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City/Town State Zip Code

**Please provide your phone and email**

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Home Phone Mobile Phone Work Phone

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Email address

**Please provide a secondary contact person or alternative address**

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First Name Middle Initial Last Name Suffix  
Street Address, P.O. Box or c/o  
Apt. Suite, Floor, etc.

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City/Town State Zip Code

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Phone Email

## 2. Housing Type

There are different state-aided public housing programs available for low-income families, elderly persons, and persons with disabilities. Not all housing authorities administer every program.

Family housing is for households of any age and any size. Household members must be related by blood, marriage, operation of law, or a stable interdependent relationship. To be eligible for elderly/handicapped public housing, at least one household member must be at least 60 years old or be a person with a disability who meets certain eligibility criteria.

**Are you applying for Elderly/Handicapped Housing?**

Yes  No

**If you are applying for elderly/handicapped housing, you must indicate which type below:**

CHAMP -06-22-2018



- Elderly
- Non-elderly Handicapped

**How many bedrooms do you believe you need?\***

- 1    2    3    4    5    6    7    8    9

\*Note that not all of these apartment sizes may be available.

### 3. Current Housing Situation

Please tell us about your current housing situation. The information you provide will be verified to determine the priority of your application. Making a false statement or misrepresentation may result in the denial of your application.

**Do you currently have a voucher from the Massachusetts Alternative Housing Voucher Program (AHVP)?**

- Yes       No

**Are you requesting a transfer to move from one apartment to another within the same housing authority?**

- Yes       No

\_\_\_\_\_  
If yes, housing authority where you currently live:

\_\_\_\_\_

\_\_\_\_\_  
If yes, reason for transfer request (check one)

- Apartment too small for household
- Apartment too big for household
- Medical reasons
- other (specify)\_\_\_\_\_

If yes, please provide some additional details about your transfer requests:

\_\_\_\_\_  
\_\_\_\_\_

CHAMP -06-22-2018



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**Are you now homeless or in imminent danger of becoming homeless?**

- Yes       No

**On what day did you become, or will you become, displaced from your primary residence?**

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Month / Day / Year

**If yes, please check all of the following statements that apply to you.**

- I do not have a place to live or am in a living situation in which there is a significant immediate threat to the life or safety of myself or a household member whose situation would be alleviated by placement in an appropriate unit.
- I have made reasonable efforts to locate alternative housing.
- I have not caused or substantially contributed to the unsafe or life threatening situation.
- I have pursued available ways to prevent or avoid the situation by seeking assistance through the courts or appropriate administrative or enforcement agencies.
- I have been displaced from a primary residence where I intended to live for an indefinite period of time for at least nine months of the year.

**If yes, did you become homeless in any of the following ways?**

Check all that apply

- Displaced by natural forces (i.e. flood, fire, earthquake)
- Displaced by urban renewal or eminent domain.
- Displaced by condemnation of home or code violations.
- No fault loss of housing - such as condominium conversion, owner wants unit for personal or family use, or discharge from nursing home or long-term care facility.
- Victim of abuse (domestic violence).
- Severe medical emergency.

CHAMP -06-22-2018





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**Does your household need a unit that is wheelchair accessible?**

- Yes       No

**Do you need a unit that does not require you or your household members to climb stairs?**

- Yes       No

CHAMP -06-22-2018



## 6. Household Makeup

Please enter the name and personal information of each member of the household who will be living in the unit, starting with the Head of Household. **Please note:**

- Responding to the racial and ethnic designation questions is optional. Your status with respect to tenant selection procedures may be affected by this information.
- Gender, relationship to head of household, and date of birth are required to determine your appropriate unit size.
- If provided, the Social Security Number will be used to verify income and assets.
- Responding to the disability question is optional. Your income determination may be affected by this information.

### Please provide the names and personal details of Household Members

First Name	Last Name	Relationship to Head of Household <sup>1</sup>	Racial Designation (Optional) <sup>2</sup>	Ethnic Designation (Optional) <sup>3</sup>	Gender	Occupation status <sup>4</sup>	Social Security Number	Date of Birth	Disabled (Optional) <sup>5</sup>
		Head of Household							

**Note: Valid responses to Household Members Personal Details are listed in 1-5 below. Optional questions need no response.**

**What is the estimated annual income for your household next year?**

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1. Relationship to Household: Head, Spouse/Partner, Brother/Sister, Child/Grandchild, Parent/Grandparent, Niece/Nephew, Cousin, Foster Child, or Other.
  2. Racial Designation: American Indian, Alaskan Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, White, or Other.
  3. Ethnic Designation: Hispanic/Latino or Not-Hispanic/Latino.
  4. Occupation: Employed, Retired, At Home, Student.
  5. Disabled: Yes or No

CHAMP -06-22-2018



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**Is a change in household composition expected?**

\_\_\_\_\_  
If yes, what type?

\_\_\_\_\_  
When is this expected to occur?

Yes       No

## 7. Housing Selections

Select the Housing Programs that you are applying to from the options below. Please note that not all housing authorities administer every program.

- Elderly/Handicapped\*
- Congregate Elderly/Handicapped\*
- Family

\*Note: Applicants must indicate that they are interested in Elderly/Handicapped housing in the Housing Type Section (section 2) of this application form in order to apply to the Elderly/Handicapped or Congregate Elderly/Handicapped housing programs.

CHAMP -06-22-2018





## Applicant's Certification

- I understand that this application is not an offer of housing.
- I understand that a housing authority will make no more than one offer of an appropriate public housing unit. If I do not accept that offer, without good cause, my application will be removed from the waiting list for that program at that housing authority;
- If I reapply for that program at that housing authority, my application will not receive any priorities or preferences that were previously granted or requested on the prior application for a three year period.
- Based on this application, I understand I should not make plans to move or end my present tenancy until I have received a written Unit Offer from a housing authority.
- I understand that it is my responsibility to inform a Housing Authority in writing of any change of address, income, or household composition or any other information regarding my application.
- I authorize housing authorities where I have applied to make inquiries to verify the information I have provided in this application.
- I certify that the information I have given in this application is true and correct. I understand that any false statement or misrepresentation may result in the denial of my application.
- I understand that housing authorities I have applied to will request a Criminal Offender Record Information from the Criminal Justice Information Services and may perform credit checks and other background investigations for all adult members of the household.
- I understand that if I have made any intentionally false or misleading statements when applying for public housing, my application will be disqualified and there may be additional consequences.
- I understand that my application information will be transferred to the **Common Housing Application for Massachusetts Public Housing (CHAMP)**
- I understand that the online application may be subject to data transmission errors that may make the application incomplete. I understand that DHCD is not responsible for these errors.
- By using this application, I agree to all of these conditions.

Signed under the pains and penalties of perjury,

Print name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

CHAMP -06-22-2018



## Fair Information Practices Act - Statement of Rights

Local Housing Authorities collect information about applicants and tenants for their housing programs as required by law in order to determine eligibility, amount of rent, and correct apartment size. The information collected is used to manage the housing programs, to protect the public's financial interest, and to verify the accuracy of information submitted. Where permitted by law, it may be released to government agencies, other housing authorities, and to civil or criminal investigators and prosecutors. Otherwise, the information will be kept confidential and only used by housing authority staff in the course of their duties.

The Fair Information Practices Act established requirements governing housing authorities' use and disclosure of the information it collects. Applicants may give or withhold their permission when requested by the housing authority to provide information. However, failure to permit the housing authority to obtain the required information may result in delay or ineligibility for programs. The provision of false or incomplete information is a criminal offense, punishable by fines and/or imprisonment.

As an applicant, you have the following rights in regards to the information collected about you:

- No information may be used for any purpose other than those described above without your consent.
- No information may be disclosed to any person other than those described above without your consent. If we receive a legal order to release the information, we will notify you.
- You or your authorized representative have a right to inspect and copy any information collected about you.
- You may ask questions and receive answers from the housing authority about how we collect and use your information.
- You may object to the collection, maintenance, dissemination, use, accuracy, completeness, or type of information we hold about you. If you object, we will investigate your objection and will either correct the problem or make your objection part of the file. If you are dissatisfied, you may appeal to a local housing authority where you have applied and it will notify you in writing of its decision and of your right to appeal to the Department of Housing and Community Development.

I have read and understand this Fair Information Practices Statement of Rights.

CHAMP -06-22-2018



Print name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CHAMP -06-22-2018

