



Boston Housing Authority

52 Chauncy St 5th Floor
Boston, MA 02111
Attn: Leased Housing

Preliminary Application for Veterans Affairs Supportive Housing

THIS INFORMATION IS AVAILABLE IN AN ALTERNATIVE FORMAT UPON REQUEST

Name of Head of Household: _____
First MI Last

Name of Co-Head of Household: _____
First MI Last
(Co-head has equal rights to this application)

MAILING ADDRESS

Street

City, State, Zip code

CURRENT ADDRESS (where residing if different from mailing)

Street

City, State, Zip code

Daytime Phone: _____

Email address: _____

Evening /or Cell Phone: _____

	First Name	MI	Last Name	Relationship to Head	Sex M/F	Date of Birth Mo/Day/Year	Age	Social Security #	Disabled Yes/No	Race – See Codes*	Hispanic/Latino Yes/No	US Citizen Yes/no	If No, Alien Registration #	Income Source**	Annual Gross Income	Value of Assets
1				Head				- -							\$	\$
2				Co-Head				- -							\$	\$
3								- -							\$	\$
4								- -							\$	\$
5								- -							\$	\$

Notes: If you change your address, telephone number, or household composition, please notify the BHA immediately.

*Race Codes -you must choose one of these codes: 1 = White 2 = Black 3 = Native American/Native Alaskan 4 = Asian/Pacific Islander

**Possible Sources of Income: Employment, TAFDC, EAEDC, Social Security, SSI, SSDI, Pension, Veterans Benefits, Unemployment, etc.

The following questions must be completed in order for this application to be processed

For the Head and/or Co-head please indicate: Do you speak English? Yes No

If No, Language Spoken: _____ Language Read: _____

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

2. Do you or your Co-Head owe any money to the BHA or other Public Housing/Section 8 Program? Yes No If yes, from where and how much do you or your Co-head owe? _____

3. Does anyone in your family require a Wheelchair Accessible Unit? Yes No If yes, who? _____

4. Have you or anyone in your household been convicted of a crime? Yes No Name of Member(s) _____

5. Have you or anyone in your household been convicted of producing Methamphetamine? Yes No Name of Member(s) _____

6. Are you or anyone in your household a life-time registered Sex Offender? Yes No Name of Member(s) _____

If you require a Reasonable Accommodation, forms will be given upon request. Please check any of the following that apply:

Do you or any member of your household have a condition that requires: Communication in a specially requested format because of a disability Separate bedroom Unit for vision impaired
Unit for hearing impaired Barrier-free apartment Other physical modification Wheelchair accessible apartment

I declare that the information provided on this application is true to the best of my knowledge and understand that any false statements, which I have knowingly and willingly made, will be sufficient cause for the rejection of my application AND I will not be able to re-apply for a period of three (3) years.

Signed: Head of household _____ **Date:** _____

Co-Head of household _____ **Date:** _____