

Phone: 617-988-3400 Fax: 617-988-4214 TDD: 800-545-1833 x420 www.BostonHousing.org

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

## **DEVELOPMENT CHOICE ADD FORM (Public Housing)**

## ( ) I WISH TO MAKE THE FOLLOWING DEVELOPMENT CHANGES TO MY APPLICATION:

Applican	t Name:		Cli	ent #:		
11	(PLEASE PRINT YOUR FIR	ST AND LAST N		cial Security #:		
Current			Bedroom	Wheelchair Accessible Units	Circle Changes Below	
Choice(s)	Development	Neighborhood	Size	That Exist At the Site		
Check Box (✓)	FAMILY FEDERAL PROG	RAM				
	Alice H. Taylor	Roxbury	1,2,3,4&5	YES	ADD	
	Anne M. Lynch Homes at Old Colony	South Boston	1,2,3,4,5&6	YES	ADD	
	Cathedral/Ruth Barkley Apts.	South End	1,2,3&4	YES	ADD	
	Charlestown	Charlestown	1,2,3,4&5	YES	ADD	
	Commonwealth	Brighton	1,2,3,4&5	YES	ADD	
	Franklin Field	Dorchester	1,2,3,4&5	YES	ADD	
	Highland Park	Roxbury	2&3	NO	ADD	
	Lenox Street	South End	1,2&3	YES	ADD	
	Mary Ellen McCormack	South Boston	1,2&3	NO	ADD	
	Mildred C. Haley Apts. (Bromley Pk)	Jamaica Plain	1,2,3,4&5	YES	ADD	
	Mildred C. Haley Apts. (Heath St.)	Jamaica Plain	1,2,3,4,5&6	YES	ADD	
Check Box (✓)	FAMILY STATE PROGRA Archdale	Roslindale	1,2,3,4,5&6	YES	ADD	
	BHA Condos-Scattered Sites	City-Wide	1,2,3&4	YES	ADD	
	Fairmount	Hyde Park	2&3	NO	ADD	
	Faneuil	Brighton	2,3,&5	NO	ADD	
	Franklin Field	Dorchester	2	YES	ADD	
	Gallivan Blvd.	Mattapan	2,3&4	NO	ADD	
	Orient Heights	East Boston	1,2,3,4&5	YES	ADD	
	South Street	Jamaica Plain	1,2,3&4	NO	ADD	
	West Broadway	South Boston	1,2,3,4,5&6	YES	ADD	
I UNDERS FOR EACI RECEIVED	FANT (PLEASE READ AND SIGNAND BY ADDING NEW DEVELOPMENT CHOICE ADDED. FOR AND TIME-STAMPED AT OUR OFFIcad, and understand that I will receive	ENT CHOICES TI PLEASE NOTE: E CE.	LIGIBILITY DAT	E IS DETERMINED E	BY THE DATE	
Applicant Signature: Date: Date:						

PLEASE SEE REVERSE SIDE FOR THE ELDERLY OR DISABLED DEVELOPMENT CHOICES.

<u>PLEASE NOTE:</u> TO APPLY TO THIS PROGRAM YOU MUST BE A SENIOR CITIZEN OR DISABLED, ANDNOT REQUIRING MORE THAN (2) TWO BEDROOM.

## ) I WISH TO MAKE THE FOLLOWING DEVELOPMENTS CHANGES TO MY APPLICATION: Applicant Name: Client #: **Social Security #:** (PLEASE PRINT YOUR FIRST AND LAST NAME) Wheelchair Circle Current **Bedroom Accessible Units Changes** Choice(s) Neighborhood That Exist at The Site Below **Development** Size Check **ELDERLY/DISABLED** Box (✓) FEDERAL PROGRAM ADD Annapolis Dorchester NO 1 & 2 Ashmont Dorchester 1 & 2 NO ADD Ausonia North End YES **ADD** 1 & 2 Bellflower Dorchester 1 & 2 YES **ADD** Codman Apartments Dorchester 0,1 & 2 YES **ADD** Commonwealth Brighton 1 & 2 YES ADD Davison Apts. Hyde Park 0 & 1 NO ADD Doris Bunte Apts. (Walnut Park) Roxbury 0,1 & 2 YES **ADD** Eva White Apts. South End 0, 1 & 2 NO ADD Foley Apts. South Boston NO **ADD** Frederick Douglass 0 & 1 South End YES **ADD** General Warren Charlestown 0, 1 & 2 NO **ADD** Groveland Mattapan 0 & 1 NO **ADD** Hampton House South End 0 & 1 YES ADD 0, 1 & 2Hassan Apts. Mattapan YES **ADD** Heritage Apts. East Boston 0,1 & 2 YES **ADD** Roxbury Holgate Apts. NO ADD 1 John J. Carroll 1 & 2 Brighton NO **ADD** Lower Mills Dorchester 0,1 & 2 YES **ADD** Malone Apts. Hyde Park YES **ADD** Meade Apts. Dorchester 1 & 2 NO **ADD** Mildred C. Haley Apts. (Bromley Park) Jamaica Plain 1 & 2 NO ADD MLK Apts. Roxbury 0 & 1 NO **ADD** Pasciucco Dorchester 0.1 & 2 YES ADD Patricia White Brighton 1 & 2 YES ADD Peabody Dorchester 1 & 2 YES ADD Pond Street Jamaica Plain 1 & 2 NO **ADD Rockland Towers** West Roxbury 0,1 & 2 YES **ADD** Roslyn Roslindale 1 & 2 YES **ADD Spring Street** West Roxbury ADD 1 & 2 YES St. Botolph St. **MODIFIED** Back Bay 0,1 & 2 ADD Torre Unidad South End ADD 0, 1 & 2 YES Washington Manor South End 0 & 1 YES **ADD** Washington St. Brighton 1 & 2 NO **ADD** West Ninth South Boston 1 & 2 NO **ADD** Check **ELDERLY/DISBABLED** Box (✓) STATE PROGRAM Basilica Charlestown NO **ADD** Franklin Field Elderly Dorchester 1 & 2 NO **ADD** Franklin Field - Grandparenting YES **ADD** 2 Dorchester Program Msgr. Powers/"L" St. South Boston 0,1 & 2 YES ADD IMPORTANT: (PLEASE READ AND SIGN) I UNDERSTAND BY ADDING NEW DEVELOPMENT CHOICES THAT I WILL BE GIVEN A NEW ELIGIBILITY DATE FOR EACH DEVELOPMENT CHOICE ADDED. PLEASE NOTE: ELIGIBILITY DATE IS DETERMINED BY THE DATE RECEIVED AND TIME-STAMPED AT OUR OFFICE.

I have read following, and understand that	will receive a new eligibility date for e	ach new choice I select today.
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Applicant Signature:		Date:	
-	(HEAD OF HOUSEHOLD)		