## 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.

**This is an important document. If you require interpretation, please call the number below.**

Este es un documento importante. Si necesita interpretación, llame al número a continuación.

這是一份重要文件。如果您需要翻譯，請撥打以下電話。

Este documento é importante. Se precisar de interpretação, por favor, ligue para o número abaixo.

**Sa a se yon dokiman enpòtan. Si ou bezwen entèpretasyon, tanpri rele nimewo ki anba a.**

Keli é un Dukumentu inpurtanti. Si bu mesti interpretason, pur favor txoma kel numuro ki sta di baxo.

**Đây là một tài liệu quan trọng. Nếu bạn yêu cầu được thông dịch, vui lòng gọi số phone dưới đây.**

Kani waa Dukumiinti muhiim ah. Hadii aad ku khasbantahay in laguu Turjumo fadlan wac telefoonka hoos ku qoran.

**To jest ważny dokument. Jeśli potrzebujesz go przetłumaczyć, zadzwoń pod poniżej podany numer.**

Это важный документ. Если вам требуется устный перевод, пожалуйста, позвоните по номеру, указанному ниже.

ឯកសារសំខាន់។ ប្រសិនបើអ្នកត្រូវការការបកស្រាយសូមទូរស័ព្ទទៅលេខខាងក្រោម។

این یک نوشته مهم است. اگر به مترجم نیاز دارید، لطفا با شماره زیر تماس بگیرید.

617-988-3400

**BOSTON HOUSING AUTHORITY**
Occupancy Department
56 Chauncy Street
Boston, Massachusetts 02111-237

617-988-3400
TDD 1-800-545-1833 Ext. 420
www.BostonHousing.org

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

## BHA APPLICATION PACKAGE

To apply for state-funded public housing in cities and towns across Massachusetts and the Boston Housing Authority state and federally funded housing programs, complete the BHA Application on-line.
A two- step process:

First, complete the CHAMP application at the link shown below. Second, to include BHA state and/or federally funded sites in your choices, click on **"View Boston Housing at Boston Housing Authority"** and follow the instructions. If you do not complete the second step, it means you have not applied for any of the BHA housing programs. Be advised that for most of the BHA Section 8 Project-Based Voucher programs you must be a Priority One Applicant and you must be a Priority One Applicant for all Section 8 Moderate Rehabilitation housing programs. **Make sure to answer ALL questions on both the CHAMP and the BHA Applicant Portal on-line application and to make the applicable BHA Priority and/or Preference selections based on your current housing situation as well as the appropriate BHA waiting list(s) choice(s)**.

Kindly be advised that the BHA currently has an extremely long waiting list and has no immediately available housing.

This new online system was created by the Department of Housing and Community Development and is known as the Common Housing Application for Massachusetts Public-Housing (CHAMP).

# Common Housing Application for Massachusetts Public Housing (CHAMP) – Application for State Aided Public Housing Website:

https://www.mass.gov/guides/how-to-apply-for-public-housing

**And you must click: *View Boston Housing at Boston Housing Authority* if you are interested to apply for the Boston Housing Authority (BHA) housing programs. You must fully complete the BHA questions and make your selections to be added to any BHA housing programs you may preliminary qualify to apply.**

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**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 telefóno 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។ ក្នុងករណីលោកអ្នក ចាំបាច់ត្រូវចង់បានការបកប្រែ**
**សូមទូរស័ព្ទលេខខាងក្រោមនេះមកកាន់ ឬ**
**អញ្ជើញមកទាក់ទងដោយផ្ទាល់នៅការិយាល័យយើងខ្ញុំ។**
**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 dhokomenti 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، لطفا با شماره تلفن زیر تماس بگیرید یا به دفتر ما مراجعه کنید.

Telephone No.: (617) 988-3400

# CHAMP

## Application for State-Aided Public Housing and the Alternative Housing Voucher Program (AHVP)

### Apply Online:

**You may now apply for the Alternative Housing Voucher Program (AHVP) and State-Aided Public Housing online!** AHVP is a rental assistance program for non-elderly persons with disabilities and of low income that provides participants with a subsidy to rent an apartment in the private market. State-Aided Public Housing is a housing program consisting of apartments that are owned by Local Housing Authorities (LHAs) which are directly rented to qualified and eligible applicants.

**Please use the CHAMP website: https://www.mass.gov/applyforpublichousing**

### Apply On Paper:

**If you do not want to apply online, please fill out the following application and mail or hand deliver it to any LHA.** To apply for AHVP and/or State-Aided Public Housing complete the parts of the application shown below.

| | 1. Contact information | 2. Current Housing Situation | 3. Employment & Veteran Status | 4. Language Access | 5. Household makeup | 6. AHVP & Selections | 7. Public Housing & Selections | 8. Applicant Certification & FIPA Signature |
|---|---|---|---|---|---|---|---|---|
| AHVP | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ |
| Public housing | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | ✓ |
| Both | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |

**Please complete all information requested on the application below.** Not all questions are required, but you must respond to all questions and do not leave any question blank. Required questions are marked with an asterisk (*). Please write "not applicable (n/a)" or "decline to respond" as appropriate for non-required questions. Incomplete applications may not be fully processed.

Submit the completed application to a housing authority. Your application 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, including submitting documents for verification. For Local Housing Authority contact information go to the Department of Housing and Community Development website (www.mass.gov/dhcd) and search for "LHA Contact Listing".

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

# 1. Contact Information

**Name and Date of Birth of Applicant/Head of Household**

Date of Birth*

First Name* | Middle Initial | Last Name* | Suffix

**Please provide your primary residential address**

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

Street Address*

Apt. Suite, Floor, etc.

City/Town* | State* | Zip Code*

**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.

City/Town* | State* | Zip Code*

**Please provide your phone and email**

Home Phone | Mobile Phone | Work Phone

Email address (please note: you may receive digital notices at this 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.

City/Town | State | Zip Code

Phone | Email

## 2. Current Housing Situation

Please tell us about your current housing situation. Depending on your current housing situation and your ability to verify your circumstance, you may be placed higher on specific waitlists. Making a false statement or misrepresentation may result in the denial of your application.

**Note: You will be required to provide documentation to verify your current housing situation. The types of documents you may need to verify your housing situation may include, but are not limited to, a lease, rent receipts, utility bill, etc.**

**Are you now homeless or in imminent danger of becoming homeless?** Note: The definition of homeless for state-aided public housing programs is not the same as the definition used by homeless shelters and other subsidy programs.

☐ 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 should 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.**

**Note: You will be required to provide documentation to verify your claim below. The types of documents you may need to verify the reason you became homeless may include, but are not limited to, an official fire report, an official order of condemnation, a judgment for eviction, medical documentation of severe medical condition, police reports, medical reports, etc.**

☐ Displaced by natural forces (e.g., 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 additional details about your housing situation. Use and attach additional sheets of paper if necessary.**

**Details may include, but are not limited to: where you were displaced from and why; if you were evicted by your landlord, why you were evicted (e.g., non-payment of rent, condo conversion, etc); if there was a natural disaster, what type of disaster it was; if there was a fire, how did it start; if your unit was condemned, what was the reason; if you were displaced by public action, what was the nature of that public action; if you have a severe medical emergency, how has this impacted your housing situation.**

_____

_____

_____

_____

_____

## 3. 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?**

_____

City/Town State Zip Code

**Are you or a household member 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: _____ End Date: _____

Day/Month/Year Day/Month/Year

**Please check all that apply, if any.**

☐ 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.

## 4. Language Access[1]

**Do you understand spoken English?** ☐ Yes ☐ No

If no, what is your primary spoken language _____

**Do you understand written English?** ☐ Yes ☐ No

If no, what is your primary written language _____

## 5. 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

**[Blank Space – Go to Next Page to Complete Household Make)**

[1] Your status with respect to tenant selection procedures will not be affected by your answers to the two Language Access questions.

**Household Makeup continued** – **Note: See below for valid responses. Optional questions need no response.**
Please enter the name and personal information of each member of the household who will be living in the unit, starting with Head of Household.

| First and Last Name | Relationship to Head of Household[1] | Racial designation (optional)[2] | Ethnic designation (optional)[3] | Gender (M/F) | Occupation Status[4] | Social Security Number | Date of Birth | Disabled? (optional)[5] |
|---|---|---|---|---|---|---|---|---|
| First:<br>Last: | Head of Household | | | | | | Listed on 1ST Page of App | |
| First:<br>Last: | | | | | | | | |
| First:<br>Last: | | | | | | | | |
| First:<br>Last: | | | | | | | | |
| First:<br>Last: | | | | | | | | |
| First:<br>Last: | | | | | | | | |
| First:<br>Last: | | | | | | | | |

[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.

## REQUIRED FOR BOSTON HOUSING AUTHORITY FEDERAL HOUSING PROGRAM

# HOUSEHOLD COMPOSITION MAKEUP

**Head/Co-head of Household** (Must be 18 years old or emancipated minor and will have equal rights to the application)

| First Name | Last Name | Social Security No. | Date of Birth | Age | Disabled Yes/No | Race (see codes) Must choose One | Hispanic/ Latino Yes/No | US Citizen Yes/No | If No, Alien Registration # Below | Income Source | Annual Gross Income | Assets |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | |
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Language Spoken _____ Language Read: _____ **Race Codes: 1 = White 2 = Black 3 = Native American/Native Alaskan 4 = Asian/Pacific Islander**

1. Are you or anyone in your household subject to a **life-time** Sex Offender Registry? Yes ( ) No ( ) Name of Member(s) _____
2. Have you or anyone in your household been convicted, **found guilty**, of a crime? (If sealed may answer **No**) Yes ( ) No ( ) Name of Member(s) _____
3. Have you or anyone in your household been convicted, **found guilty**, of producing Methamphetamine? Yes ( ) No ( ) Name of Member(s) _____
4. My household has special expenses such as medical expenses, childcare, care of a disabled family member and/or mandatory support payments.$_____
5. Have you or your Co-Head ever been evicted/terminated from BHA or any Subsidized Housing Program? Yes ( ) No ( ) **If yes**, from where and when: _____
6. Do you or your Co-Head owe any money to the BHA or other Subsidized Housing or Section 8 Program? Yes ( ) No ( ) If yes, from where and how much do you or your Co-Head owe? _____
7. A member of the household is pregnant with a due date of: _____

# HOUSING TYPE

**I wish to apply for the federal public housing program (please check)** ☐ Federal Family Public Housing

**To apply for the following Section 8 programs, you must qualify as a Priority One Applicant as of the date you apply. (Check one or both and complete the choice forms):**

☐ Housing Choice Voucher (Section 8) Mod Rehab ☐ Housing Choice Voucher (Section 8) Project-Based **X** Housing Choice Voucher (Section 8) Tenant-Based is **closed**.

Signed: **Head of Household:**_____ Date:_____ **Co-Head of Household:**_____ Date: _____

## REQUIRED FOR BOSTON HOUSING AUTHORITY FEDERAL HOUSING PROGRAM – For Additional Family Members Addendum

**Name of Head of Household (please print)** _____ **Head of Household's Social Security Number:** _____ -_____ - _____
(Must be 18 years old or emancipated minor)

## Page 2. CONTINUATION OF THE PRELIMINARY APPLICATION WITH THE ADDITIONAL HOUSEHOLD MEMBERS.

**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.**

| First Name | Last Name | Social Security No. | Date of Birth | Age | Disabled Yes/No | Race (see codes) Must choose One | Hispanic/ Latino Yes/No | US Citizen Yes/No | If No, Alien Registration # Below ⇩ | Income Source | Annual Gross Income | Assets |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

**Race Codes:** 1 = White 2 = Black 3 = Native American/Native Alaskan 4 = Asian/Pacific Islander

Signed: **Head of Household:** _____ Date: _____ **Co-Head of Household:** _____ Date: _____

**Is anyone in your household a Board Member or employee, or immediate family member of a Board Member or an employee, of any housing authorities where your household is applying?**

If so, this will not necessarily disqualify your application.

☐ Yes ☐ No

If yes, please identify the household member and the relationship as well as the housing authority and the person's role at the housing authority.

_____

_____

_____

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

$ _____

**Is a change in household composition expected?**

☐ Yes ☐ No

_____ _____

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

**[Blank Space – Go to Next Page]**

## 6. Alternative Housing Voucher Program (AHVP) Application Questions & Selections

The Alternative Housing Voucher Program (AHVP) provides rental assistance vouchers to low income, non-elderly persons with disabilities. The voucher provides a subsidy that can be used to rent a private market apartment anywhere in Massachusetts.

AHVP Participants receive **one bedroom vouchers** (except for an appropriate reasonable accommodation). For more information on the Alternative Housing Voucher Program you can visit https://www.mass.gov/service-details/alternative-housing-voucher-program-ahvp or you can visit the CHAMP website.

**After reading the above description, would you like to apply for AHVP?***

☐ Yes If yes, you must complete all of the questions in this Part 6.

☐ No If no, please skip this entire Part 6 and continue to Part 7.

**If you answered "Yes" above, you must answer the following questions and choose at least one AHVP Waitlist to apply to in the List of AHVP Waitlist Selections below:**

**AHVP Program Questions***

**Are you, or is someone in your household, 59 years old or younger AND a person with a disability?***

☐ Yes ☐ No

**Do you or a member of your household have a disability for which you need a reasonable accommodation of an AHVP policy or procedure?***

☐ Yes ☐ No

If yes, please enter some additional details:

_____

_____

_____

**[Blank Space – Go to Next Page]**

## List of AHVP Waitlist Selections*

**In order to apply for AHVP,** please select any and as many AHVP Waitlists that you wish to apply to **(you must check off at least one). If you are issued an AHVP voucher from any LHA, you may use that voucher for an apartment anywhere within Massachusetts as long as the apartment meets program standards.**

While you can only receive one AHVP voucher at any time, you may be contacted by multiple LHAs at the same time to start the eligibility process.

If you are found ineligible by a particular LHA, you will still remain on the waitlists of the remaining LHAs to which you applied. If you are found eligible and are issued an AHVP voucher, you will be removed from the AHVP waitlists at all LHAs.

You can add or remove an AHVP Waitlist Selection at any time. This means while submitting your application or after your application has been submitted. Those changes can be made by submitting a request in writing to any housing authority or online at the CHAMP website: https://www.mass.gov/applyforpublichousing

| **AHVP Waitlist Selections** | | | | | |
|---|---|---|---|---|---|
| ☐ | Acton | ☐ | Chelsea | ☐ | Revere |
| ☐ | Amherst | ☐ | Holyoke | ☐ | Sandwich |
| ☐ | Andover | ☐ | Ipswich | ☐ | Sharon |
| ☐ | Barnstable | ☐ | Melrose | ☐ | Spencer |
| ☐ | Belmont | ☐ | New Bedford | ☐ | Springfield |
| ☐ | Brockton | ☐ | Newburyport | ☐ | Westfield |
| ☐ | Charlton | ☐ | Provincetown | ☐ | Whitman |

# 8. Applicant's Certification and Fair Information Practices Act – Statement of Rights*

Review and complete the Applicant's Certification and sign the Fair Information Practices Act – Statement of Rights.

## Applicant's Certification*

- I understand that this application is not an offer of housing.
- **For state-aided public 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.
- **For AHVP:**
  - I understand that AHVP Participants only receive one bedroom vouchers (except for an appropriate reasonable accommodation). I understand that if my household increases and I need a larger apartment where the rent is not affordable with the AHVP one bedroom ceiling rent, I cannot receive any higher amount of rental assistance from the AHVP and should apply for assistance from a different housing program.
  - AHVP is administered locally by participating local housing authorities (LHAs). I understand that I will only be added to the AHVP waitlists which I have selected. While I can only receive one AHVP voucher, I understand that I may be contacted by multiple LHAs at the same time to start the eligibility process. I understand that I am responsible for providing the necessary information and documentation to each and every LHA as requested, regardless of whether I have already provided that information or documentation to another LHA, and that failure to do so may result in the denial of my application.
  - I understand that if I am found ineligible by a particular LHA, I will still remain on the waitlists of the remaining LHAs to which I applied.
  - I understand that if I am found eligible and am issued an AHVP voucher, I will be removed from the waitlists of all AHVP LHAs.
- 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 for Public Housing or a notification of a unit approval for AHVP 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.

## Applicant's Certification continued

- 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 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 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*: _____

**[Blank Space – Go to Next Page]**

## 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*: _____

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

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

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# 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 AT BE AT LEAST 60 YEARS OF AGE OR DISABLED AND REQUIRE NO MORE THAN A TWO (2) BEDROOM UNIT.**

**Applicant Name:** _____ **Social Security #** ___ - ___ - ____.
(PLEASE PRINT YOUR FIRST AND LAST NAME)

**ELDERLY/DISABLED Federal Program**

| SELECT YOUR CHOICE(S) HERE (√) | Development | Neighborhood | Bedroom Size | Wheelchair Accessible Units That Exist at The Site |
|---|---|---|---|---|
| | Annapolis | Dorchester | 1 & 2 | No units at this site |
| | Ashmont | Dorchester | 1 & 2 | No units at this site |
| | Ausonia | North End | 1 & 2 | 1 |
| | Bellflower | Dorchester | 1 & 2 | 1 & 2 |
| | Codman Apartments | Dorchester | 0, 1 & 2 | 1 & 2 |
| | Commonwealth | Brighton | 1 & 2 | 1 & 2 |
| | Davison Apts. | Hyde Park | 0 & 1 | No units at this site |
| | Doris Bunte Apartments | Roxbury | 0, 1 & 2 | 1 & 2 |
| | Eva White Apts. | South End | 0, 1 & 2 | No units at this site |
| | Foley Apts. | South Boston | 1 | 1 |
| | Frederick Douglass | South End | 0 & 1 | 1 |
| | General Warren | Charlestown | 0, 1 & 2 | No units at this site |
| | Groveland | Mattapan | 0 & 1 | No units at this site |
| | Hampton House | South End | 0 & 1 | 1 |
| | Hassan Apts. | Mattapan | 0, 1 & 2 | 1 |
| | Heritage Apts. | East Boston | 0, 1 & 2 | 1 & 2 |
| | Holgate Apts. | Roxbury | 1 | No units at this site |
| | John J. Carroll | Brighton | 1 & 2 | No units at this site |
| | Lower Mills | Dorchester | 0, 1 & 2 | 2 |
| | Malone Apts. | Hyde Park | 1 | 1 |
| | Meade Apts. | Dorchester | 1 & 2 | No units at this site |
| | Mildred C. Hailey Apts. | Jamaica Plain | 1 & 2 | No units at this site |
| | MLK Apts. | Roxbury | 0 & 1 | No units at this site |
| | Pasciucco | Dorchester | 0, 1 & 2 | 1 & 2 |
| | Patricia White | Brighton | 1 & 2 | 1 & 2 |
| | Peabody | Dorchester | 1 & 2 | 1 & 2 |
| | Pond Street | Jamaica Plain | 1 & 2 | No units at this site |
| | Rockland Towers | West Roxbury | 0, 1 & 2 | 1 & 2 |
| | Roslyn | Roslindale | 1 & 2 | 1 & 2 |
| | Spring Street | West Roxbury | 1 & 2 | 1 & 2 |
| | St. Botolph St. | Back Bay | 0, 1 & 2 | 1 & 2 |
| | Torre Unidad | South End | 0, 1 & 2 | 1 & 2 |
| | Washington Manor | South End | 0 & 1 | 1 |
| | Washington St. | Brighton | 1 & 2 | No units at this site |
| | West Ninth St. | South Boston | 1 & 2 | No units at this site |

**ELDERLY/DISABLED State Program**

| | | | | |
|---|---|---|---|---|
| | Basilica | Charlestown | 1 | No units at this site |
| | Franklin Field Elderly | Dorchester | 1 | No units at this site |
| | Franklin Field Grandparenting Program | Dorchester | 2 | 2 |
| | Msgr. Powers/"L" St. | South Boston | 0, 1 & 2 | 1 |

**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.**

**Applicant Name:** _____ **Social Security #:** ___ - ___ - ____.
(PLEASE PRINT YOUR FIRST AND LAST NAME)

| SELECT YOUR CHOICE(S) HERE (√) | FAMILY FEDERAL PROGRAM<br>Development | Neighborhood | Bedroom Size | Wheelchair Accessible Units That Exist At the Site |
|---|---|---|---|---|
| | Alice H. Taylor | Roxbury | 1,2,3,4&5 | 2,3,4&5 |
| | Anne M. Lynch Homes at Old Colony | South Boston | 1,2,3,4,5&6 | 1,2&3 |
| | Cathedral/Ruth Barkley Apts. | South End | 1,2,3&4 | 1,2,3&4 |
| | Charlestown | Charlestown | 1,2,3,4&5 | 1,2,3 |
| | Commonwealth | Brighton | 1,2,3,4&5 | 1,2,3,&4 |
| | Franklin Field | Dorchester | 1,2,3,4&5 | 2,3,4 |
| | Highland Park | Roxbury | 2&3 | No units at this site |
| | Lenox St. | South End | 1,2&3 | 2 & 3 |
| | Mary Ellen McCormack | South Boston | 1,2&3 | No units at this site |
| | Mildred C. Hailey Apts. (Bromley) | Jamaica Plain | 1,2,3,4&5 | 1,2,3,&4 |
| | Mildred C. Hailey Apts. (Heath St) | Jamaica Plain | 1,2,3,4,5&6 | 2,3,4 |
| | **FAMILY STATE PROGRAM** | | | |
| | Archdale | Roslindale | 1,2,3,4,5&6 | 2 |
| | BHA Condos –scattered sites | City-Wide | 1,2,3&4 | 1&2&3 |
| | Fairmount | Hyde Park | 2&3 | No units at this site |
| | Faneuil | Brighton | 2,3&5 | No units at this site |
| | Franklin Field | Dorchester | 2 | 2 |
| | Gallivan Blvd | Mattapan | 2,3&4 | No units at this site |
| | Orient Heights | East Boston | 1,2,3,4&5 | 2&3 |
| | South St. | Jamaica Plain | 1,2,3&4 | No units at this site |
| | West Broadway | South Boston | 1,2,3,4,5&6 | 1,2,3,4,&5 |

**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)**

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

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## HOUSING CHOICE VOUCHER PROJECT BASED PROGRAMS CHOICE(S) FORM

**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.**

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

### 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.**

| | | | | |
|---|---|---|---|---|
| | Heritage Apts. | East Boston | Studio, 1 & 2 | Yes |
| | Lower Mills | Dorchester | Studio, 1 & 2 | Yes |

### 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.**

| | | | | |
|---|---|---|---|---|
| | Amory Street Apts | Roxbury | Studio, 1, 2 | Yes |
| | Building 104 | Charlestown | 1 | Yes |
| | Central Boston Elder Services | Boston | 1 | Yes |
| | Morville House | Boston | 1 | No |
| | O'Connor Way Senior Housing | South Boston | 1 | Yes |
| | Quincy Commons | Roxbury | 1 | Yes |

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

_____ **Date:** _____
**Head of Household Signature**

**HOUSING CHOICE VOUCHER PROJECT BASED PROGRAMS**
**CHOICE(S) FORM**

**Name:** _____ **SS#:** _____

## 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.**

| Check Box (√) | Site Name | Neighborhood | Bedroom Size(s) | Wheelchair Access? |
|---|---|---|---|---|
| | Amory Street Families Support Services | Roxbury | 0,1 | Yes |
| | Bloomfield Gardens | Dorchester | 2, 3 | No |
| | Boston Hope | Dorchester | 3, 4 | Yes |
| | Brighton Allston Apts. | Brighton/Allston | 2 | No |
| | Camden Apts | South End/Roxbury | 1, 2, 3 | Yes |
| | Catherine Gallagher | Jamaica Plain | 1, 2, 3, 4 | No |
| | 225 Centre Street | Jamaica Plain | 1, 2, 3 | Yes |
| | Concord Houses | South End | 1, 2, 3, 4 | Yes |
| | Condor Havre Garden | East Boston | 2, 3 | Yes |
| | Cortes Lodging House | Boston | SRO, Studio | Yes |
| | Crawford House – **Supported Housing** | Dorchester | 2 | Yes |
| | Dartmouth Hotel – **Supported Housing** | Roxbury | Studio, 1 | Yes |
| | Dixwell Park | Boston | 2, 3 | No |
| | Dudley Greenville | Roxbury | 2, 3 | No |
| | Dunmore Place – **Supported Housing** | Roxbury | 2,3 | No |
| | Egleston Crossing | Roxbury | 2 | No |
| | Franklin Hill | Dorchester | 1, 2, 3, 4,5 | No |
| | Georgetowne Houses I and II | Hyde Park | 1,2,3 | Yes |
| | Hartwell Terrace | Dorchester | 2 | No |
| | Harvard Commons | Dorchester | 2, 3, 4 | Yes |
| | Harvard Hill Apts. | Dorchester | 2, 3 | No |
| | Heritage Apts. | East Boston | 3,4 | Yes |
| | Howard Dacia | Dorchester | 2, 3 | Yes |
| | JP Scattered Sites | Jamaica Plain | 2,3 | No |
| | Lower Roxbury Apts. | Roxbury | 2, 3, 4 | No |
| | Lucerne Gardens | Dorchester | 2, 3 | Yes |
| | 698 Mass. Ave | Boston | SRO | Yes |
| | Madison Melnea Cass Apts | Roxbury | 1,2,3,4 | Yes |
| | Mattapan Heights | Mattapan | 1, 2 | Yes |
| | Moreland Affordable | Roxbury | 2, 3 | No |
| | 109 Mt. Pleasant Street – **Supported Housing** | Roxbury | 2, 3 | No |
| | Nazing Court | Dorchester | 1, 2 | No |
| | Nueva Esperanza | Roxbury | Studio | Yes |
| | Oak Terrace | Boston | 1, 2, 3, 4 | No |
| | Old Colony Phase I & II | South Boston | 1, 2, 3, 4 | Yes |
| | Oliver Lofts | Roxbury | 1,2 | No |
| | Olmsted Green | Dorchester | 2, 3 | No |
| | Orient Heights Phase Two | East Boston | 1, 2, 3, 4 | Yes |
| | Pleasant Street – **Supported Housing** | Dorchester | 2 | No |
| | Rockvale Circle | Jamaica Plain | 2, 3 | No |
| | Rollins Square | Boston | 1 ,2, 3 | Yes |
| | Roxbury Tenant of Harvard | Roxbury | 1, 2, 3 | No |
| | Rutland Square House | South End | SRO | No |
| | The Berkeley Residence | Boston | SRO | Yes |
| | The Greenway/Maverick | East Boston | 3 | No |
| | The Metropolitan | Boston | Studio | Yes |
| | Trinity House | East Boston | SRO, Studio | Yes |
| | Trinity Terrace | Dorchester | 2, 3 | Yes |
| | Uphams West | Dorchester | 2 | No |
| | 40 Upton Street – **Supported Housing** | Boston | SRO | Yes |
| | Washington Beech | Roslindale | 1, 2, 3, 4 | No |
| | 9 Williams Street | Boston | 1,2 | Yes |
| | Westland/Burbank | Boston | 1, 2 | Yes |
| | Westminster Court | Roxbury | 1, 2 | Yes |
| | West Newton Rutland Apts | South End | Studio, 1, 2, 3, 4, 5 | Yes |
| | Wise Street – **Supported Housing** | Jamaica Plain | 1 | Yes |
| | Whittier Street Apartments | South End | 2, 3, 4 | Yes |

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

_____ **Date:** _____

**Head of Household Signature**

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

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## 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 AND must qualify as a Priority One Applicant in order to apply for the Sites listed below.**

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

## 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) **AND must qualify as a Priority One Applicant in order to apply for the Sites listed below.**

| Check Box (✓) | Site Name | Neighborhood | Bedroom Size(s) | Wheelchair Access? |
|---|---|---|---|---|
| | Arch Project | Boston | SRO | Yes |
| | Codman Square | Dorchester | 2,3 | No |
| | Columbus Ave. Apts. | Roxbury | 2,3,4 | Yes |
| | Congressman J. Moakley Quarters | Boston | SRO | Yes |
| | Crawford Street | Dorchester | SRO | Yes |
| | Dixwell | Roxbury | 2,3 | No |
| | Esmond Street | Dorchester | 3 | No |
| | Fessenden Street Apts. | Boston | 2,3,4 | No |
| | Frawley Delle Apts. | Boston | 2,3,4 | No |
| | Haley House | Boston | SRO | Yes |
| | Huntington House | Boston | SRO | Yes |
| | Jess Street | Jamaica Plain | 2 | No |
| | Montebello | Jamaica Plain | 2,3,4 | No |
| | Sargent Prince | Roxbury | SRO | No |
| | Washington Park | Dorchester | 2,3 | No |

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

**Applicant Signature:** _____ **Date:** _____

**BOSTON HOUSING AUTHORITY**
Occupancy Department
56 Chauncy Street
Boston, Massachusetts 02111-2375

617-988-3400
TDD 1-800-545-1833 Ext. 420
www.BostonHousing.org

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

# 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 un-inhabitability 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 policies 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-(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 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 Household 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/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 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 Household 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 Household 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 the you were a tenant of record.

☐ **For disabled individuals only, inaccessibility of a critical element 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 laws pertaining to reasonable accommodation to make changes to the apartment or dwelling unit that would make these critical elements accessible to the Household 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 household member 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 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**
- 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. **c)** 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_____ 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 |

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این یک سند بسیار مهم است. اگر به ترجمه آن نیاز دارید، لطفا با شماره تلفن زیر تماس بگیرید یا به دفتر ما مراجعه کنید.
Telephone No.: (617) 988-3400

**BOSTON HOUSING AUTHORITY**
Occupancy Department
56 Chauncy Street
Boston, Massachusetts 02111-2375

617-988-3400
TDD 1-800-545-1833 Ext. 420
www.BostonHousing.org

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

## 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 to 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 verifier'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 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 the 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 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, the 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 of 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. 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 |

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Telephone No.: (617) 988-3400

rev. 06 2019

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

Phone: 617-988-3400
Fax: 617-988-4214
TDD: 800-545-1833 x420
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

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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، لطفا با شماره تلفن زیر تماس بگیرید یا به دفتر ما مراجعه کنید.

Telephone No.: (617) 988-3400

rev. 09 13 17

**BOSTON HOUSING AUTHORITY**
Occupancy Department
56 Chauncy Street
Boston, MA 02111-2375

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**617-988-3400**
TDD 1-800-545-1833 Ext. 420
www.BostonHousing.org

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

# 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-STAMPTED 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 to 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 Veterans 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.

**PRINT NAME:** _____ **S.S. #:** _____

**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.

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**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 — 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 telefóno 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។ ក្នុងករណីលោកអ្នក ចាំបាច់ត្រូវចង់បានការបកប្រែ សូមទូរស័ព្ទលេខខាងក្រោមនេះមកកាន់ ឬ អញ្ជើញមកទាក់ទងដោយផ្ទាល់នៅការិយាល័យយើងខ្ញុំ។**
**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 dhokomenti muhiim ah. Haddii aad rabto tarjumad, fadlan wac lambarka hoos ku qoran ama imow xafiisyadayada.**
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Telephone No.: (617) 988-3400

**BOSTON HOUSING AUTHORITY**
Occupancy Department
52 Chauncy Street, 3rd Floor
Boston, Massachusetts 02111

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

# AUTHORIZATION OF RELEASE
# AUTHORIZATION TO INSPECT AND/OR COPY RECORDS

**CLIENT CONTROL #** _____

**LOCATION CODE:(Office Use Only)** _____

I, _____(The Applicant)

of (Address) _____

_____

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**

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***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_____

_____ _____ _____
SIGNATURE OF HEAD Social Security Number DATE

_____ _____ _____
SIGNATURE OF CO-HEAD Social Security Number DATE

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

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)
- ☐ Victim of Hate Crime (254)
- ☐ Avoidance of Reprisal (327)
- ☐ Condemnation (324)
- ☐ Urban Renewal (325)
- ☐ Domestic Violence (252)
- ☐ Outgrown Services Emergency (258)
- ☐ Disabled or Elderly Persons Relocation (258)
- ☐ HUD VAWA Certificate (332)
- ☐ Court-Ordered No Fault Eviction (251)
- ☐ Inaccessibility of Dwelling Unit (257)
- ☐ Other Government Action (Federal Programs Only) (325)
- ☐ Homelessness (255)
- ☐ Imminent Landlord Displacement (256)
- ☐ Excessive Rent Burden (253)
- ☐ BHA Resident Termination of Assistance due to Lack any household member with eligible immigration status (326)
- ☐ **NONE Submitted- Standard Applicant**

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**

_____ _____
FULL SIGNATURE OF BHA STAFF MEMBER DATE