, you will not be placed on waiting lists for any apartments that require you to climb stairs.

Please check the applicable box below.

☐ Yes, I need a unit that does not require me or any member of my household to climb stairs.

☐ No, I and all members of my household can live in a unit with stairs.

[Blank Space – Go to Next Page]
6. Household Makeup*

Please enter the name and personal information of each member of the household who will be living in the unit, starting with the Head of Household. **Please note:**

- Responding to the racial and ethnic designation questions is optional. Your status with respect to tenant selection procedures may be affected by this information.
- Gender, relationship to head of household, and date of birth are required to determine your appropriate unit size. For household members who do not identify as Male or Female, please identify the Gender with which they will share a bedroom.
- If provided, the Social Security Number will be used to verify income and assets.
- Responding to the disability question is optional. Your income determination may be affected by this information.

Please provide the names and personal details of Household Members

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Relationship to Head of Household</th>
<th>Racial Designation (Optional)</th>
<th>Ethnic Designation (Optional)</th>
<th>Gender</th>
<th>Occupation status</th>
<th>Social Security Number</th>
<th>Date of Birth</th>
<th>Disabled (Optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Head of Household</td>
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</tbody>
</table>

Note: Valid responses to Household Members Personal Details are listed in 1-5 below. Optional questions need no response.

What is the estimated annual income for your household next year?

$ 

1. Relationship to Household: Head, Spouse/Partner, Brother/Sister, Child/Grandchild, Parent/Grandparent, Niece/Nephew, Cousin, Foster Child, or Other.
2. Racial Designation: American Indian, Alaskan Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, White, or Other.
3. Ethnic Designation: Hispanic/Latino or Not-Hispanic/Latino.
4. Occupation: Employed, Retired, At Home, Student.
5. Disabled: Yes or No

1/2019

CHAMP https://www.mass.gov/applyforpublichousing
Is a change in household composition expected?*
☐ Yes ☐ No

If yes, what type? ____________________________ When is this expected to occur?

7. Housing Selections
On the attached list, please check off at least one program at one housing authority where you want to live. Use the following pages 11 thru 18 to indicate your housing selections. You can add or remove programs or housing authorities to your application at any time, including after submission. Those changes can be made at any housing authority or online at the Common Housing Application for Massachusetts Public Housing (CHAMP) https://www.mass.gov/applyforpublichousing

If you fail to accept three offers of housing, you will be removed from all waiting lists at the housing authorities where you applied.
Applicant's Certification

- I understand that this application is not an offer of housing.
- I understand that a housing authority will make no more than one offer of an appropriate public housing unit. If I do not accept that offer, without good cause, my application will be removed from the waiting list for that program at that housing authority;
- If I reapply for that program at that housing authority, my application will not receive any priorities or preferences that were previously granted or requested on the prior application for a three year period.
- I understand that if I fail to accept a total of three offers of housing from across all of the programs and housing authorities where I have applied, that my application will be removed from all programs at all housing authorities to which I have applied. I understand that I can reapply, but that all of the dates and times of my applications will be changed to the date of my new application and my application will not receive any priorities or preferences that were granted or requested on the prior application for a three year period.
- Based on this application, I understand I should not make plans to move or end my present tenancy until I have received a written Unit Offer from a housing authority.
- I understand that it is my responsibility to update my application online OR inform a Housing Authority in writing of any change of address, income, or household composition or any other information regarding my application.
- I authorize housing authorities where I have applied to make inquiries to verify the information I have provided in this application.
- I certify that the information I have given in this application is true and correct. I understand that any false statement or misrepresentation may result in the denial of my application.
- I understand that housing authorities I have applied to will request a Criminal Offender Record Information from the Criminal Justice Information Services and may perform credit checks and other background investigations for all adult members of the household.
- I understand that if I have made any intentionally false or misleading statements when applying for public housing, my application will be disqualified and there may be additional consequences.
- I understand that my application information will be transferred to the Common Housing Application for Massachusetts Public Housing (CHAMP). When more than one application I have submitted has conflicting information, for example different addresses, the application information with the newer date will be used. I understand that if I may update all information either at one housing authority or online: https://www.mass.gov/applyforpublichousing
- I understand that the online application may be subject to data transmission errors that may make the application incomplete. I understand that DHCD is not responsible for these errors.
- By using this application, I agree to all of these conditions.

Signed under the pains and penalties of perjury,

Print name:

Signature: Date:

1/2019 CHAMP https://www.mass.gov/applyforpublichousing
Fair Information Practices Act - Statement of Rights

Local Housing Authorities collect information about applicants and tenants for their housing programs as required by law in order to determine eligibility, amount of rent, and correct apartment size. The information collected is used to manage the housing programs, to protect the public's financial interest, and to verify the accuracy of information submitted. Where permitted by law, it may be released to government agencies, other housing authorities, and to civil or criminal investigators and prosecutors. Otherwise, the information will be kept confidential and only used by housing authority staff in the course of their duties.

The Fair Information Practices Act established requirements governing housing authorities’ use and disclosure of the information it collects. Applicants may give or withhold their permission when requested by the housing authority to provide information. However, failure to permit the housing authority to obtain the required information may result in delay or ineligibility for programs. The provision of false or incomplete information is a criminal offense, punishable by fines and/or imprisonment.

As an applicant, you have the following rights in regards to the information collected about you:

- No information may be used for any purpose other than those described above without your consent.
- No information may be disclosed to any person other than those described above without your consent. If we receive a legal order to release the information, we will notify you.
- You or your authorized representative have a right to inspect and copy any information collected about you.
- You may ask questions and receive answers from the housing authority about how we collect and use your information.
- You may object to the collection, maintenance, dissemination, use, accuracy, completeness, or type of information we hold about you. If you object, we will investigate your objection and will either correct the problem or make your objection part of the file. If you are dissatisfied, you may appeal to a local housing authority where you have applied and it will notify you in writing of its decision and of your right to appeal to the Department of Housing and Community Development.

I have read and understand this Fair Information Practices Statement of Rights.

Print name*: 

Signature*: Date*:

1/2019 CHAMP https://www.mass.gov/applyforpublichousing
<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Relationship to Head of Household</th>
<th>Social Security Number</th>
<th>Disability</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

**Note:**
- Head/Co-head of Household (Must be 18 years old or emancipated minor and will have equal rights to the application).
- Relationship to Head: Spouse/Partner, Brother/Sister, Child/Grandchild, Parent/Grandparent, Niece/Nephew, Cousin, Foster Child, or Other.
- Racial Designation: American Indian, Alaskan Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, White, or Other.
- Ethnic Designation: Hispanic/Latino or Not-Hispanic/Latino.
- Occupation: Employed, Retired, At Home, Student.
- Disabled: Yes or No.
<table>
<thead>
<tr>
<th>Asset</th>
<th>Income Source</th>
<th>Annual Gross Income</th>
<th>Below 17 Income Source</th>
<th>Registration #</th>
<th>Yes/No If No, Alien Identity Card</th>
<th>Hispanic/Latino YES/NO</th>
<th>Race (if Hispanic/Latino) YES/NO</th>
<th>Age/Disability/Other YES/NO</th>
<th>Security No.</th>
<th>Date of Birth</th>
<th>First Name</th>
<th>Last Name</th>
</tr>
</thead>
</table>

Please list all individuals who will live with you if housed with the BHA. For the elderly/disabled housing program, household size cannot exceed the number of persons who could legally occupy a two-bedroom apartment.

Page 2. Continuation of the Preliminary Application With the Additional Household Members.

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Must be 15 years old or emancipated minor.

Name of Head of Household (please print)

Head of Household's Social Security Number:

Required for Boston Housing Authority Federal Housing Program – For Additional Family Members Addendum
# PUBLIC HOUSING DEVELOPMENT CHOICE FORM

**PLEASE NOTE:**
TO APPLY TO THE ELDERLY/DISABLED FEDERAL HOUSING PROGRAM YOU MUST BE 62 YEARS OR OLDER OR DISABLED, AND REQUIRE NO MORE THAN A (2) TWO BEDROOM UNIT.
TO APPLY FOR THE ELDERLY/DISABLED STATE HOUSING PROGRAM YOU MUST BE AT LEAST 60 YEARS OF AGE OR DISABLED AND REQUIRE NO MORE THAN A TWO (2) BEDROOM UNIT.

**Applicant Name:**

**Social Security #:**

**SELECT YOUR CHOICE(S) HERE:**

## ELDERLY/DISABLED Federal Program

<table>
<thead>
<tr>
<th>Development</th>
<th>Neighborhood</th>
<th>Bedroom Size</th>
<th>Wheelchair Accessible Units That Exist at The Site</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annapolis</td>
<td>Dorchester</td>
<td>1 &amp; 2</td>
<td>No units at this site</td>
</tr>
<tr>
<td>Ashmont</td>
<td>Dorchester</td>
<td>1 &amp; 2</td>
<td>No units at this site</td>
</tr>
<tr>
<td>Ausonia</td>
<td>North End</td>
<td>1 &amp; 2</td>
<td>1 &amp; 2</td>
</tr>
<tr>
<td>Bellflower</td>
<td>Dorchester</td>
<td>1 &amp; 2</td>
<td>1 &amp; 2</td>
</tr>
<tr>
<td>Codman Apartments</td>
<td>Dorchester</td>
<td>0, 1 &amp; 2</td>
<td>1 &amp; 2</td>
</tr>
<tr>
<td>Commonwealth</td>
<td>Brighton</td>
<td>0 &amp; 1</td>
<td>0 &amp; 1</td>
</tr>
<tr>
<td>Davison Apts.</td>
<td>Hyde Park</td>
<td>0, 1 &amp; 2</td>
<td>No units at this site</td>
</tr>
<tr>
<td>Doris Bunte Apartments</td>
<td>Roxbury</td>
<td>0, 1 &amp; 2</td>
<td>No units at this site</td>
</tr>
<tr>
<td>Eva White Apts.</td>
<td>South End</td>
<td>0, 1 &amp; 2</td>
<td>No units at this site</td>
</tr>
<tr>
<td>Foley Apts.</td>
<td>South Boston</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Frederick Douglass</td>
<td>South End</td>
<td>0 &amp; 1</td>
<td>No units at this site</td>
</tr>
<tr>
<td>General Warren</td>
<td>Charlestown</td>
<td>0, 1 &amp; 2</td>
<td>No units at this site</td>
</tr>
<tr>
<td>Groveland</td>
<td>Mattapan</td>
<td>0 &amp; 1</td>
<td>1</td>
</tr>
<tr>
<td>Hampton House</td>
<td>South End</td>
<td>0 &amp; 1</td>
<td>1</td>
</tr>
<tr>
<td>Hassan Apts.</td>
<td>Mattapan</td>
<td>0, 1 &amp; 2</td>
<td>1</td>
</tr>
<tr>
<td>Heritage Apts.</td>
<td>East Boston</td>
<td>0, 1 &amp; 2</td>
<td>1 &amp; 2</td>
</tr>
<tr>
<td>Holgate Apts.</td>
<td>Roxbury</td>
<td>1</td>
<td>No units at this site</td>
</tr>
<tr>
<td>John J. Carroll</td>
<td>Brighton</td>
<td>1 &amp; 2</td>
<td>No units at this site</td>
</tr>
<tr>
<td>Lower Mills</td>
<td>Dorchester</td>
<td>0, 1 &amp; 2</td>
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<tr>
<td>Malone Apts.</td>
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</tr>
<tr>
<td>Meade Apts.</td>
<td>Dorchester</td>
<td>1 &amp; 2</td>
<td>No units at this site</td>
</tr>
<tr>
<td>Mildred C. Hailey Apts.</td>
<td>Jamaica Plain</td>
<td>1 &amp; 2</td>
<td>No units at this site</td>
</tr>
<tr>
<td>MLK Apts.</td>
<td>Roxbury</td>
<td>0 &amp; 1</td>
<td>No units at this site</td>
</tr>
<tr>
<td>Pascucci</td>
<td>Dorchester</td>
<td>0, 1 &amp; 2</td>
<td>1 &amp; 2</td>
</tr>
<tr>
<td>Patricia White</td>
<td>Brighton</td>
<td>1 &amp; 2</td>
<td>1 &amp; 2</td>
</tr>
<tr>
<td>Peabody</td>
<td>Dorchester</td>
<td>1 &amp; 2</td>
<td>1 &amp; 2</td>
</tr>
<tr>
<td>Pond Street</td>
<td>Jamaica Plain</td>
<td>1 &amp; 2</td>
<td>No units at this site</td>
</tr>
<tr>
<td>Rockland Towers</td>
<td>West Roxbury</td>
<td>0, 1 &amp; 2</td>
<td>1 &amp; 2</td>
</tr>
<tr>
<td>Roslyn</td>
<td>Roslindale</td>
<td>1 &amp; 2</td>
<td>1 &amp; 2</td>
</tr>
<tr>
<td>Spring Street</td>
<td>West Roxbury</td>
<td>1 &amp; 2</td>
<td>1 &amp; 2</td>
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<tr>
<td>St. Botolph St.</td>
<td>Back Bay</td>
<td>0, 1 &amp; 2</td>
<td>1 &amp; 2</td>
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<tr>
<td>Torre Unidad</td>
<td>South End</td>
<td>0, 1 &amp; 2</td>
<td>No units at this site</td>
</tr>
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<td>Washington Manor</td>
<td>South End</td>
<td>0 &amp; 1</td>
<td>No units at this site</td>
</tr>
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<td>Brighton</td>
<td>1 &amp; 2</td>
<td>No units at this site</td>
</tr>
<tr>
<td>West Ninth St.</td>
<td>South Boston</td>
<td>1 &amp; 2</td>
<td>No units at this site</td>
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## ELDERLY/DISABLED State Program

<table>
<thead>
<tr>
<th>Development</th>
<th>Neighborhood</th>
<th>Bedroom Size</th>
<th>Wheelchair Accessible Units That Exist at The Site</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basilica</td>
<td>Charlestown</td>
<td>1</td>
<td>No units at this site</td>
</tr>
<tr>
<td>Franklin Field Elderly</td>
<td>Dorchester</td>
<td>1</td>
<td>No units at this site</td>
</tr>
<tr>
<td>Franklin Field</td>
<td>Dorchester</td>
<td>2</td>
<td>No units at this site</td>
</tr>
<tr>
<td>Grandparenting Program</td>
<td>South Boston</td>
<td>0, 1 &amp; 2</td>
<td>1</td>
</tr>
</tbody>
</table>

**PLEASE NOTE:** When 1st selecting your choice(s) with the application your eligibility date will be the same as your application date. If you decide later on that you would like to add new choice(s) you will be given a new eligibility date, only to the one(s) added after your application was originally submitted. Your development choice(s) eligibility date can also change if you submit a priority after the date of your application. If that priority is approved your eligibility date for all your development choice(s) will be the date that the priority was time stamped received in our office. However, if you are approved for a priority and then you decide to add new choice(s) your eligibility date will be the date you made the change.

**Applicant Signature:**

**Date:**

(HEAD OF HOUSEHOLD)
PLEASE NOTE: Please make sure that the development(s) in which you select have the required bedroom size needed for your household. You may choose as many Developments as you would like as long as you meet the eligibility requirement for each housing program. For all Federal housing programs at least one household member must have legal immigration status in order to apply for those developments and if all household members do not have eligible immigration status the rent will be pro-rated.

<table>
<thead>
<tr>
<th>SELECT YOUR CHOICE(S) HERE (\checkmark)</th>
<th>FAMILY FEDERAL PROGRAM</th>
<th>Bedroom Size</th>
<th>Wheelchair Accessible Units That Exist At The Site</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alice H. Taylor</td>
<td>Roxbury</td>
<td>1,2,3,4,5</td>
<td>2,3,4,5</td>
</tr>
<tr>
<td>Anne M. Lynch Homes at Old Colony</td>
<td>South Boston</td>
<td>1,2,3,4,5,6</td>
<td>1,2,3,5</td>
</tr>
<tr>
<td>Cathedral/Ruth Barkley Apts.</td>
<td>South End</td>
<td>1,2,3,4,5,6</td>
<td>1,2,3,4</td>
</tr>
<tr>
<td>Charlestown</td>
<td>Charlestown</td>
<td>1,2,3,4,5</td>
<td>2,3,4,5</td>
</tr>
<tr>
<td>Commonwealth</td>
<td>Brighton</td>
<td>1,2,3,4,5</td>
<td>2,3,4,5</td>
</tr>
<tr>
<td>Franklin Field</td>
<td>Dorchester</td>
<td>1,2,3,4,5</td>
<td>1,2,3,4</td>
</tr>
<tr>
<td>Highland Park</td>
<td>Roxbury</td>
<td>2,3,4,5</td>
<td>No units at this site</td>
</tr>
<tr>
<td>Lenox St.</td>
<td>South End</td>
<td>1,2,3</td>
<td>No units at this site</td>
</tr>
<tr>
<td>Mary Ellen McCormack</td>
<td>South Boston</td>
<td>1,2,3</td>
<td>2,3,4,4</td>
</tr>
<tr>
<td>Mildred C. Hailey Apts. (Bromley)</td>
<td>Jamaica Plain</td>
<td>1,2,3,4,5,6</td>
<td>2,3,4,5</td>
</tr>
<tr>
<td>Mildred C. Hailey Apts. (Heath St)</td>
<td>Jamaica Plain</td>
<td>1,2,3,4,5,6</td>
<td>2,3,4,5</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>FAMILY STATE PROGRAM</th>
<th>Development</th>
<th>Bedroom Size</th>
<th>Wheelchair Accessible Units That Exist At The Site</th>
</tr>
</thead>
<tbody>
<tr>
<td>Archdale</td>
<td>Roslindale</td>
<td>1,2,3,4,5,6</td>
<td>2</td>
</tr>
<tr>
<td>BHA Condos-scattered sites</td>
<td>City-Wide</td>
<td>1,2,3,4,5,6</td>
<td>1,2,3,4</td>
</tr>
<tr>
<td>Fairmount</td>
<td>Hyde Park</td>
<td>2,3,4,5</td>
<td>No units at this site</td>
</tr>
<tr>
<td>Faneuil</td>
<td>Brighton</td>
<td>2,3,4,5</td>
<td>No units at this site</td>
</tr>
<tr>
<td>Franklin Field</td>
<td>Dorchester</td>
<td>2,3,4,5</td>
<td>No units at this site</td>
</tr>
<tr>
<td>Gallivan Blvd</td>
<td>Mattapan</td>
<td>2,3,4,5</td>
<td>No units at this site</td>
</tr>
<tr>
<td>Orient Heights</td>
<td>East Boston</td>
<td>1,2,3,4,5,6</td>
<td>2,3,4,5</td>
</tr>
<tr>
<td>South St.</td>
<td>Jamaica Plain</td>
<td>1,2,3,4,5,6</td>
<td>1,2,3,4</td>
</tr>
<tr>
<td>West Broadway</td>
<td>South Boston</td>
<td>1,2,3,4,5,6</td>
<td>1,2,3,4</td>
</tr>
</tbody>
</table>

PLEASE NOTE: When 1st selecting your choice(s) with the application your eligibility date will be the same as your application date. If you decide later on that you would like to add new choice(s) you will be given a new eligibility date, only to the one(s) added after your application was originally submitted. Your development choice(s) eligibility date can also change if you submit a priority after the date of your application. If that priority is approved your eligibility date for all your development choice(s) will be the date that the priority was time stamped received in our office. However, if you are approved for a priority and then you decide to add new choice(s) your eligibility date will be the date you made the change.

Applicant Signature ________________________ Date _____________________

(HEAD OF HOUSEHOLD)

PH Development Choices Form for Application Rev. 04/29/2019
### HOUSING CHOICE VOUCHER PROJECT BASED PROGRAMS

**NAME:** ___________________________  **SS#:** ___________________________

#### IA. ELDERLY/DISABLED HOUSING CHOICE VOUCHER PROGRAM PROJECT-BASED SITES

**Note:** Be advised, the Head or Co-Head must be Elderly (62 years or age or older) or Disabled and must qualify as a Priority One Applicant in order to apply for the Sites listed below.

<table>
<thead>
<tr>
<th>Check Box (✓)</th>
<th>Site Name</th>
<th>Neighborhood</th>
<th>Bedroom Size(s)</th>
<th>Wheelchair Access?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Ashford Street Lodging</td>
<td>Allston</td>
<td>SRO, Studio, 1</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Boston Hope</td>
<td>Dorchester</td>
<td>1, 2</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Bowdoin Manor- Supported Housing</td>
<td>Boston</td>
<td>SRO</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Corey Seton Manor-Supported Housing</td>
<td>Brighton</td>
<td>Studio</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Egleston Crossing</td>
<td>Roxbury</td>
<td>1, 2</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Green Street – Supported Housing</td>
<td>Jamaica Plain</td>
<td>SRO</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Hearth at Burroughs LLC- Supported Housing</td>
<td>Jamaica Plain</td>
<td>SRO</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Hearth at Olmsted Green – Supported Housing</td>
<td>Dorchester</td>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Imani House</td>
<td>Dorchester</td>
<td>Studio, 1</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Rutland Square House</td>
<td>Boston</td>
<td>2</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>The Foley- Supported Housing</td>
<td>Mattapan</td>
<td>Studio, 1</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Uphams Corner – Supported Housing</td>
<td>Dorchester</td>
<td>Studio</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Walnut House</td>
<td>Roxbury</td>
<td>Studio</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Washington Street – Supported Housing</td>
<td>Boston</td>
<td>SRO</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Ziegler- Supported Housing</td>
<td>Boston</td>
<td>SRO</td>
<td>No</td>
</tr>
</tbody>
</table>

#### IB. ELDERLY/DISABLED HOUSING CHOICE VOUCHER PROGRAM PROJECT-BASED SITES

**Note:** Be advised, the Head or Co-Head must be Elderly (62 years or age or older) or Disabled in order to apply for the Sites listed below. These sites are OPEN to Priority One Applicants or Standard Elderly Applicants.

<table>
<thead>
<tr>
<th>Heritage Apts.</th>
<th>East Boston</th>
<th>Studio, 1 &amp; 2</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lower Mills</td>
<td>Dorchester</td>
<td>Studio, 1 &amp; 2</td>
<td>Yes</td>
</tr>
</tbody>
</table>

#### II. ELDERLY HOUSING CHOICE VOUCHER PROGRAM PROJECT-BASED SITES

**Note:** Be advised, the Head or Co-Head must be Elderly (62 years or age or older). These sites are OPEN to Priority One and Non-Priority or Standard elderly applicants.

<table>
<thead>
<tr>
<th>Amory Street Apts</th>
<th>Roxbury</th>
<th>Studio, 1, 2</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building 104</td>
<td>Charlestown</td>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>Central Boston Elder Services</td>
<td>Boston</td>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>Morville House</td>
<td>South Boston</td>
<td>1</td>
<td>No</td>
</tr>
<tr>
<td>O’Connor Way Senior Housing</td>
<td>Roxbury</td>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>Quincy Commons</td>
<td></td>
<td>1</td>
<td>Yes</td>
</tr>
</tbody>
</table>

I understand that the BHA will make a determination of my preliminary eligibility for all the sites that I have selected.

**Head of Household Signature**

**Date:** ___________________________

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*Housing Choice Voucher Site Choice Form Project Based Programs  Rev. 02/18/2020*
III. FAMILY HOUSING CHOICE VOUCHER PROGRAM PROJECT-BASED SITES (PBV)

Note: Anyone may apply for these Sites as long as the bedroom size required exists at the selected choice(s) must qualify as a Priority One Applicant in order to apply for the Sites listed below.

<table>
<thead>
<tr>
<th>Check Box (✓)</th>
<th>Site Name</th>
<th>Neighborhood</th>
<th>Bedroom Size(s)</th>
<th>Wheelchair Access?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Armony Street Families Support Services</td>
<td>Roxbury</td>
<td>6,1</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Bloomfield Gardens</td>
<td>Dorchester</td>
<td>2,3</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Boston Hope</td>
<td>Dorchester</td>
<td>3,4</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Brighton Allston Apts.</td>
<td>Brighton/Allston</td>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Camden Apts</td>
<td>South End/Roxbury</td>
<td>1,2</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Catherine Gallagher</td>
<td>Jamaica Plain</td>
<td>1,2,3,4</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>229 Centre Street</td>
<td>Jamaica Plain</td>
<td>1,2,3,4</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Concord Houses</td>
<td>South End</td>
<td>1,2,3,4</td>
<td>Yes</td>
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<tr>
<td></td>
<td>Condor Havre Garden</td>
<td>East Boston</td>
<td>2,3</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Cortes Lodging House</td>
<td>Boston</td>
<td>SRO, Stuido</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Crawford House – Supported Housing</td>
<td>Dorchester</td>
<td>2</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Dartmouth Hotel – Supported Housing</td>
<td>Roxbury</td>
<td>Studio, 1</td>
<td>Yes</td>
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<td></td>
<td>Dixwell Park</td>
<td>Boston</td>
<td>2,3</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Dudley Greenville</td>
<td>Roxbury</td>
<td>2,3</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Dunmore Place – Supported Housing</td>
<td>Roxbury</td>
<td>2,3</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Egleston Crossing</td>
<td>Roxbury</td>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Franklin Hill</td>
<td>Dorchester</td>
<td>1,2,3,4,5</td>
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</tr>
<tr>
<td></td>
<td>Georgetowne Houses I and II</td>
<td>Hyde Park</td>
<td>1,2,3</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Hartwell Terrace</td>
<td>Dorchester</td>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Harvard Commons</td>
<td>Dorchester</td>
<td>2,3,4</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Harvard Hill Apts.</td>
<td>Dorchester</td>
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<td>No</td>
</tr>
<tr>
<td></td>
<td>Heritage Apts.</td>
<td>East Boston</td>
<td>3,4</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Howard Dacia</td>
<td>Dorchester</td>
<td>2,3</td>
<td>Yes</td>
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<td></td>
<td>JP Scattered Sites</td>
<td>Jamaica Plain</td>
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<td>Lower Roxbury Apts.</td>
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<td>Lucerne Gardens</td>
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<td></td>
<td>580 Mass. Ave</td>
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<td>SRO</td>
<td>Yes</td>
</tr>
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<td>Madison Melnea Cass Apts</td>
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<td>Mattapan Heights</td>
<td>Mattapan</td>
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<td>Yes</td>
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<td></td>
<td>Moreland Affordable</td>
<td>Roxbury</td>
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<td>No</td>
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<tr>
<td></td>
<td>109 Mt. Pleasant Street – Supported Housing</td>
<td>Roxbury</td>
<td>2,3</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Nazing Court</td>
<td>Dorchester</td>
<td>1,2</td>
<td>No</td>
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<tr>
<td></td>
<td>Nueva Esperanza</td>
<td>Roxbury</td>
<td>Studio</td>
<td>Yes</td>
</tr>
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<td></td>
<td>Oak Terrace</td>
<td>Boston</td>
<td>1,2,3,4</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Old Colony Phase I &amp; II</td>
<td>South Boston</td>
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<td>Oliver Lofts</td>
<td>Roxbury</td>
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<td>No</td>
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<td></td>
<td>Olmsted Green</td>
<td>Dorchester</td>
<td>2,3</td>
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</tr>
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<td>Orient Heights Phase Two</td>
<td>Dorchester</td>
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<td></td>
<td>Pleasant Street – Supported Housing</td>
<td>East Boston</td>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Rockvale Circle</td>
<td>Jamaica Plain</td>
<td>2,3</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Rollins Square</td>
<td>Boston</td>
<td>1,2,3</td>
<td>Yes</td>
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<tr>
<td></td>
<td>Roxbury Tenant of Harvard</td>
<td>Roxbury</td>
<td>1,2,3</td>
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<tr>
<td></td>
<td>Rutland Square House</td>
<td>South End</td>
<td>SRO</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>The Berkeley Residence</td>
<td>Boston</td>
<td>SRO</td>
<td>Yes</td>
</tr>
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<td></td>
<td>The Greenway/Maverick</td>
<td>East Boston</td>
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<td></td>
<td>The Metropolitan</td>
<td>Boston</td>
<td>Studio</td>
<td>Yes</td>
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<tr>
<td></td>
<td>Trinity House</td>
<td>East Boston</td>
<td>SRO, Studio</td>
<td>Yes</td>
</tr>
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<td></td>
<td>Trinity Terrace</td>
<td>Dorchester</td>
<td>2,3</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Uphams West</td>
<td>Dorchester</td>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>40 Upton Street – Supported Housing</td>
<td>Boston</td>
<td>SRO</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Washington Beech</td>
<td>Roslindale</td>
<td>1,2,3,4</td>
<td>No</td>
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<tr>
<td></td>
<td>9 Williams Street</td>
<td>Boston</td>
<td>1,2</td>
<td>Yes</td>
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<tr>
<td></td>
<td>Westland/Burbank</td>
<td>Boston</td>
<td>1,2</td>
<td>Yes</td>
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<td></td>
<td>Westminster Court</td>
<td>Roxbury</td>
<td>Studio, 1,2,3,4,5</td>
<td>Yes</td>
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<tr>
<td></td>
<td>West Newton Rutland Apts</td>
<td>South End</td>
<td>Studio, 1,2,3,4,5</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Wise Street – Supported Housing</td>
<td>Jamaica Plain</td>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Whittier Street Apartments</td>
<td>South End</td>
<td>2,3,4</td>
<td>Yes</td>
</tr>
</tbody>
</table>

I understand that the BHA will make a determination of my preliminary eligibility for all the sites that I have selected.

Head of Household Signature

Date:
MODERATE REHABILITATION PROGRAM CHOICE(S) FORM

Head of Household Name ____________________________________________ Print Clearly) SS# _____________________________

Please read carefully the Site Descriptions included with the Application package and Check-off (√) your choices after reading the site requirements, if any are applicable.

I. ELDERLY/DISABLED S8 MODERATE REHABILITATION AND PROJECT-BASED CERTIFICATE PROGRAM

Note: Be advised, Head or Co-Head must be Elderly (62 years or older) or Disabled in order to apply for the Sites listed below.

<table>
<thead>
<tr>
<th>Check Box (√)</th>
<th>Site Name</th>
<th>Neighborhood</th>
<th>Bedroom Size(s)</th>
<th>Wheelchair Access?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Betances House - Supported Housing</td>
<td>Boston</td>
<td>SRO</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Bishop – Supported Housing</td>
<td>Jamaica Plain</td>
<td>SRO</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Coventry Street – Supported Housing</td>
<td>Boston</td>
<td>SRO</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Daly House – Supported Housing</td>
<td>Roxbury</td>
<td>SRO</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>East Springfield – Supported Housing</td>
<td>Boston</td>
<td>SRO</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Fessenden Street Apts. – Supported Hsg.</td>
<td>Mattapan</td>
<td>SRO</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Fuller House – Supported Housing</td>
<td>Dorchester</td>
<td>SRO</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Huntington at Symphony – Supported Hsg.</td>
<td>Boston</td>
<td>SRO</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Lyon House – Supported Housing</td>
<td>Dorchester</td>
<td>SRO</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Main Street</td>
<td>Charlestown</td>
<td>SRO</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Nueva Vida, Inc. – Supported Housing</td>
<td>Roxbury</td>
<td>SRO</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Park Street – Codman Sq. – Supported Hsg.</td>
<td>Dorchester</td>
<td>Studio</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Sours House – Supported Housing</td>
<td>Dorchester</td>
<td>SRO</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Tuttle House – Supported Housing</td>
<td>Dorchester</td>
<td>SRO</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Valentine Street – Supported Housing. This Program is for women only.</td>
<td>Roxbury</td>
<td>SRO</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Walnut House – Supported Housing</td>
<td>Roxbury</td>
<td>SRO</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Westminster House-Supported Housing</td>
<td>Hyde Park</td>
<td>SRO</td>
<td>No</td>
</tr>
</tbody>
</table>

II. FAMILY S8 MODERATE REHABILITATION AND PROJECT-BASED CERTIFICATE PROGRAM

Note: Anyone may apply for these Sites as long as the bedroom size required exists at the selected choice(s)

<table>
<thead>
<tr>
<th>Check Box (√)</th>
<th>Site Name</th>
<th>Neighborhood</th>
<th>Bedroom Size(s)</th>
<th>Wheelchair Access?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Arch Project</td>
<td>Boston</td>
<td>SRO</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Codman Square</td>
<td>Dorchester</td>
<td>2,3</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Columbus Ave. Apts.</td>
<td>Roxbury</td>
<td>2,3,4</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Congressman J. Moakley Quarters</td>
<td>Boston</td>
<td>SRO</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Crawford Street</td>
<td>Dorchester</td>
<td>SRO</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Dixwell</td>
<td>Roxbury</td>
<td>2,3</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Esmond Street</td>
<td>Dorchester</td>
<td>3</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Fessenden Street Apts.</td>
<td>Boston</td>
<td>2,3,4</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Frawley Delle Apts.</td>
<td>Boston</td>
<td>SRO</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Haley House</td>
<td>Boston</td>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Huntington House</td>
<td>Jamaica Plain</td>
<td>SRO</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Jess Street</td>
<td>Jamaica Plain</td>
<td>2,3,4</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Montebello</td>
<td>Roxbury</td>
<td>SRO</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Sargent Prince</td>
<td>Dorchester</td>
<td>2,3</td>
<td>No</td>
</tr>
</tbody>
</table>

I understand that the BHA will make a determination of my preliminary eligibility for all sites that I have selected.

Applicant Signature: _____________________________ Date: _____________________________

Choice Form Mod Rehab Rev. 8/2/18
PUBLIC HOUSING PROGRAMS PRIORITY SELF-CERTIFICATION FORM

PRINT NAME: __________________________ S.S.# ____________________________

Please check off only the priority or priorities status(es) that verifies your current living situation. You must be in the specific situation that you are certifying when you complete, sign and submit this certificate. You will be required to submit the listed third party verification once you are contacted for your personal interview during the final eligibility determination screening process. During that process we will verify if you do qualify for the self-certified priority/priorities and therefore, to continue to final screening process and determine if you will be a suitable resident for the BHA’s public housing program.

Please be advised, that if it is determined that you have knowingly and willingly falsified information by self-certifying a priority status for a living situation that you are not currently in, you will be found ineligible for falsification of information for a period of three (3) years.

PRIORITY CATEGORIES

☐ Disaster: Displacement due to a disaster, such as flood or fire, that results in the uninhabitability of your apartment or dwelling unit not due to the fault of your own and/or Household member(s) or beyond your control. Verification must include:
- A copy of the incident report from the local Fire Department, and
- A copy of your lease, or a statement from the property owner, verifying that you were the tenant of record at the affected address, and
- Verification from the Fire Department, the Inspectional Services Department, the Health Department or other appropriate agency that the dwelling unit is now uninhabitable, and
- The cause of the disaster if known. If you or a household member or guest was the cause of the disaster, approval for priority status will be denied unless mitigating circumstances are established to the satisfaction of Occupancy Department.

☐ Condemned Housing: Your apartment have been declared unfit for habitation by an agency of government through no fault of your own. Verification requirements are:
- Third-party, written verification from the appropriate unit or agency of government certifying that you have been displaced or will be displaced in the next ninety days, as a result of action by that agency, including copy of the lease and
- The precise reason(s) for such displacement, and a copy of the "Condemnation Notice."

☐ Court-Ordered/No-Fault Eviction: Eviction pursuant to an Order for Judgment (or Agreement for Judgment) issued by a court because of: (a) Landlord action beyond your ability to control or prevent, and the action occurred despite you having met all previously imposed conditions of occupancy and displacement was not the result of failure to comply with HUD and State policies in it's housing programs with respect to occupancy of under-occupied and overcrowded units or failure to accept a transfer to another unit in accordance with a court order or procedures under a HUD-approved desegregation plan. Verification requirements (all documents are required):
- Submission of a fully completed "Certificate of Involuntary Displacement by Court Ordered/No Fault Eviction" and
- A copy of the Notice to Quit issued by the landlord or property manager; and
- A copy of the Summons and Complaint available from the court; and
- A copy of the Answer or other response(s) filed by you in court in response to the Complaint, if any; and
- A copy of the Judgment of the Court (Agreement for Judgment, Order for Judgment and Findings of Fact, or Default Judgment); and If applicable, a copy of the execution issued by the court and other documentation to verify no fault.

☐ Displacement Due to Domestic Violence/Dating Violence/Sexual Assault or Stalking: Which is defined as displacement from an address where you were the tenant of record due to continuing actual or threatened physical violence (including sexual assault) directed against one or more of the household members. Verification must include submission of a fully completed "Certificate of Involuntary Displacement Due to Domestic Violence/Dating Violence/Sexual Assault or Stalking" or third-party, written verification from the local police department, a social service agency, a court of competent jurisdiction, a clergy member, a physician, or a public or private facility that provides shelter or counseling to the victims of domestic violence. Verification will not be considered valid unless it:
- Supplies the name of the abuser
- Describes how the situation came to verifier's attention; and
- Indicates that the threats and/or violence are of a recent (within the past six to six months) or continuing nature if you are still residing in the dwelling where the violence has occurred or is occurring.
- Indicates that you have been displaced because of the threats and/or violence or that you are in imminent danger where you now resides.
- You must supply the name and address of the abuser AND
- Provide documentation that you are/were a tenant of record.

☐ Governmental Displacement: A Household is required to permanently move from their residence by a Federal, State or local governmental action such as code enforcement, public improvements or a development program. Verification Requirements are:
- Third-party, written verification from the appropriate unit or agency of government certifying that you have been displaced or will be displaced in the next ninety days, as a result of action by that agency; and
- The precise reason(s) for such displacement.
- Copy of the lease or a statement from the landlord.

☐ Avoidance of Reprisal/Witness Protection: Relocation is required because: (A) A Househould Member provided information or testimony on criminal activities to a law enforcement agency; and (B) based upon a threat assessment, a law enforcement agency recommends the relocation of the Household to avoid or minimize the risk of violence against Household Members as reprisal for providing such information. Verification requirements are:
- Submission of a fully completed "Certificate of Involuntary Displacement to Avoid Reprisal" or documentation from a law enforcement agency that you and/or a Household Member provided information on criminal activity; copy of the lease or a statement from the landlord; and
- Documentation that, following a threat assessment conducted by the agency, the agency recommends the relocation/reshousing of the household to avoid or minimize the threat of violence or reprisal to or against the Household Member(s) for providing such information. This includes situations in which you and/or Household Member(s) are themselves the victims of such crimes and have provided information (testimony) to a law enforcement agency.
Victim of Hate Crimes: A member of the Household has been a victim of one or more hate crimes AND the Householder has vacated a dwelling unit because of this crime OR the fear associated with the crime has destroyed the peaceful enjoyment of the dwelling unit. Verification must include:

- Submission of a fully completed "Certificate of Involuntary Displacement by Hate Crimes" or documentation from a law enforcement agency that the Householder Member(s) was/were a victim of such crime(s); and has vacated the dwelling because of such crime(s) or has experienced fear associated with such crime(s) and the fear has destroyed the peaceful enjoyment of their current dwelling unit and proof that you were a tenant of record.

For disabled individuals only, inaccessibility of their current dwelling unit: A member of the Household has a mobility or other impairment that makes the person unable to use a critical element of the current apartment or development AND the owner is not legally obligated under law pertaining to reasonable accommodation to make changes to the apartment or dwelling unit that would make these critical elements accessible to the Householder Member with the disability. Verification Requirements are: the fully completed "Displacement due to Inaccessibility to the Dwelling Unit" that must include:

- The name of the member of the household who is a legal occupant and is unable to use the critical element;
- A written statement on the certificate from a Qualified Healthcare Provider verifying that the member of the household is a Disability (but not necessarily the nature of the Disability) and identifying the critical element of the dwelling which is not accessible and the reasons why it is not accessible; and
- The statement from the landlord or official of a government or other agency providing service to such Disabled Persons explaining the reason(s) that the landlord is not required to make changes which would render the dwelling accessible to the individual as a reasonable accommodation.

Homelessness: A Household lacks a fixed, regular and adequate nighttime place of habitation and the primary nighttime dwelling is one of the following:

a) A supervised public or private shelter designed to provide temporary living accommodations (includes welfare hotels, congregate shelters and transitional housing, and rapid re-housing); or
b) A public or private place not designed for human habitation.

An Applicant or a member of his/her household is suffering from a medical condition or disability which precludes him/her from residing in a public or private shelter.

Persons living with tenants in private or subsidized housing, even if only temporarily, DO NOT qualify as homeless, except for the situation described in category "c" which shall be reviewed and determined by the BHA's Director of Occupancy or designee.

*Persons who temporarily move to a shelter for the sole purpose of qualifying for this priority shall be determined ineligible.

Verification Requirements are: Submission of a "Certificate of Homelessness" fully completed by an appropriate source that he/she lacks a fixed, regular and adequate nighttime residence; or his/her primary nighttime residence is:

- a supervised public or private shelter designed to provide temporary housing accommodations (i.e., welfare hotels, congregate shelters and transitional housing, and rapid re-housing);
- a public or private place not designed for human habitation; and
- A third-party written verification from a public or private facility that provides shelter for homeless individuals, the local police department, or a social services agency, certifying the Applicant's homeless status in accordance with the definition in this policy.

Medical documentation verifying the existence of the medical condition or disability including the reason(s) the Applicant may not reside in a public or private shelter and acceptable verification of the current housing arrangements.

None of the Above are Applicable.

THE FOLLOWING PRIORITY CATEGORIES APPLY TO ELDERLY/DISABLED PUBLIC HOUSING PROGRAM APPLICANTS ONLY

Excessive Rent Burden: The household pays more than 50% of its total monthly income for rent and utilities (excluding telephone, internet and cable TV). Verification requirements are: Submission of a fully completed "Certificate of Excessive Rent Burden" form and all required documentation listed on the Certificate.

Imminent Landlord Displacement: You have not yet been evicted by Court-order BUT your landlord has notified you that you must vacate your dwelling unit through no-fault of your own, unrelated to a rent increase, and you have already vacated the dwelling unit or you will vacate the dwelling unit within the next six (6) months. Verification requirements are: Submission of a fully completed "Certificate of Involuntary Displacement by Landlord Action" form and all required documentation listed on the Certificate.

I hereby certify under pains and penalties of perjury that I have checked-off only the priority/priorities status(es) which reflect and describe my current living situation. I further understand that I must inform the Occupancy Department in writing if my current living situation changes and I obtain permanent housing. 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

Complete address where currently living

Since 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 office.

This is an important document. Se exige interpretación, por favor llame al número de teléfono que aparece abajo o visite nuestras oficinas.

NOTE: You must print on this page or provide a signed copy of this page with your application.

This is an important document. Se exige interpretación, por favor llame al número de teléfono que aparece abajo o visite nuestras oficinas.

NOTE: You must print on this page or provide a signed copy of this page with your application.

Availability Criteria:

1. من وخاصة
2. من خاصة
3. من خاصة

Rev. June 2019
HOUSING CHOICE VOUCHER PROGRAM (SECTION 8) PRIORITY ONE SELF-CERTIFICATION FORM

NOTE: APPLICATIONS THAT ARE SUBMITTED WITHOUT THE REQUIRED COMPLETED, SIGNED, AND DATED PRIORITY ONE STATUS SELF-CERTIFICATION FORM WILL BE DENIED AND WILL NOT BE PLACED ON THE SECTION 8 PROGRAM WAITING LIST(S).

PRINT NAME: __________________________ S.S.#: __________________________

Please check off only the priority or priorities status(es) that verifies your current living 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 determination process. During that process we will verify if you qualify for the self-certified priority/priorities and if so, will continue the screening process to determine if you will be an eligible participant for the BHA's Housing Choice (Section 8) Voucher housing program.

Please be advised, that if it is determine that you have knowingly and willingly falsified information by self-certifying a priority status for a living situation that you are not currently in, you will be found ineligible for a period of three (3) years.

PRIORITY CATEGORIES:

☐ Disaster: Displacement due to a disaster, such as flood or fire, that results in the uninhabitability of your apartment or dwelling unit due to no fault of your own and/or any Household member(s) or beyond your control. Verification must include:
  ♦ A copy of your lease, or a statement from the property owner, verifying that you were the tenant of record at the affected address, and
  ♦ Verification from the Fire Department, the Inspectional Services Department, the Health Department or other appropriate agency that the dwelling unit is now uninhabitable, and the cause of the disaster if known.

☐ Condemnation: Your apartment has been declared unfit for habitation by an agency of government through no fault of your own. Verification must include:
  ♦ Verification of condemnation from the appropriate unit or agency of government such as the Inspectional Services Dept. or Health Department certifying that you have been displaced or will be displaced in the next ninety days, as a result of action by that agency; and
  ♦ The precise reason for the displacement.

☐ Court-Ordered/No-Fault Eviction: Eviction pursuant to an Order for Judgment (or Agreement for Judgment) issued by a court because of: Landlord action beyond your ability to control or prevent and the action occurred despite you having met all previously imposed conditions of occupancy. Verification must include (all documents are required):
  ♦ A fully completed "Certificate of Involuntary Displacement by Court Ordered/No Fault Eviction."
  ♦ A copy of the Notice to Quit issued by the landlord or property manager; and
  ♦ A copy of the Summons and Complaint available from the court; and
  ♦ A copy of the Judgment of the Court (Agreement for Judgment, Order for Judgment and Findings of Fact, or Default Judgment); and If applicable, a copy of the execution issued by the court.

☐ Displacement Due to Domestic Violence/Dating Violence/Sexual Assault or Stalking: Which is defined as displacement from an address where you are/were the tenant of record due to continuing actual or threatened physical violence (including sexual abuse) directed against one or more of the household members. Verification must include submission of a fully completed "Certificate of Involuntary Displacement Due to Domestic Violence/Dating Violence/Sexual Assault or Stalking" or third-party, written verification from the local police department, a social service agency, a court of competent jurisdiction, a clergy member, a physician, or a public or private facility that provides shelter or counseling to the victims of domestic violence.

Verification must include:
  ♦ Supplies the name of the threatening or abusive household member or other legal occupant of the dwelling unit;
  ♦ Describes how the situation came to verifyer's attention; and
  ♦ Indicates that the threats and/or violence are of a recent (within the past six (6) months) or continuing nature if you are still residing in the dwelling where the violence has occurred or is occurring.
  ♦ Indicates that you have been displaced because of the threats and/or violence and that you are in imminent danger where you now reside.
  ♦ You must supply the name and address of the abuser AND provide documentation that you are/were a tenant of record.

NOTE: Persons living in public housing DO NOT qualify in this Priority category unless evidence is provided that the housing authority could not transfer your household to suitable, alternative housing.

☐ Avoidance of Reprisal/Witness Protection: Relocation is required because you, or a member of your Household provided information or testimony on criminal activities to a law enforcement agency; and based upon a threat assessment, a law enforcement agency recommends the relocation of the Household to avoid or minimize risk of violence against Household Members as reprisal for providing such information.

Verification must include: Submission of a fully completed "Certificate of Involuntary Displacement to Avoid Reprisal" or documentation from a law enforcement agency that you and/or a Household Member provided information on criminal activity; Documentation that, following a threat assessment conducted by the Law Enforcement agency, the agency recommends the relocation/re-housing of the household to avoid or minimize the threat of violence or reprisal to or against the Household Member(s) for providing such information. This includes situations in which you and/or a household member are themselves the victims of such crimes and have provided information (testimony) to a law enforcement agency.

NOTE: Persons living in public housing DO NOT qualify in this Priority category unless evidence is provided that the housing authority could not transfer your household to suitable, alternative housing.

☐ Victim of Hate Crimes: Submission of a fully completed "Certificate of Involuntary Displacement by Hate Crimes" to verify that a member of the Household has been a victim of one or more hate crimes AND the Household has vacated a dwelling unit because of this crime OR the fear associated with the crime has destroyed the peaceful enjoyment of their current dwelling unit.

Verification must include:
  ♦ Submission of documentation from a law enforcement agency that the Household Member(s) was a victim of such crime(s); and has vacated the dwelling because of such crime(s) or has experienced fear associated with such crime(s) and the fear has destroyed the peaceful enjoyment of their current dwelling unit.

NOTE: Persons living in public housing DO NOT qualify in this Priority category unless evidence is provided that the housing authority could not transfer your household to suitable, alternative housing.
**Other Government Action:** Your household was required to permanently move from your residence by Federal, State, or Local governmental action such as code enforcement, public improvements, or a development program. **Verification must include:**

- Third party, written notification from the appropriate unit or agency of government certifying that your household has been displaced or will be displaced in the next ninety days, as a result of action by the agency; and
- The precise reason(s) for such displacement.

**NOTE:** Persons living in public housing DO NOT qualify in this Priority category unless evidence is provided that the housing authority could not transfer your household to suitable, alternative housing.

**Inaccessibility of a critical element of their current dwelling unit:** A Household member has a mobility or other impairment that makes the person unable to use a critical element of the current apartment or development AND the owner is not legally obligated (under Reasonable Accommodation law) to make changes to the apartment or dwelling unit that would make these critical elements accessible to the Household Member with the disability. **Verification must include:**

- A fully completed "Certificate of Displacement due to Inaccessibility to the Dwelling Unit" including the name of the household member who is unable to use the critical element AND
- A written statement from a Qualified Healthcare Provider verifying that the household member has a Disability (but not necessarily the nature of the Disability) and identifying the critical element of the dwelling which is not accessible and the reasons why it is not accessible; and
- A statement from the landlord or official of a government or other agency providing service to such Disabled Persons explaining the reason(s) that the landlord is not required to make changes which would render the dwelling accessible to the individual as a reasonable accommodation.

**Homelessness:** A Household lacks a fixed, regular and adequate nighttime habitation and the primary nighttime dwelling is one of the following: a) A supervised public or private shelter designed to provide temporary living accommodations (includes welfare hotels, congregate shelters and transitional housing, and rapid re-housing); b) A public or private place not designed for, or ordinarily used as, a regular sleeping place for human beings; or c) An applicant or a member of his or her household is suffering from a severe condition or a disability which precludes this person from residing in a public or private shelter. (I) For purposes of this section, the Authority will consider a person's condition as severe when medical treatment cannot be provided in a shelter environment due to the high risk of endangering the health of the individual or exacerbating the condition as verified by a medical provider.

*Note: Persons living with tenants in private or subsidized housing DO NOT qualify as homeless, except for those applicants described in category "c" above.*

**Verification Requirements are:** Submission of a "Certificate of Homelessness" fully completed by an appropriate source and the Applicant's signed statement that he/she lacks a fixed, regular and adequate nighttime residence; or his/her primary nighttime residence is:

- A supervised public or private shelter designed to provide temporary housing accommodations (i.e., welfare hotels, congregate shelters and transitional housing, and rapid re-housing); or
- A public or private place not designed for or used as a regular sleeping place for human beings.
- A third-party written verification from a public or private facility that provides shelter for homeless individuals, local police department, or a social services agency, certifying the Applicant's homeless status in accordance with the definition in this policy; or,
- Written verification from a medical provider that the individual is unable to live in a public or private shelter, or any other place unfit for human habitation due to the applicant's severe medical condition or disability.

**Graduates of Project-Based Units who have Fulfilled Supportive Service Goals:** A participant in a transitional housing Program for Elderly or Disabled persons which includes a supportive services component and where the participant has outgrown or completed the supportive services program. **Verification must include:**

- Submission of a "Certificate of Emergency Disability or Elderly Persons Relocation" stating that you are an elderly or disabled person; and you have been a tenant for not less than 12 months in a housing program for disabled or elderly persons which includes a supportive services component; and you have outgrown or completed the program's service provider's regarding your completion of the program; and as a result, you must relocate from such housing.

**None of the Above Are Applicable**

I hereby certify under pains and penalties of perjury that I have checked-off only the priority/priorities status(es) which reflect and describe my current living situation. I further understand that I must inform the Occupancy Department in writing if my current living situation changes and I obtain permanent housing. I understand that if I knowingly and willingly provide false information I will be determined ineligible for all BHA housing programs. Further, 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**

**Applicant Co-Head of Household Signature**

---

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 a la izquierda o visite nuestras oficinas.

This document is confidential. Please keep in a safe place.

Este documento es confidencial. Por favor, guarde en un lugar seguro.

Telephone: (637) 986-3400

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Sa a se yon dokim anpòt. Si ou bezon entèpretsyon, tanpi rele nan blonde telefon ki anba la a nyo viri nan biyo nou. Tann w a dhojòmen muhin ab. Hadilid an rabò terzoun, fond wak lambarka how sou yon moun zafitryadyenay.


---

**Date**

**Social Security #**

**Social Security #**

---

rev. 06 2019
PUBLIC HOUSING PROGRAMS PREFERENCE SELF-CERTIFICATION FORM

Please check (x) off only the preference categories that verifies your current situation. You must be in the specific situation that you are certifying when you complete, sign and submit this certificate. You will be required to submit the listed third party verification once you are contacted for your personal interview during the final eligibility determination screening process. During that process we will verify if you do qualify for the self-certified preference(s) and therefore, allowing you to continue with the final screening process and determine if you will be a suitable resident for the BHA's public housing program. Be advised that the applicant will be granted the preference date as of the date the preference self-certification is received and time-stamped by the Boston Housing Authority.

Please be advised, that if it is determined that you have knowingly and willingly falsified information by self-certifying a preference category for a situation that you are not currently in, you will be found ineligible for falsification of information for a period of three (3) years.

PREference CATEGORIES AND REQUIRED VERIFICATION:

1. ☐ Veterans Preference

A "veteran", as used in the BHA's Admissions and Continued Occupancy Policy (ACOP) 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.

2. ☐ Disabled Non-Elderly Head and/or Co-Head

Disabled Non-elderly Head or Co-head will receive Preference points on the Family development/AMP waiting lists only. Households claiming this preference must verify their Household composition and show that the Head or Co-Head of Household is disabled as defined by the Social Security Administration.

Verification requirements:

a. The individual will qualify as disabled if his/her sole source of income is SSI benefits, SSDI benefits, or disability retirement income. Income verification will be required. OR

b. A certification from a Qualified Health Care Provider verifying that the head and/or co-head household member(s) meet(s) the criteria of a Disabled Person for the state and federal housing program as a person who is under a disability as defined in Section 223 of the Social Security Act (42 U.S.C. 423) or defined as "handicapped persons of low income" in M.G.L. C121B § 1 and in 760 CMR 5.07.

3. ☐ Designated Housing Preference (Federal Elderly/Disabled Program Only)

Applicants who are 62 years of age or older and are on a Federal Elderly and Disabled Program designated development/AMP wait list where the elderly resident population is less than 80% will receive preference points AND when the non-elderly disabled population is under 20% on a Federal Elderly and Disabled Program designated development/AMP wait list the non-elderly disabled will receive the preference points.

NOTE: preference points will NOT be applicable if a wheelchair accessible unit is required.

Verification requirements: Proof of age. A list of some of the accepted documents is birth certificate, baptism records, passport, and alien card OR is a Disabled Person who is under a disability as defined in Section 223 of the Social Security Act (42 U.S.C. 423) or defined as "handicapped persons of low income" in M.G.L. C121B § 1 and in 760 CMR 5.07.

4. ☐ Elderly Preference (State Elderly/Disabled Program Only)

Applicants who are sixty (60) years of age or older and are on a State Elderly and Disabled Program development waiting list where the Disabled resident population is at least 13.5% will receive preference in admissions over Applicants who are under sixty (60) years of age.

Verification requirements: Proof of age. A list of some of the accepted documents is birth certificate, baptism records, passport, and alien card.
5. □ Displaced Boston Tenant Preference

The BHA shall give two (2) Preference points to an Applicant who was displaced from a unit within the City of Boston that was the Applicant's last permanent residence.

(1) No length of Residency Required. This Preference is not based on how long an Applicant was resident of 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 verify that (1) they were displaced from a unit within the City of Boston, (2) that the unit was the Applicant’s last permanent residence, and since the Applicant has been unable to obtain permanent housing. The following documentation is a non-exhaustive list of documentation that may be used, in conjunction with Priority documentation that establishes displacement, will verify the Displaced Boston Tenant Preference:

   (a) Landlord verification;
   (b) A copy of a Lease;
   (c) Utility Bill (electric, gas, oil, or water)
   (d) Mortgage Payments;
   (e) Tenancy agreement;
   (f) Other verification deemed acceptable or necessary by BHA.

6. □ Residency Preference

Residency preference shall be given to BHA Applicants a) who are residents of the City of Boston (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, Roxlindale, Roxbury, South Boston, South End, and West Roxbury), b) who work within the City of Boston, c) whose last permanent address was in the City of Boston and applicant has not claimed local residency preference in another community where the applicant is temporarily residing OR who have been offered employment in the City of Boston. Residency 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 household.

Verification Requirements: Applicants claiming a Boston Resident Preference shall be required to verify this through:

1. Proof of residency at an address within the Boston city limits (No length of stay verification will be imposed on Applicants claiming this Preference.); or
2. Proof that the Applicant is currently employed or has obtained employment in the city; or
3. Proof that the Applicant's last permanent address was within the Boston city limits; and
4. Proof that an Applicant has not claimed local preference in another community.

7. □ BHA residents residing in federally funded developments/AMPS

BHA residents residing in federally funded developments/AMPS who are financially affected due to having to pay pro-rated rent where the rent is 50% or more of the household's total gross income. Must provide proof that he/she is a current BHA public housing resident in the federal program.

I hereby certify under pains and penalties of perjury that I have checked-off only the preference categories which reflect and describe my current situation. I further understand that I must inform the Occupancy Department in writing if my current situation changes and I no longer qualify for the self-certified preference(s). 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:

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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. Esta es un documento importante. Si necesita interpretación, por favor llame al número de teléfono que aparece abajo o visite nuestras oficinas.

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Applicant Head of Household Signature

Social Security #

Date

Applicant Co-Head of Household Signature

Social Security #

Date
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 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 Veteran 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.

LH Preference Self Certification form Rev. 11/14/17
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

Applicant Head of Household Signature ___________________________ Social Security # ___________________________ Date ____________/____/____

Applicant Co-Head of Household Signature ___________________________ Social Security # ___________________________ Date ____________/____/____

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This is a very important document. If you need help understanding it, please call the number below or visit our offices.

If you need help with this form, please call (637) 988-3400 or visit our office.
AUTHORIZATION OF RELEASE
AUTHORIZATION TO INSPECT AND/OR COPY RECORDS

CLIENT CONTROL # ____________________________

LOCATION CODE: (Office Use Only) ____________________________

I, ____________________________, (The Applicant)
of ____________________________,

having Social Security No. ____________________________, hereby authorize
__________________________________________________________________________ (Please Print)

(____) ____________________________ (Day Time Phone Number) ________________ (agency/relationship

to inspect and/or copy all records maintained by the Boston Housing
Authority Occupancy Department as part of my applicant file. I understand
that a photocopy of this authorization is as valid as the original.

__________________________________________________________________________

Date ____________________________ Signature of Applicant ____________________________

For purposes of discussing my eligibility for public housing only, I further
Authorize ____________________________ to inspect (Not
Copy) any CORI information about me held by the Boston Housing
Authority.

__________________________________________________________________________

Date ____________________________ Signature of Applicant ____________________________

THIS AUTHORIZATION IS VALID FOR A PERIOD
OF ONE YEAR FROM THE DATE NOTED ABOVE

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

**BHA PRELIMINARY APPLICATION RECEIPT**

**Note:** Please make sure to keep the BHA time-stamped receipt for your records in a safe place. You may need it in the future.

**PLEASE PRINT** NAME OF HEAD OF HOUSEHOLD

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<th>SIGNATURE OF HEAD</th>
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<th>SIGNATURE OF CO-HEAD</th>
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Our Mailing Address is:

Boston Housing Authority, Occupancy Department
John F. Murphy Housing Service Center
56 Chauncy Street, 1st floor, Boston, MA 02111

Our Contact Numbers: Status Line- 617-988-3400 and TDD# 800-545-1833 X420

Our Web Site Address is: [http://www.bostonhousing.org/housing_services.html](http://www.bostonhousing.org/housing_services.html)

Please remember, per our **Confidentiality Policy** we will not provide any of your information to individuals who are **not listed on your BHA application**. Should you want us to provide information to specific individual(s), please sign an **Authorization of Release of Information**. We are not allowed to accept "verbal authorizations." This form is enclosed and is available upon request or by downloading from our website above.

In addition, if you need your BHA mail to be copied to a person of your choice, you need to submit a written request to us to the address listed above with the complete name, address, and relationship of the person.

Please be advised that the BHA accepts **Original documents ONLY**. If you want copies of the documents you are submitting to us, please make sure to make your own copies prior to submitting them to us. If you want the BHA to provide you with copies of your documents, you will need to make the request in advance and you will have to pay first for each copy. Also, note that it is your responsibility to inform the BHA in **writing** of any change of address, income, or household composition and to respond to application updates, as well as any other information sent to you. Failure to do so may result in your application being withdrawn.

If you and/or a member of your household is a victim of domestic violence, dating violence, sexual assault or stalking and need certain circumstances considered or reviewed as mitigating circumstances, or require an interpreter please inform the Occupancy Department.

Thank you and hope we may be of your assistance.

Sincerely,

Boston Housing Authority

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**TO BE COMPLETED BY BHA STAFF ONLY**

**APPLICATION SUBMITTED:**

- **IN PERSON** ( )
- **BY MAIL** ( )

Boston Housing Authority acknowledges receipt of your Preliminary Application with your housing choice forms for:

- ( ) Public Housing
- ( ) Section 8 PBV
- ( ) Section 8 Mod Rehab

In addition, the applicant submitted a **Self-Certification PRIORITY** and the required **Third Party Verification Forms** completed, signed, AND verified checked (✓) off below:

- ☐ Disaster (323)
- ☐ Court-Ordered No Fault Eviction (251)
- ☐ Victim of Hate Crime (234)
- ☐ Inaccessibility of Dwelling Unit (257)
- ☐ Avoidance of Repraisal (227)
- ☐ Other Government Action (Federal Programs Only) (325)
- ☐ Condemnation (234)
- ☐ Homelessness (255)
- ☐ Urban Renewal (235)
- ☐ Imminent Landlord Displacement (256)
- ☐ Domestic Violence (252)
- ☐ Excessive Rent Burden (233)
- ☐ Outgrown Services Emergency (258)
- ☐ BHA Resident Termination of Assistance due to Lack any household member with eligible immigration status (326)
- ☐ Disabled or Elderly Persons Relocation (258)
- ☐ NONE Submitted- Standard Applicant
- ☐ HUD VAWA Certificate (332)
- ☐ Q

The applicant submitted a **Self-Certification PREFERENCE Form** that was completed and signed checked (✓) off below for which program(s):

- ☐ Public Housing (245)
- ☐ Leased Housing (244)
- ☐ NONE Submitted

The applicant completed, signed, and submitted an **Authorization of Release?**

( ) YES  ( ) NO

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**FULL SIGNATURE OF BHA STAFF MEMBER**

DATE

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Equal Opportunity Housing/Equal Opportunity Employer

Rev. 09 02 14