Section 8 Project-Based Voucher Program



Please complete and return to:

Metro Housing | Boston 1411 Tremont Street Boston, MA 02120 (617)859-0400

For agency use only: Date/Time Stamp/ Control Number

Pre-Application for housing assistance

Please print neatly in ink. All fields are required. Submit this form only. Incomplete, photocopied, e-mailed or faxed applications will not be accepted. If you are already on our tenant-based Section 8 waiting list your record will be updated using the information that you provide below. Due to the volume of applications received, we will not verify the receipt of mailed applications. We cannot be responsible for material that is illegible or missing as a result of transmitting by fax or e-mail or lost/delayed through the mail.

IMPORTANT!

One-third of all applicants are dropped from the waiting list due to unreported address changes. Do not let this happen to you. Report <u>any</u> change of address in writing to the agency listed above.

Head of Household Information

Social Security Number	Р	Phone (include area code)						
First Name	Middle Name	Last Name						
Address		City/Town	State	Zip code				
Shelter Name	Shelter Address	City/Town	State	Zip code				

Family Information

Write in the approxima	ite amount of your fai	mily's gross (before tax	(es) annual incor	me. Inclu	ide all s	sources for all
family members.						
Gross annual house	hold income \$					
List the Head of House	hold and all other me	mbers who will be livir	ng in the unit. G	ive the re	lations	hip of each
family member to the	head. For example: sp	oouse/partner, son, da	ughter, aunt, gra	andmothe	er, etc	
First Name	Last Name	Relation to Head	Birth Date	Age	Sex	Social Security

					Number
		Head of Household			
			_		
If you have more than	eight family members	s, please check here	and list them	on a separ	ate piece of paper.
For Agency Use Only.				600	
Household Bedroom S	ize: 🔄 Single 📋 It	BR 🔝 2BR 🔝 3BR	R 🗌 4BR 📘] <i>5BR</i>	
		• • • • • • •		<u>.</u>	7
Check if the head of Check if anyone in t				Disabled L	
We collect data on race & ethnicity. Please indicate					also be of Hispanic
Race of head of hou					
	African American 📋	American Indian			Asian 🗌
Ethnicity of herd of	household (Charle	anhs ana)			
Ethnicity of head of	-				
Hispanic 🔄	N	Ion-Hispanic 🔄			
What is using some	the second and the start				
What is your curren			ox)		

[] I am homeless	
[] I live in substandard housing	
[] I have been involuntarily displaced by fire, flood, or other natural disaster	
] I pay more than 50% of my monthly income for rent and utilities	
] I live in a shelter	
l] I am doubled up with friends or relatives	
l] I live in public housing	
[] I live in a transitional housing program	
[I live in subsidized housing	
ſ	Other (describe)	

Location of Project-Based Apartments

From the list below, check the box next to the communities where you would like to live. Please do not choose a community unless you think you would really live there. Only check properties that have apartments appropriate for your household size. If you select a property from the list below that you are not eligible to occupy you will not be added to that waiting list. The housing agency will make the final determination of eligibility based on the family information that you are providing in this pre-application. If you need a larger apartment as a reasonable accommodation for a disability please contact the agency listed above for assistance in completing this form.

Single Room Occupancy (SRO) and **Enhanced Single Room Occupancy (ESRO**) units are <u>only for one person</u>. SRO units typically have shared bathrooms and may have not have a kitchen or have a shared kitchen. ESRO units have private bathrooms and may have kitchenettes. If you are a single person household and are not elderly or disabled you may only choose properties that have SRO and ESRO units. **Studio** apartments do not have a separate bedroom but have a full kitchen. **Elderly** apartments are for persons over 62 years of age. **Supportive Service** apartments provide certain services to tenants and you must have a documented need for the supportive services offered at these properties.

Properties that have wheelchair accessible apartments are marked with the 🖾 logo - contact us for more information on the
available bedroom sizes of these apartments.

NOTE: Effective June 5, 2009, any projects listed below that are highlighted in yellow are temporarily closed to new												
appl	applicants, until further notice.											
	Community	Property/Street					Number	of Units b	y Bed	room	Size	
					Course and loss	6 0 0		a : 1 ¹		-	-	

	Community	Property/Street					Number of Units by Bearoom Size					
			F	Elderly Only	Supportive Services	SRO	ESRO	Studio	1 BR	2 BR	3 BR	4 BR
	Allston	1201 Comm. Ave.				6						
	Arlington	Capitol Square Apts.							2	6		
	Arlington	Russell Terrace				2						
	Arlington	Summer, Broadway, Bow and Webster								3	1	
	Bedford	447 Concord Road	Ē							2	2	
	Boston	1740 Washington St.				8						
	Boston	Boston YWCA	Ē				15	3	2			
	Cambridge*	Putnam Green	Ē						2	4	2	
	Charlestown	Zelma Lacey	Ŀ	Х	Х			15	5			
	Chelsea*	Highland Terrace	Ē						1	4	3	
	Chelsea	Janus Highlands	Ē							2	5	1
	Chelsea	TILL Building								3	2	
	Chelsea*	Spencer Green 113 Spencer Ave	Ŀ						2	2	4	
	Chelsea*	Spencer Row 205-221 Spencer Ave	F						1	4	3	
	Chelsea*	Harbor Cove 63 Washington Ave.	F		X				3	16	5	
	Dorchester*	Hearth at Olmstead Green (Kingbird Rd.)	Ŀ	preference					15			
	Dorchester	1129 Dorchester Ave.							6	1	1	
	Dorchester	14-24 Roach St.							3	5		
	Dorchester	1285 -1291 Mass Ave	Ŀ							1	3	
	Everett	19 Hancock St.				3						
	Jamaica Pl.	82 Green St.	Ē			10						
	Medford	4-6 Ashland St.				3						
	Mission Hill	Doe House				4		1				
	Newton	Pelham House	Ē	Х				3				
	Quincy	6 Fort St	Ē						1	6	1	
	Quincy	The Moorings	Ŀ	Х					30	9		
	Quincy*	Granite St Housing								3	2	
	Quincy	Winter Gardens	Ē						2	3	1	
	Roxbury*	Grandfamilies House								5	3	
	Roxbury*	Familias Unidas	Ŀ		Х	6				1	1	
	Roxbury	430-436 Dudley St.				3						
	Roxbury	28 Mt. Pleasant St.				2						
	Roxbury	25 Ruggles St.	Ē	Х	Х			35				
	Roxbury	10 & 20 Amory Ave.								7	3	
	Somerville*	75 Cross Street	Ŀ		Х					2	6	
	Somerville	109 Gilman St.									1	
	Somerville	32 Kent St.							2	6		
	Somerville*	St. Polycarp Apts Phase I	Ŀ						2	3	3	
	Somerville*	St. Polycarp Apts Phase II	Ŀ						2	4	2	
	Somerville*	St. Polycarp Apts Phase III	Ŀ						1	4	3	
	Wakefield	48 Water St.				6						
	Watertown*	1060 Belmont Street	Ŀ				ļ		2	5		
ЦЦ.	Watertown	Coolidge School Apts		X			ļ		4			
	Watertown	Marshall Place Apts	Ŀ	Х					8			

*Applicants meeting a specific preference will be selected first. You will be mailed information on how to qualify for a preference.

This housing list is updated periodically. For information on the availability of new apartments or on apartments in other parts of the state call the number at the top of this form or visit the Housing Consumer Education Center website at www.masshousinginfo.org

Certification of Applicant

Please read this statement very carefully. By signing, you are agreeing to its terms.

- - this is a pre-application for project-based rental assistance through DHCD and its regional administering agencies and is not an offer of housing;
 - at the time I rise to the top of the waiting lists, I will be required to provide verification of the information I have provided here, in accordance with federal housing regulations and DHCD policy;
 - it is my responsibility to notify any one of DHCD's regional administering agencies in writing of any change of address and my application may be cancelled if I fail to do so;
 - it is my responsibility to notify any one of DHCD's regional administering agencies in writing of any change in family size or composition that might affect the number of bedrooms my family requires and my failure to do so may affect my place on the waiting list;
 - ✓ my participation in the Section 8 housing program is subject to my being eligible and in compliance with HUD and DHCD regulations; and that I will be subject to a criminal history check.

I agree that DHCD can share my information with other state agencies for the purposes of determining program eligibility.

Signature of head of household

Date