



BOSTON HOUSING AUTHORITY
52 Chauncy Street
Boston, Massachusetts 02111-02375

Leased Housing Division
Tel (617) 988-4157
Fax (617) 988-4147 or 988-4235
TDD 1-800-545-1833 Ext. 420

Homeless Service Organization Applicant Verification

Applicant Name: _____ Date: _____

SSN: _____

Site (*Project Based Voucher or Moderate Rehabilitation*):

Name: _____

Address: _____

City: _____ Zip: _____

Phone: _____

Email: _____

Homeless Service Organization (*This entity must provide services to residents at the above site per its agreement with site*):

Name: _____

Address: _____

City: _____ Zip: _____

Phone: _____

Email: _____

The Homeless Service Organization at the above referenced site is referring this applicant to said site and is hereby certifying that the applicant is engaged in services through its supportive housing program.

Signature: _____
(Homeless Service Organization)

Dated: _____