

Brookline Housing Authority
Application Department
90 Longwood Avenue Ste. 1
Brookline, Massachusetts 02446
Tel: 617-277-1885 Fax: 617-277-1462 TDD: 1-800-545-1833, Extension 213
Web: www.brooklinehousing.org email: apps@brooklinehousing.org

Public Housing Status Request / Change of Address Form

Type of public housing program you applied for:

- | | |
|---|---|
| <input type="checkbox"/> State Funded Family | <input type="checkbox"/> Elderly/Disabled |
| <input type="checkbox"/> Federally Funded Family | <input type="checkbox"/> Elderly/Disabled Wheelchair Accessible |
| <input type="checkbox"/> Family Wheelchair Accessible | <input type="checkbox"/> Other/Unknown |

Please provide the following information:

Full Name: _____

SSN: _____ Control #: _____

Old Address: _____

NEW Address: _____

Phone: _____ Cell: _____

Email address: _____

Additional Comments:

You will receive a written notice approximately 10 business days from the date this request was received by our office. We can confirm if you are actively waiting on our list(s) and give you an estimated waiting time. We do not give out numbers regarding your position on the list. Once you approach the top of the list we will contact you to request the documentation necessary to determine final eligibility for our housing programs.