

# 811 PRA Project-Based Voucher Program



Please complete and return to:

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 applications will not be accepted. 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.

### Head of Household Information

Social Security Number		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 approximate amount of your family's gross (before taxes) annual income. Include all sources for all family members.

Gross annual household income \$ \_\_\_\_\_

List the Head of Household and all other members who will be living in the unit. Give the relationship of each family member to the head. For example: spouse/partner, son, daughter, aunt, grandmother, etc.

First Name	Last Name	Relation to Head	Birth Date	Age	Sex	Social Security Number
		Head of Household				

If you have more than three family members, please check here ☐ and list them on a separate piece of paper.

For Agency Use Only. Number of Household Members

Household Bedroom Size: ☐ Single ☐ 1BR ☐ 2BR ☐ 3BR

Check if the head of household or spouse is: 62 years old or older ☐ Disabled ☐

Check if anyone in the household requires a wheelchair accessible unit ☐

We collect data on race & ethnicity in accordance with federal regulations. People of various races may also be of Hispanic ethnicity. Please indicate if you are Hispanic. Your answers will not affect your application.

**Race of head of household (You may choose more than one of the following)**

White ☐ Black/African American ☐ American Indian/Alaskan Native ☐ Asian ☐

Native Hawaiian/Other Pacific Islander ☐

**Ethnicity of head of household (Check only one)**

Hispanic ☐ Non-Hispanic ☐


**What is your current housing situation? (Check only one box)**


- ☐ I am homeless
- ☐ I live in substandard housing
- ☐ I live in a shelter
- ☐ I live in public housing
- ☐ I live in a transitional housing program
- ☐ I live in subsidized housing
- ☐ 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.

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

	Community	Property/Street				Number of Units by Bedroom Size						
				Elderly Only	Supportive Services	SRO	ESRO	Studio	1 BR	2 BR	3 BR	4 BR
<input type="checkbox"/>	*Georgetowne Homes	400A Georgetowne Drive, Hyde Park	N		✓				4	2		
<input type="checkbox"/>	*Duck Mill	4 Union Street, Lawrence	Y		✓				2			
<input type="checkbox"/>	*Hayes at Railroad Square	14 Granite Street, Haverhill			✓				2	1		
<input type="checkbox"/>	*Parcel 25	1 Gurney Street, Boston (Mission Hill)	Y		✓				2	1		

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

### Certification of Applicant

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

I hereby certify that the information I have provided in this pre-application is true and accurate. I understand that:

- ✓ any misrepresentation or false information will result in my application being cancelled or denied, or in termination of housing assistance;
- ✓ 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;
- ✓ my participation in the 811 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

