



BOSTON HOUSING AUTHORITY
Occupancy Department
56 Chauncy Street, 1st Floor
Boston, Massachusetts 02111



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www.BostonHousing.org

(This form is available in an alternative format upon request)

PUBLIC HOUSING PROGRAMS PREFERENCE SELF-CERTIFICATION FORM

PRINT NAME: _____ S.S. #: _____

Please check (✓) 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 programs 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 § I 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 § I 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.

PRINT NAME: _____

S.S. #: _____

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) Taxes;
- (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, Roslindale, 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:

I am living at _____ Since _____
Complete address where currently living 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 offices.
 Este es un documento importante. Si necesita interpretación, por favor llame al número de teléfono que aparece abajo o visite nuestras oficinas.
 這是一份非常重要的文件。如果您需要翻譯服務，請撥下面的電話或前往我們的辦公室
 Isto é um documento importante. Se exige interpretação, por favor chama o número de telefone embaixo ou vem a nossos escritórios.
 Это важный документ. Если Вам требуется перевод, пожалуйста позвоните нам (телефонный номер ниже). Или придите в наш офис.
 Đây là một tài liệu quan trọng. Nếu quý vị cần phiên dịch, vui lòng hãy gọi cho số điện thoại bên dưới hoặc đến các văn phòng của chúng tôi.
នេះ គឺជាឯកសារសំខាន់មួយ។ ត្រូវការណ៍លោកអ្នក ចាំបាច់ត្រូវចង់បានការបកប្រែ
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អញ្ជើញមកទាក់ទងដោយផ្ទាល់នៅការិយាល័យយើងផង។
 Sa a se yon dokiman enpòtan. Si ou bezwen entèpretasyon, tanpri rele nimewo telefòn ki anba la a oswa vini nan biwo nou.
 Tani waa dhokomentii muhiim ah. Haddii aad rabto tarjumad, fadlan wac lambarka hoos ku qoran ama imow xafiisyadayada.
 هذه وثيقة مهمة، وإذا كنت في حاجة إلى ترجمة فورية، يرجى الاتصال على رقم الهاتف المذكور أدناه أو أن تتفضل بالمجيء إلى مكتبنا.
 این یک سند بسیار مهم است. اگر به ترجمه آن نیاز دارید، لطفاً با شماره تلفن زیر تماس بگیرید یا به دفتر ما مراجعه کنید.
 Telephone No. : (617) 988-3400

