



BOSTON HOUSING AUTHORITY
 Occupancy Department
 52 Chauncy Street, 3rd Floor
 Boston, Massachusetts 02111-2375



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

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

BHA PRELIMINARY APPLICATION RECEIPT # _____

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

PLEASE PRINT NAME OF HEAD OF HOUSEHOLD _____

 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 Failure to do so may result in your application being withdrawn.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

TO BE COMPLETED BY BHA STAFF ONLY

APPLICATION SUBMITTED: IN PERSON () BY MAIL ()

Boston Housing Authority acknowledges receipt of your **Preliminary Application with your housing choice forms** for:
 () **Public Housing** () **Section 8 PBV** () **Section 8 Mod Rehab**

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

- Disaster (323)
- Court-Ordered No Fault Eviction (251)
- Victim of Hate Crime (254)
- Inaccessibility of Dwelling Unit (257)
- Avoidance of Reprisal (327)
- Other Government Action (Federal Programs Only) (325)
- Condemnation (324)
- Homelessness (255)
- Urban Renewal (325)
- Imminent Landlord Displacement (256)
- Domestic Violence (252)
- Excessive Rent Burden (253)
- Outgrown Services Emergency
- BHA PH Federal No Household w/ Eligible Immigration Status (326)
- Disabled or Elderly Persons Relocation (258)
- HUD VAWA Certificate (332)
- 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