

First M.I. Last:
Mailing Address1:
Mailing Address2:
City State Zip:

Case Manager Email:

Print double-sided or apply online using the button above.

App Generated:

ATTN: HOUSING AUTHORITY WAITLIST ADMINISTRATOR

If you receive this paper application, the applicant is requesting you enter their data into CHAMP as a **Reasonable Accommodation**. If the application changes, please use this first page to advise HousingWorks via the fax number below. We will make the newer application available, but will continue to advise applicants to go to the CHAMP website if possible.

- ☐ This is not the current application. The correct application is available in this way:

Your position or title at this housing program: _____

Your signature: _____

HousingWorks Fax (for PHA Administrators only): **617-536-8561**

*You can also direct applicants to try our free search to locate ALL THEIR OTHER HOUSING
OPTIONS, at no cost:*

<https://www.housingworks.net/search/housing>





CHAMP



Application for State-Aided Public Housing and the Alternative Housing Voucher Program (AHVP)

Apply Online:

You may now apply for the Alternative Housing Voucher Program (AHVP) and State-Aided Public Housing online! AHVP is a rental assistance program for non-elderly persons with disabilities and of low income that provides participants with a subsidy to rent an apartment in the private market. State-Aided Public Housing is a housing program consisting of apartments that are owned by Local Housing Authorities (LHAs) which are directly rented to qualified and eligible applicants.

Please use the CHAMP website: <https://www.mass.gov/applyforpublichousing>

Apply On Paper:

If you do not want to apply online, please fill out the following application and mail or hand deliver it to any LHA. To apply for AHVP and/or State-Aided Public Housing complete the parts of the application shown below.

	1. Contact information	2. Current Housing Situation	3. Employment & Veteran Status	4. Language Access	5. Household makeup	6. AHVP & Selections	7. Public Housing & Selections	8. Applicant Certification & FIPA Signature
AHVP	✓	✓	✓	✓	✓	✓		✓
Public housing	✓	✓	✓	✓	✓		✓	✓
Both	✓	✓	✓	✓	✓	✓	✓	✓

Please complete all information requested on the application below. Not all questions are required, but you must respond to all questions and do not leave any question blank. Required questions are marked with an asterisk (*). Please write “not applicable (n/a)” or “decline to respond” as appropriate for non-required questions. Incomplete applications may not be fully processed.

Submit the completed application to a housing authority. Your application information will be entered online by that housing authority and your application will be submitted to the LHAs that you selected. If you submit a paper application instead of applying online, you can still use the CHAMP website to make changes or updates to your application, including submitting documents for verification. For Local Housing Authority contact information go to the Department of Housing and Community Development website (www.mass.gov/dhcd) and search for “LHA Contact Listing”.

If you need additional space to provide an answer, please attach additional sheets.



1. Contact Information

Name and Date of Birth of Applicant/Head of Household

Date of Birth*

First Name*

Middle Initial

Last Name*

Suffix

Please provide your primary residential address

If you are currently homeless, please provide your shelter's address OR the address of your last primary residence. This address will be used to determine where you have local resident preference.

Street Address*

Apt. Suite, Floor, etc.

City/Town*

State*

Zip Code*

Please provide your mailing address, only if different from the address listed above

Street Address, P.O. Box or c/o*

Apt. Suite, Floor, etc.

City/Town*

State*

Zip Code*

Please provide your phone and email

Home Phone

Mobile Phone

Work Phone

Email address (please note: you may receive digital notices at this email address)

Please provide a secondary contact person or alternative address

First Name

Middle Initial

Last Name

Suffix

Street Address, P.O. Box or c/o

Apt. Suite, Floor, etc.

City/Town

State

Zip Code

Phone

Email



2. Current Housing Situation

Please tell us about your current housing situation. Depending on your current housing situation and your ability to verify your circumstance, you may be placed higher on specific waitlists. Making a false statement or misrepresentation may result in the denial of your application.

Note: You will be required to provide documentation to verify your current housing situation. The types of documents you may need to verify your housing situation may include, but are not limited to, a lease, rent receipts, utility bill, etc.

Are you now homeless or in imminent danger of becoming homeless? Note: The definition of homeless for state-aided public housing programs is not the same as the definition used by homeless shelters and other subsidy programs.

- ☐ Yes ☐ No

On what day did you become, or will you become, displaced from your primary residence? A primary residence is a home occupied by your household for no less than nine months of the year, and that was not intended to be a temporary residence.

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, I am living in a situation that is a significant immediate threat to the life or safety to me or to a household member. Placement in an appropriate unit would remedy my living situation.
- ☐ I have not caused or substantially contributed to the unsafe or life threatening situation.
- ☐ I have tried to avoid or prevent the situation. I have done this by seeking assistance through the courts or appropriate administrative or enforcement agencies. (Note: You should also check this box if there was no available way to prevent or avoid the situation, such as a natural disaster.)
- ☐ I have been displaced or am about to be displaced from my primary residence (Note: Primary residence means that this is a home occupied by your household for no less than nine months of the year, and that was not intended to be a temporary residence.)
- ☐ I have made reasonable efforts to find alternative housing.

If yes, did you become homeless in any of the following ways? Check all that apply.

Note: You will be required to provide documentation to verify your claim below. The types of documents you may need to verify the reason you became homeless may include, but are not limited to, an official fire report, an official order of condemnation, a judgment for eviction, medical documentation of severe medical condition, police reports, medical reports, etc.

- ☐ Displaced by natural forces (e.g., 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.

Please provide additional details about your housing situation. Use and attach additional sheets of paper if necessary.

Details may include, but are not limited to: where you were displaced from and why; if you were evicted by your landlord, why you were evicted (e.g., non-payment of rent, condo conversion, etc); if there was a natural disaster, what type of disaster it was; if there was a fire, how did it start; if your unit was condemned, what was the reason; if you were displaced by public action, what was the nature of that public action; if you have a severe medical emergency, how has this impacted your housing situation.

3. Employment & Veteran Status

You may receive local resident preference based on where you are employed in addition to where you live. For some programs, you may also receive a preference for Veterans of the U.S. Military and some members of their families.

Where is your current place of employment?

City/Town	State	Zip Code
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Are you or a household member a Veteran of the United States Armed Forces?

- ☐ I am a Veteran, or a member of my household is a Veteran.
- ☐ I, or a member of my household, is the spouse, surviving spouse, dependent parent or a child or divorced spouse with a dependent child of a Veteran.

Please enter the dates of service of the Veteran in your household.

Start Date: _____	End Date: _____
Day/Month/Year	Day/Month/Year



Please check all that apply, if any.

- ☐ A U.S. Veteran in my household has a service-connected disability.
- ☐ A former member of my household is a deceased U.S. Veteran whose death has been determined by the Veteran's Administration to be service connected.

4. Language Access¹

Do you understand spoken English? ☐ Yes ☐ No

If no, what is your primary spoken language _____

Do you understand written English? ☐ Yes ☐ No

If no, what is your primary written language _____

5. 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. For household members who do not identify as male or female, please identify the gender with which they will share a bedroom.
- 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

[Blank Space – Go to Next Page to Complete Household Make]

¹ Your status with respect to tenant selection procedures will not be affected by your answers to the two Language Access questions.



Household Makeup continued — Note: See below for valid responses. Optional questions need no response.

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

First and Last Name	Relationship to Head of Household ¹	Racial designation (optional) ²	Ethnic designation (optional) ³	Gender (M/F)	Occupation Status ⁴	Social Security Number	Date of Birth	Disabled? (optional) ⁵
First: Last:	Head of Household						Listed on 1 ST Page of App	
First: Last:								
First: Last:								
First: Last:								
First: Last:								
First: Last:								
First: Last:								

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.



Is anyone in your household a Board Member or employee, or immediate family member of a Board Member or an employee, of any housing authorities where your household is applying?

If so, this will not necessarily disqualify your application.

☐ Yes ☐ No

If yes, please identify the household member and the relationship as well as the housing authority and the person's role at the housing authority.

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

\$

Is a change in household composition expected?

☐ Yes ☐ No

If yes, what type?

When is this expected to occur?

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6. Alternative Housing Voucher Program (AHVP) Application Questions & Selections

The Alternative Housing Voucher Program (AHVP) provides rental assistance vouchers to low income, non-elderly persons with disabilities. The voucher provides a subsidy that can be used to rent a private market apartment anywhere in Massachusetts.

AHVP Participants receive **one bedroom vouchers** (except for an appropriate reasonable accommodation). For more information on the Alternative Housing Voucher Program you can visit <https://www.mass.gov/service-details/alternative-housing-voucher-program-ahvp> or you can visit the CHAMP website.

After reading the above description, would you like to apply for AHVP?*

- ☐ Yes If yes, you must complete all of the questions in this Part 6.
- ☐ No If no, please skip this entire Part 6 and continue to Part 7.

If you answered “Yes” above, you must answer the following questions and choose at least one AHVP Waitlist to apply to in the List of AHVP Waitlist Selections below:

AHVP Program Questions*

Are you, or is someone in your household, 59 years old or younger AND a person with a disability?*

- ☐ Yes ☐ No

Do you or a member of your household have a disability for which you need a reasonable accommodation of an AHVP policy or procedure?*

- ☐ Yes ☐ No

If yes, please enter some additional details:

[Blank Space – Go to Next Page]



List of AHVP Waitlist Selections*

In order to apply for AHVP, please select any and as many AHVP Waitlists that you wish to apply to (you must check off at least one). **If you are issued an AHVP voucher from any LHA, you may use that voucher for an apartment anywhere within Massachusetts as long as the apartment meets program standards.**

While you can only receive one AHVP voucher at any time, you may be contacted by multiple LHAs at the same time to start the eligibility process.

If you are found ineligible by a particular LHA, you will still remain on the waitlists of the remaining LHAs to which you applied. If you are found eligible and are issued an AHVP voucher, you will be removed from the AHVP waitlists at all LHAs.

You can add or remove an AHVP Waitlist Selection at any time. This means while submitting your application or after your application has been submitted. Those changes can be made by submitting a request in writing to any housing authority or online at the CHAMP website:

<https://www.mass.gov/applyforpublichousing>

<u>AHVP Waitlist Selections</u>		
<input type="checkbox"/> Acton	<input type="checkbox"/> Chelsea	<input type="checkbox"/> Revere
<input type="checkbox"/> Amherst	<input type="checkbox"/> Holyoke	<input type="checkbox"/> Sandwich
<input type="checkbox"/> Andover	<input type="checkbox"/> Ipswich	<input type="checkbox"/> Sharon
<input type="checkbox"/> Barnstable	<input type="checkbox"/> Melrose	<input type="checkbox"/> Spencer
<input type="checkbox"/> Belmont	<input type="checkbox"/> New Bedford	<input type="checkbox"/> Springfield
<input type="checkbox"/> Brockton	<input type="checkbox"/> Newburyport	<input type="checkbox"/> Westfield
<input type="checkbox"/> Charlton	<input type="checkbox"/> Provincetown	<input type="checkbox"/> Whitman



7. Public Housing Program Application Questions & Selections

State-aided Public Housing is housing managed and operated by Local Housing Authorities (LHA). Available apartments come in various bedroom sizes and there are various types of State-Aided Public Housing available for low-income families, elderly households, and persons with disabilities found throughout Massachusetts. Not all housing authorities manage every type of State-Aided Public Housing and they also may not have every bedroom size available. At the end of Part 7 you must make at least one Housing Selection that corresponds to which LHA and type of public housing you want to apply to.

After reading the above description, would you like to apply for State-Aided Public Housing?*

- ☐ Yes If yes, you must complete all of the questions in this Part 7.
- ☐ No If no, please skip this entire Part 7 and continue to Part 8.

If you answered "Yes" above, you must answer the following questions and choose at least one Housing Selection in the List of Housing Selections for Public Housing below:

Elderly/Handicapped Housing Questions*

Are you applying for Elderly/Handicapped Housing?*

- ☐ Yes ☐ No

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

- ☐ Elderly (at least one household member must be at least 60 years)
- ☐ Non-elderly Handicapped (at least one household member is a person who is 59 years old or younger with a disability)

Apartment Details

How many bedrooms do you believe you need?* ()**

We use guidelines to determine the number of bedrooms you qualify for. Boys and girls under the age of eight are expected to share a bedroom. Married couples (or those in a similar living arrangement) are also expected to share a bedroom. We realize that there may be special circumstances that affect how many bedrooms you need and the local housing authority staff will discuss those circumstances with you when your application is reviewed. Note that not all of these apartment sizes may be available.

- ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9

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

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

- ☐ Yes ☐ No



Does your household need a unit that is accessible for persons with sensory impairments such as visual alarms and notification devices for persons with hearing impairments?

☐ Yes ☐ No

Do you need a unit that does not require you or any member of your household to climb stairs?*
If you answer 'yes' to this question, you will not be placed on waiting lists for any apartments that require you to climb stairs.

Please check the applicable box below.*

☐ Yes, I need a unit that does not require me or any member of my household to climb stairs.
☐ No, I and all members of my household can live in a unit with stairs.

Do you or a member of your household have a disability for which you need a reasonable accommodation such as grab bars in the unit?

☐ Yes ☐ No

If yes, please enter some additional details:

Additional Information

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, what is the name of the 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:

List of Housing Selections for Public Housing*

In order to apply for State-Aided Public Housing, you must check off at least one type of housing at one housing authority where you want to live.

Please mark the check box next to the Housing Selection where you want to apply and live. It is important to only apply for housing in cities or towns where you want to live. Please note that making a Housing Selection does not guarantee an offer of housing.

If you refuse to accept an offer of public housing, you will be removed from that public housing waiting list. If you refuse to accept a total of three offers of public housing, you will be removed from public housing waiting lists at all the housing authorities where you applied.

You can add or remove a type of housing or housing authority at any time. This means while submitting your application or after your application has been submitted. Those changes can be made by submitting a request in writing to any housing authority or online at the CHAMP website: <https://www.mass.gov/applyforpublichousing>

Public Housing Types:

- Family public housing is for households of any age and any size. Household members must be related by blood, marriage, operation of law, or in a stable interdependent relationship.
- Elderly/Handicapped or Congregate Elderly/Handicapped public housing is for households with at least one household member who is at least 60 years old OR is a person who is 59 years old or younger with a disability.
- Congregate public housing is Elderly/Handicapped housing in which the residents have their own bedroom, but share common areas (for example, kitchen and living room) with other individuals who applied for congregate housing. Residents in congregate housing may have services available.

<u>Community</u>	<u>Housing Selection</u>	<u># of Bedrooms</u>
<input type="checkbox"/> Abington	Family	3
<input type="checkbox"/> Abington	Elderly/Handicapped	1
<input type="checkbox"/> Acton	Family	2, 3, 4
<input type="checkbox"/> Acton	Elderly/Handicapped	1
<input type="checkbox"/> Acushnet	Elderly/Handicapped	1
<input type="checkbox"/> Adams	Family	1, 2, 3, 4
<input type="checkbox"/> Adams	Elderly/Handicapped	1
<input type="checkbox"/> Agawam	Family	2, 3
<input type="checkbox"/> Agawam	Elderly/Handicapped	1

<u>Community</u>	<u>Housing Selection</u>	<u># of Bedrooms</u>
<input type="checkbox"/> Agawam	Congregate Elderly/Handicapped	1
<input type="checkbox"/> Amesbury	Family	1, 2, 3, 5
<input type="checkbox"/> Amesbury	Elderly/Handicapped	1
<input type="checkbox"/> Amherst	Family	2, 3
<input type="checkbox"/> Amherst	Elderly/Handicapped	1
<input type="checkbox"/> Andover	Family	2, 3, 4
<input type="checkbox"/> Andover	Elderly/Handicapped	1
<input type="checkbox"/> Arlington	Family	1, 2, 3
<input type="checkbox"/> Arlington	Elderly/Handicapped	1



<u>Community</u>	<u>Housing Selection</u>	<u># of Bedrooms</u>
<input type="checkbox"/> Ashland	Elderly/Handicapped	1
<input type="checkbox"/> Athol	Family	1, 2, 3, 4
<input type="checkbox"/> Athol	Elderly/Handicapped	1
<input type="checkbox"/> Attleboro	Family	1, 2, 3
<input type="checkbox"/> Attleboro	Elderly/Handicapped	1
<input type="checkbox"/> Auburn	Family	2, 3, 4
<input type="checkbox"/> Auburn	Elderly/Handicapped	1
<input type="checkbox"/> Avon	Elderly/Handicapped	1
<input type="checkbox"/> Ayer	Family	2, 3
<input type="checkbox"/> Ayer	Elderly/Handicapped	1
<input type="checkbox"/> Ayer	Congregate Elderly/Handicapped	1
<input type="checkbox"/> Barnstable	Family	2, 3, 4, 5
<input type="checkbox"/> Barnstable	Elderly/Handicapped	1, 2
<input type="checkbox"/> Barnstable	Congregate Elderly/Handicapped	1
<input type="checkbox"/> Barre	Elderly/Handicapped	1
<input type="checkbox"/> Bedford	Family	2, 3
<input type="checkbox"/> Bedford	Elderly/Handicapped	1
<input type="checkbox"/> Belchertown	Family	3, 4
<input type="checkbox"/> Belchertown	Elderly/Handicapped	1
<input type="checkbox"/> Bellingham	Family	2, 4
<input type="checkbox"/> Bellingham	Elderly/Handicapped	1
<input type="checkbox"/> Belmont	Family	2, 3
<input type="checkbox"/> Belmont	Elderly/Handicapped	1
<input type="checkbox"/> Beverly	Family	1, 2, 3
<input type="checkbox"/> Beverly	Elderly/Handicapped	1, 2
<input type="checkbox"/> Beverly	Congregate Elderly/Handicapped	1
<input type="checkbox"/> Billerica	Family	2, 3
<input type="checkbox"/> Billerica	Elderly/Handicapped	1
<input type="checkbox"/> Blackstone	Elderly/Handicapped	1

<u>Community</u>	<u>Housing Selection</u>	<u># of Bedrooms</u>
<input type="checkbox"/> Boston	Family	1, 2, 3, 4, 5, 6
<input type="checkbox"/> Boston	Elderly/Handicapped	1, 2
<input type="checkbox"/> Boston - Beacon (Camden)	Family	1, 2, 3
<input type="checkbox"/> Boston - Trinity (East Boston)	Family	1, 2, 3, 4, 5
<input type="checkbox"/> Bourne	Family	2, 3
<input type="checkbox"/> Bourne	Elderly/Handicapped	1, 2
<input type="checkbox"/> Braintree	Family	3
<input type="checkbox"/> Braintree	Elderly/Handicapped	1
<input type="checkbox"/> Braintree	Congregate Elderly/Handicapped	1
<input type="checkbox"/> Brewster	Family	2, 3
<input type="checkbox"/> Brewster	Elderly/Handicapped	1
<input type="checkbox"/> Bridgewater	Family	2, 3, 4
<input type="checkbox"/> Bridgewater	Elderly/Handicapped	1
<input type="checkbox"/> Bridgewater	Congregate Elderly/Handicapped	1
<input type="checkbox"/> Brimfield	Elderly/Handicapped	1, 2
<input type="checkbox"/> Brockton	Family	2, 3, 4
<input type="checkbox"/> Brockton	Elderly/Handicapped	1
<input type="checkbox"/> Brockton	Congregate Elderly/Handicapped	1
<input type="checkbox"/> Brookfield	Family	2
<input type="checkbox"/> Brookline	Family	1, 2, 3, 4, 5
<input type="checkbox"/> Brookline	Elderly/Handicapped	1, 2, 3
<input type="checkbox"/> Burlington	Family	3
<input type="checkbox"/> Burlington	Elderly/Handicapped	1, 2
<input type="checkbox"/> Canton	Family	2, 3, 4
<input type="checkbox"/> Canton	Elderly/Handicapped	1
<input type="checkbox"/> Carver	Family	2, 3, 4
<input type="checkbox"/> Carver	Elderly/Handicapped	1



<u>Community</u>	<u>Housing Selection</u>	<u># of Bedrooms</u>
<input type="checkbox"/> Charlton	Family	3
<input type="checkbox"/> Charlton	Elderly/Handicapped	1
<input type="checkbox"/> Chatham	Family	2, 3
<input type="checkbox"/> Chatham	Elderly/Handicapped	1
<input type="checkbox"/> Chatham	Congregate Elderly/Handicapped	1
<input type="checkbox"/> Chelmsford	Family	3
<input type="checkbox"/> Chelmsford	Elderly/Handicapped	1
<input type="checkbox"/> Chelmsford	Congregate Elderly/Handicapped	1
<input type="checkbox"/> Chelsea	Family	2, 3, 4
<input type="checkbox"/> Chelsea	Elderly/Handicapped	1
<input type="checkbox"/> Chicopee	Family	1, 2, 3
<input type="checkbox"/> Chicopee	Elderly/Handicapped	1
<input type="checkbox"/> Clinton	Family	2, 3, 4
<input type="checkbox"/> Clinton	Elderly/Handicapped	1
<input type="checkbox"/> Cohasset	Elderly/Handicapped	1
<input type="checkbox"/> Concord	Family	2, 3, 4
<input type="checkbox"/> Concord	Elderly/Handicapped	1
<input type="checkbox"/> Dalton	Family	3
<input type="checkbox"/> Dalton	Elderly/Handicapped	1, 2
<input type="checkbox"/> Danvers	Family	2, 3
<input type="checkbox"/> Danvers	Elderly/Handicapped	1, 2
<input type="checkbox"/> Dartmouth	Elderly/Handicapped	1
<input type="checkbox"/> Dedham	Family	1, 2, 3
<input type="checkbox"/> Dedham	Elderly/Handicapped	1
<input type="checkbox"/> Dennis	Family	3, 4
<input type="checkbox"/> Dennis	Elderly/Handicapped	1, 2
<input type="checkbox"/> Dighton	Elderly/Handicapped	1
<input type="checkbox"/> Dracut	Family	2, 3, 4
<input type="checkbox"/> Dracut	Elderly/Handicapped	1
<input type="checkbox"/> Dracut	Congregate Elderly/Handicapped	1
<input type="checkbox"/> Dudley	Elderly/Handicapped	1

<u>Community</u>	<u>Housing Selection</u>	<u># of Bedrooms</u>
<input type="checkbox"/> Duxbury	Family	2, 3
<input type="checkbox"/> Duxbury	Elderly/Handicapped	1
<input type="checkbox"/> East Bridgewater	Family	3
<input type="checkbox"/> East Bridgewater	Elderly/Handicapped	1
<input type="checkbox"/> East Longmeadow	Family	2, 3
<input type="checkbox"/> East Longmeadow	Elderly/Handicapped	1
<input type="checkbox"/> East Longmeadow	Congregate Elderly/Handicapped	1, 2
<input type="checkbox"/> Easthampton	Family	2, 3, 4
<input type="checkbox"/> Easthampton	Elderly/Handicapped	1
<input type="checkbox"/> Easton	Family	2, 3
<input type="checkbox"/> Easton	Elderly/Handicapped	1
<input type="checkbox"/> Essex	Elderly/Handicapped	1
<input type="checkbox"/> Everett	Family	2, 3
<input type="checkbox"/> Everett	Elderly/Handicapped	1
<input type="checkbox"/> Fairhaven	Family	2, 3
<input type="checkbox"/> Fairhaven	Elderly/Handicapped	1
<input type="checkbox"/> Fall River	Family	1, 2, 3
<input type="checkbox"/> Fall River	Elderly/Handicapped	1
<input type="checkbox"/> Falmouth	Family	2, 3, 4
<input type="checkbox"/> Falmouth	Elderly/Handicapped	1
<input type="checkbox"/> Fitchburg	Family	1, 2, 3, 4
<input type="checkbox"/> Fitchburg	Elderly/Handicapped	1, 2
<input type="checkbox"/> Fitchburg	Congregate Elderly/Handicapped	1
<input type="checkbox"/> Foxborough	Family	1, 2, 3, 4
<input type="checkbox"/> Foxborough	Elderly/Handicapped	1
<input type="checkbox"/> Framingham	Family	1, 2, 3, 4
<input type="checkbox"/> Framingham	Elderly/Handicapped	1, 2



<u>Community</u>	<u>Housing Selection</u>	<u># of Bedrooms</u>
Franklin County Regional		
<input type="checkbox"/> Bernardston	Family	3
<input type="checkbox"/> Bernardston	Elderly/Handicapped	1
<input type="checkbox"/> Buckland	Family	2, 4
<input type="checkbox"/> Charlemont	Family	2, 4
<input type="checkbox"/> Gill	Elderly/Handicapped	1
<input type="checkbox"/> Northfield	Family	2, 3
<input type="checkbox"/> Northfield	Elderly/Handicapped	1
<input type="checkbox"/> Orange	Family	2, 3, 4
<input type="checkbox"/> Turners Falls	Congregate	1
	Elderly/Handicapped	
<input type="checkbox"/> Franklin	Family	2, 3
<input type="checkbox"/> Franklin	Elderly/Handicapped	1
<input type="checkbox"/> Franklin	Congregate	1
	Elderly/Handicapped	
<input type="checkbox"/> Gardner	Family	2, 3, 4
<input type="checkbox"/> Gardner	Elderly/Handicapped	1
<input type="checkbox"/> Gardner	Congregate	1
	Elderly/Handicapped	
<input type="checkbox"/> Georgetown	Family	2, 3
<input type="checkbox"/> Georgetown	Elderly/Handicapped	1
<input type="checkbox"/> Gloucester	Family	2, 3, 4
<input type="checkbox"/> Gloucester	Elderly/Handicapped	1
<input type="checkbox"/> Grafton	Family	2, 3
<input type="checkbox"/> Grafton	Elderly/Handicapped	1
<input type="checkbox"/> Granby	Family	2, 3
<input type="checkbox"/> Granby	Elderly/Handicapped	1
<input type="checkbox"/> Great Barrington	Family	2, 3, 4
<input type="checkbox"/> Great Barrington	Elderly/Handicapped	1
<input type="checkbox"/> Great Barrington - Sheffield	Family	3
<input type="checkbox"/> Great Barrington - Sheffield	Elderly/Handicapped	1
<input type="checkbox"/> Greenfield	Family	2, 3, 4, 5
<input type="checkbox"/> Greenfield	Elderly/Handicapped	1

<u>Community</u>	<u>Housing Selection</u>	<u># of Bedrooms</u>
<input type="checkbox"/> Greenfield	Congregate	1
	Elderly/Handicapped	
<input type="checkbox"/> Groton	Family	3
<input type="checkbox"/> Groton	Elderly/Handicapped	1
<input type="checkbox"/> Groveland	Family	3
<input type="checkbox"/> Hadley	Family	3
<input type="checkbox"/> Hadley	Elderly/Handicapped	1
<input type="checkbox"/> Halifax	Family	2, 3, 4
<input type="checkbox"/> Halifax	Elderly/Handicapped	1
<input type="checkbox"/> Hamilton	Family	2, 3
<input type="checkbox"/> Hamilton	Elderly/Handicapped	1
Hampshire County Regional		
<input type="checkbox"/> Cummington	Elderly/Handicapped	1
<input type="checkbox"/> Huntington	Elderly/Handicapped	1
<input type="checkbox"/> Huntington	Family	2, 3
<input type="checkbox"/> South Hadley	Family	2
<input type="checkbox"/> Hanson	Elderly/Handicapped	1
<input type="checkbox"/> Harwich	Family	2, 3
<input type="checkbox"/> Hatfield	Elderly/Handicapped	1
<input type="checkbox"/> Haverhill	Family	2, 3, 4
<input type="checkbox"/> Haverhill	Elderly/Handicapped	1
<input type="checkbox"/> Hingham	Family	2, 3
<input type="checkbox"/> Hingham	Elderly/Handicapped	1
<input type="checkbox"/> Hingham	Congregate	1
	Elderly/Handicapped	
<input type="checkbox"/> Holbrook	Family	3
<input type="checkbox"/> Holbrook	Elderly/Handicapped	1
<input type="checkbox"/> Holden	Family	3
<input type="checkbox"/> Holden	Elderly/Handicapped	1
<input type="checkbox"/> Holliston	Family	2, 3, 4
<input type="checkbox"/> Holliston	Elderly/Handicapped	1



<u>Community</u>	<u>Housing Selection</u>	<u># of Bedrooms</u>
<input type="checkbox"/> Holyoke	Family	2, 3
<input type="checkbox"/> Holyoke	Elderly/Handicapped	1
<input type="checkbox"/> Holyoke	Congregate Elderly/Handicapped	1
<input type="checkbox"/> Hopedale	Elderly/Handicapped	1
<input type="checkbox"/> Hopkinton	Family	2, 3
<input type="checkbox"/> Hopkinton	Elderly/Handicapped	1
<input type="checkbox"/> Hudson	Elderly/Handicapped	1
<input type="checkbox"/> Hull	Family	2, 3, 4
<input type="checkbox"/> Hull	Elderly/Handicapped	1
<input type="checkbox"/> Ipswich	Family	2, 3, 4
<input type="checkbox"/> Ipswich	Elderly/Handicapped	1
<input type="checkbox"/> Kingston	Elderly/Handicapped	1
<input type="checkbox"/> Lancaster	Elderly/Handicapped	1
<input type="checkbox"/> Lawrence	Family	1, 2, 3, 4
<input type="checkbox"/> Lawrence	Elderly/Handicapped	1
<input type="checkbox"/> Lee	Family	2, 3
<input type="checkbox"/> Lee	Elderly/Handicapped	1
<input type="checkbox"/> Leicester	Elderly/Handicapped	1
<input type="checkbox"/> Lenox	Family	2, 3
<input type="checkbox"/> Lenox	Elderly/Handicapped	1, 2
<input type="checkbox"/> Leominster	Family	2, 3, 4
<input type="checkbox"/> Leominster	Elderly/Handicapped	1
<input type="checkbox"/> Lexington	Family	3
<input type="checkbox"/> Lexington	Elderly/Handicapped	1
<input type="checkbox"/> Littleton	Family	2, 3
<input type="checkbox"/> Littleton	Elderly/Handicapped	1
<input type="checkbox"/> Lowell	Family	2, 3, 4, 5
<input type="checkbox"/> Lowell	Elderly/Handicapped	1
<input type="checkbox"/> Ludlow	Family	2, 3, 4
<input type="checkbox"/> Ludlow	Elderly/Handicapped	1, 2
<input type="checkbox"/> Lunenburg	Family	2, 3

<u>Community</u>	<u>Housing Selection</u>	<u># of Bedrooms</u>
<input type="checkbox"/> Lunenburg	Elderly/Handicapped	1
<input type="checkbox"/> Lynn	Family	2, 3, 4, 5
<input type="checkbox"/> Lynn	Elderly/Handicapped	1
<input type="checkbox"/> Lynn	Congregate Elderly/Handicapped	1
<input type="checkbox"/> Lynnfield	Elderly/Handicapped	1
<input type="checkbox"/> Malden	Elderly/Handicapped	1
<input type="checkbox"/> Manchester	Family	2, 3
<input type="checkbox"/> Manchester	Elderly/Handicapped	1
<input type="checkbox"/> Mansfield	Family	2, 3, 4
<input type="checkbox"/> Mansfield	Elderly/Handicapped	1, 2
<input type="checkbox"/> Marblehead	Family	2, 3
<input type="checkbox"/> Marblehead	Elderly/Handicapped	1
<input type="checkbox"/> Marlborough CDA	Elderly/Handicapped	1
<input type="checkbox"/> Marshfield	Family	3, 4, 6
<input type="checkbox"/> Marshfield	Elderly/Handicapped	1
<input type="checkbox"/> Marshfield	Congregate Elderly/Handicapped	1
<input type="checkbox"/> Mashpee	Family	3
<input type="checkbox"/> Mashpee	Elderly/Handicapped	1
<input type="checkbox"/> Mattapoisett	Family	2, 3
<input type="checkbox"/> Mattapoisett	Elderly/Handicapped	1
<input type="checkbox"/> Maynard	Elderly/Handicapped	1
<input type="checkbox"/> Medfield	Elderly/Handicapped	1, 2
<input type="checkbox"/> Medford	Elderly/Handicapped	1
<input type="checkbox"/> Medway	Elderly/Handicapped	1
<input type="checkbox"/> Melrose	Family	2, 3, 5
<input type="checkbox"/> Melrose	Elderly/Handicapped	1
<input type="checkbox"/> Mendon	Elderly/Handicapped	1
<input type="checkbox"/> Merrimac	Family	2, 3
<input type="checkbox"/> Merrimac	Elderly/Handicapped	1



<u>Community</u>	<u>Housing Selection</u>	<u># of Bedrooms</u>
<input type="checkbox"/> Methuen	Family	1, 2, 3, 4, 5
<input type="checkbox"/> Methuen	Elderly/Handicapped	1
<input type="checkbox"/> Methuen	Congregate Elderly/Handicapped	1
<input type="checkbox"/> Middleborough	Family	2, 3
<input type="checkbox"/> Middleborough	Elderly/Handicapped	1
<input type="checkbox"/> Middleton	Family	2, 3
<input type="checkbox"/> Middleton	Elderly/Handicapped	1
<input type="checkbox"/> Milford	Family	1, 2, 3, 4, 5
<input type="checkbox"/> Milford	Elderly/Handicapped	1
<input type="checkbox"/> Millbury	Family	1, 2, 3, 4
<input type="checkbox"/> Millbury	Elderly/Handicapped	1
<input type="checkbox"/> Millbury	Congregate Elderly/Handicapped	1
<input type="checkbox"/> Millis	Family	2, 3
<input type="checkbox"/> Millis	Elderly/Handicapped	1
<input type="checkbox"/> Milton	Family	2, 3
<input type="checkbox"/> Milton	Elderly/Handicapped	1
<input type="checkbox"/> Monson	Family	2, 3, 4
<input type="checkbox"/> Monson	Elderly/Handicapped	1
<input type="checkbox"/> Montague	Family	2, 3
<input type="checkbox"/> Montague	Elderly/Handicapped	1, 2
<input type="checkbox"/> Nahant	Family	2, 3, 4
<input type="checkbox"/> Nahant	Elderly/Handicapped	1
<input type="checkbox"/> Nantucket	Family	2, 3, 4
<input type="checkbox"/> Nantucket	Elderly/Handicapped	1
<input type="checkbox"/> Natick	Family	2, 3, 4
<input type="checkbox"/> Natick	Elderly/Handicapped	1, 2
<input type="checkbox"/> Needham	Elderly/Handicapped	1
<input type="checkbox"/> New Bedford	Family	1, 2, 3, 4
<input type="checkbox"/> New Bedford	Elderly/Handicapped	1, 2
<input type="checkbox"/> Newburyport	Family	2, 3
<input type="checkbox"/> Newburyport	Elderly/Handicapped	1

<u>Community</u>	<u>Housing Selection</u>	<u># of Bedrooms</u>
<input type="checkbox"/> Newton	Family	1, 2, 3
<input type="checkbox"/> Newton	Elderly/Handicapped	1, 2
<input type="checkbox"/> Norfolk	Family	2, 3
<input type="checkbox"/> Norfolk	Elderly/Handicapped	1
<input type="checkbox"/> North Andover	Family	2, 3
<input type="checkbox"/> North Andover	Elderly/Handicapped	1
<input type="checkbox"/> North Andover	Congregate Elderly/Handicapped	1
<input type="checkbox"/> North Attleborough	Family	2, 3
<input type="checkbox"/> North Attleborough	Elderly/Handicapped	1, 2
<input type="checkbox"/> North Brookfield	Family	2
<input type="checkbox"/> North Brookfield	Elderly/Handicapped	1
<input type="checkbox"/> North Reading	Family	2, 3
<input type="checkbox"/> North Reading	Elderly/Handicapped	1
<input type="checkbox"/> Northampton	Family	1, 2, 3, 4
<input type="checkbox"/> Northampton	Elderly/Handicapped	1, 2
<input type="checkbox"/> Northborough	Family	2, 3
<input type="checkbox"/> Northborough	Elderly/Handicapped	1
<input type="checkbox"/> Northbridge	Elderly/Handicapped	1, 2
<input type="checkbox"/> Norton	Family	2, 3, 4
<input type="checkbox"/> Norton	Elderly/Handicapped	1
<input type="checkbox"/> Norwell	Elderly/Handicapped	1
<input type="checkbox"/> Norwood	Family	2, 3
<input type="checkbox"/> Norwood	Elderly/Handicapped	1
<input type="checkbox"/> Orange	Family	2, 3
<input type="checkbox"/> Orange	Elderly/Handicapped	1
<input type="checkbox"/> Orleans	Family	2, 3, 4
<input type="checkbox"/> Orleans	Elderly/Handicapped	1



<u>Community</u>	<u>Housing Selection</u>	<u># of Bedrooms</u>
<input type="checkbox"/> Oxford	Family	2, 3
<input type="checkbox"/> Oxford	Elderly/Handicapped	1
<input type="checkbox"/> Oxford	Congregate Elderly/Handicapped	1
<input type="checkbox"/> Palmer	Elderly/Handicapped	1
<input type="checkbox"/> Peabody	Family	1, 2, 3, 4
<input type="checkbox"/> Peabody	Elderly/Handicapped	1
<input type="checkbox"/> Peabody	Congregate Elderly/Handicapped	1
<input type="checkbox"/> Pembroke	Family	2, 3, 4
<input type="checkbox"/> Pembroke	Elderly/Handicapped	1
<input type="checkbox"/> Pepperell	Family	2
<input type="checkbox"/> Pepperell	Elderly/Handicapped	1
<input type="checkbox"/> Pittsfield	Family	2, 3, 4
<input type="checkbox"/> Pittsfield	Elderly/Handicapped	1
<input type="checkbox"/> Plainville	Elderly/Handicapped	1
<input type="checkbox"/> Plymouth	Family	2, 3
<input type="checkbox"/> Plymouth	Elderly/Handicapped	1
<input type="checkbox"/> Provincetown	Family	1, 2, 3
<input type="checkbox"/> Provincetown	Elderly/Handicapped	1
<input type="checkbox"/> Quincy	Family	2, 3, 4
<input type="checkbox"/> Quincy	Elderly/Handicapped	1, 2
<input type="checkbox"/> Randolph	Elderly/Handicapped	1
<input type="checkbox"/> Reading	Family	2, 3
<input type="checkbox"/> Reading	Elderly/Handicapped	1
<input type="checkbox"/> Revere	Family	1, 2, 3, 4
<input type="checkbox"/> Revere	Elderly/Handicapped	1
<input type="checkbox"/> Rockland	Elderly/Handicapped	1
<input type="checkbox"/> Rockport	Family	2, 3, 4
<input type="checkbox"/> Rockport	Elderly/Handicapped	1
<input type="checkbox"/> Rowley	Family	2, 3
<input type="checkbox"/> Rowley	Elderly/Handicapped	1

<u>Community</u>	<u>Housing Selection</u>	<u># of Bedrooms</u>
<input type="checkbox"/> Salem	Family	1, 2, 3
<input type="checkbox"/> Salem	Elderly/Handicapped	1
<input type="checkbox"/> Salem	Congregate Elderly/Handicapped	1, 2
<input type="checkbox"/> Salisbury	Elderly/Handicapped	1
<input type="checkbox"/> Sandwich	Family	2, 3
<input type="checkbox"/> Sandwich	Elderly/Handicapped	1
<input type="checkbox"/> Sandwich	Congregate Elderly/Handicapped	1
<input type="checkbox"/> Saugus	Family	2, 3
<input type="checkbox"/> Saugus	Elderly/Handicapped	1
<input type="checkbox"/> Scituate	Elderly/Handicapped	1
<input type="checkbox"/> Seekonk	Family	2, 3
<input type="checkbox"/> Seekonk	Elderly/Handicapped	1, 2
<input type="checkbox"/> Sharon	Family	2
<input type="checkbox"/> Sharon	Elderly/Handicapped	1
<input type="checkbox"/> Shelburne	Elderly/Handicapped	1, 2
<input type="checkbox"/> Shrewsbury	Family	1, 2, 3
<input type="checkbox"/> Shrewsbury	Elderly/Handicapped	1
<input type="checkbox"/> Somerset	Elderly/Handicapped	1
<input type="checkbox"/> Somerville	Family	1, 2, 3
<input type="checkbox"/> Somerville	Elderly/Handicapped	1
<input type="checkbox"/> South Hadley	Family	2, 3, 4
<input type="checkbox"/> South Hadley	Elderly/Handicapped	1
<input type="checkbox"/> Southborough	Family	2, 3
<input type="checkbox"/> Southborough	Elderly/Handicapped	1
<input type="checkbox"/> Southbridge	Family	3, 4
<input type="checkbox"/> Southbridge	Elderly/Handicapped	1
<input type="checkbox"/> Southwick	Family	3, 4
<input type="checkbox"/> Southwick	Elderly/Handicapped	1
<input type="checkbox"/> Spencer	Family	3
<input type="checkbox"/> Spencer	Elderly/Handicapped	1
<input type="checkbox"/> Spencer	Congregate Elderly/Handicapped	1



<u>Community</u>	<u>Housing Selection</u>	<u># of Bedrooms</u>
<input type="checkbox"/> Springfield	Family	3
<input type="checkbox"/> Springfield	Elderly/Handicapped	1, 2
<input type="checkbox"/> Springfield	Congregate Elderly/Handicapped	1
<input type="checkbox"/> Sterling	Elderly/Handicapped	1
<input type="checkbox"/> Stockbridge	Elderly/Handicapped	1, 2
<input type="checkbox"/> Stoneham	Family	2, 3
<input type="checkbox"/> Stoneham	Elderly/Handicapped	1
<input type="checkbox"/> Stoughton	Family	2, 3, 4
<input type="checkbox"/> Stoughton	Elderly/Handicapped	1
<input type="checkbox"/> Stoughton	Congregate Elderly/Handicapped	1
<input type="checkbox"/> Sudbury	Family	2, 3, 4
<input type="checkbox"/> Sudbury	Elderly/Handicapped	1
<input type="checkbox"/> Sutton	Elderly/Handicapped	1
<input type="checkbox"/> Swampscott	Family	2, 3
<input type="checkbox"/> Swampscott	Elderly/Handicapped	1
<input type="checkbox"/> Swansea	Elderly/Handicapped	1
<input type="checkbox"/> Taunton	Family	1, 2, 3, 4
<input type="checkbox"/> Taunton	Elderly/Handicapped	1
<input type="checkbox"/> Templeton	Family	2, 3
<input type="checkbox"/> Templeton	Elderly/Handicapped	1, 2
<input type="checkbox"/> Tewksbury	Family	2, 3, 4
<input type="checkbox"/> Tewksbury	Elderly/Handicapped	1
<input type="checkbox"/> Topsfield	Elderly/Handicapped	1
<input type="checkbox"/> Tyngsborough	Family	2, 3
<input type="checkbox"/> Tyngsborough	Elderly/Handicapped	1
<input type="checkbox"/> Tyngsborough	Congregate Elderly/Handicapped	1
<input type="checkbox"/> Upton	Elderly/Handicapped	1
<input type="checkbox"/> Uxbridge	Family	2, 3
<input type="checkbox"/> Uxbridge	Elderly/Handicapped	1

<u>Community</u>	<u>Housing Selection</u>	<u># of Bedrooms</u>
<input type="checkbox"/> Wakefield	Family	2
<input type="checkbox"/> Wakefield	Elderly/Handicapped	1
<input type="checkbox"/> Walpole	Family	2, 3
<input type="checkbox"/> Walpole	Elderly/Handicapped	1
<input type="checkbox"/> Waltham	Family	1, 2, 3, 4
<input type="checkbox"/> Waltham	Elderly/Handicapped	1
<input type="checkbox"/> Waltham	Congregate Elderly/Handicapped	1
<input type="checkbox"/> Ware	Family	2, 3, 4
<input type="checkbox"/> Ware	Elderly/Handicapped	1
<input type="checkbox"/> Wareham	Elderly/Handicapped	1
<input type="checkbox"/> Warren	Family	2, 3
<input type="checkbox"/> Warren	Elderly/Handicapped	1, 2
<input type="checkbox"/> Watertown	Family	1, 2, 3, 4, 5
<input type="checkbox"/> Watertown	Elderly/Handicapped	1
<input type="checkbox"/> Webster	Family	1, 2, 3
<input type="checkbox"/> Webster	Elderly/Handicapped	1
<input type="checkbox"/> Wellesley	Family	2, 3
<input type="checkbox"/> Wellesley	Elderly/Handicapped	1
<input type="checkbox"/> Wenham	Elderly/Handicapped	1
<input type="checkbox"/> West Boylston	Family	2, 3
<input type="checkbox"/> West Boylston	Elderly/Handicapped	1
<input type="checkbox"/> West Bridgewater	Elderly/Handicapped	1
<input type="checkbox"/> West Brookfield	Family	2, 3
<input type="checkbox"/> West Brookfield	Elderly/Handicapped	1
<input type="checkbox"/> West Newbury	Family	3
<input type="checkbox"/> West Newbury	Elderly/Handicapped	1
<input type="checkbox"/> West Springfield	Family	2, 3, 4
<input type="checkbox"/> West Springfield	Elderly/Handicapped	1



<u>Community</u>	<u>Housing Selection</u>	<u># of Bedrooms</u>
<input type="checkbox"/> Westborough	Family	2, 3
<input type="checkbox"/> Westborough	Elderly/Handicapped	1
<input type="checkbox"/> Westborough	Congregate Elderly/Handicapped	1
<input type="checkbox"/> Westfield	Family	2, 3, 4
<input type="checkbox"/> Westfield	Elderly/Handicapped	1, 2
<input type="checkbox"/> Westford	Family	2, 3
<input type="checkbox"/> Westford	Elderly/Handicapped	1
<input type="checkbox"/> Westport	Elderly/Handicapped	1
<input type="checkbox"/> Weymouth	Family	1, 2, 3, 4, 5
<input type="checkbox"/> Weymouth	Elderly/Handicapped	1
<input type="checkbox"/> Whitman	Family	3, 4
<input type="checkbox"/> Whitman	Elderly/Handicapped	1
<input type="checkbox"/> Wilbraham	Family	2, 3
<input type="checkbox"/> Wilbraham	Elderly/Handicapped	1
<input type="checkbox"/> Williamstown	Family	2, 3, 4
<input type="checkbox"/> Williamstown	Elderly/Handicapped	1

<u>Community</u>	<u>Housing Selection</u>	<u># of Bedrooms</u>
<input type="checkbox"/> Wilmington	Family	1, 3
<input type="checkbox"/> Wilmington	Elderly/Handicapped	1
<input type="checkbox"/> Winchendon	Family	2, 3
<input type="checkbox"/> Winchendon	Elderly/Handicapped	1
<input type="checkbox"/> Winchendon	Congregate Elderly/Handicapped	1
<input type="checkbox"/> Winchester	Family	2, 3
<input type="checkbox"/> Winchester	Elderly/Handicapped	1
<input type="checkbox"/> Winthrop	Family	1, 2, 3, 4
<input type="checkbox"/> Winthrop	Elderly/Handicapped	1
<input type="checkbox"/> Woburn	Family	2, 3
<input type="checkbox"/> Woburn	Elderly/Handicapped	1
<input type="checkbox"/> Worcester	Family	1, 2, 3, 4
<input type="checkbox"/> Worcester	Elderly/Handicapped	1
<input type="checkbox"/> Wrentham	Family	2, 3, 4
<input type="checkbox"/> Wrentham	Elderly/Handicapped	1
<input type="checkbox"/> Yarmouth	Elderly/Handicapped	1

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8. Applicant's Certification and Fair Information Practices Act – Statement of Rights*

Review and complete the Applicant's Certification and sign the Fair Information Practices Act – Statement of Rights.

Applicant's Certification*

- I understand that this application is not an offer of housing.
- **For state-aided public 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.
 - I understand that if I fail to accept a total of three offers of housing from across all of the programs and housing authorities where I have applied, that my application will be removed from all programs at all housing authorities to which I have applied. I understand that I can reapply, but that all of the dates and times of my applications will be changed to the date of my new application and my application will not receive any priorities or preferences that were granted or requested on the prior application for a three year period.
- **For AHVP:**
 - I understand that AHVP Participants only receive one bedroom vouchers (except for an appropriate reasonable accommodation). I understand that if my household increases and I need a larger apartment where the rent is not affordable with the AHVP one bedroom ceiling rent, I cannot receive any higher amount of rental assistance from the AHVP and should apply for assistance from a different housing program.
 - AHVP is administered locally by participating local housing authorities (LHAs). I understand that I will only be added to the AHVP waitlists which I have selected. While I can only receive one AHVP voucher, I understand that I may be contacted by multiple LHAs at the same time to start the eligibility process. I understand that I am responsible for providing the necessary information and documentation to each and every LHA as requested, regardless of whether I have already provided that information or documentation to another LHA, and that failure to do so may result in the denial of my application.
 - I understand that if I am found ineligible by a particular LHA, I will still remain on the waitlists of the remaining LHAs to which I applied.
 - I understand that if I am found eligible and am issued an AHVP voucher, I will be removed from the waitlists of all AHVP LHAs.
- 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 for Public Housing or a notification of a unit approval for AHVP from a housing authority.
- I understand that it is my responsibility to update my application online OR 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.



Applicant's Certification continued

- 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 CHAMP. When more than one application I have submitted has conflicting information, for example different addresses, the application information with the newer date will be used. I understand that I may update all information either at one housing authority or online: <https://www.mass.gov/applyforpublichousing>
- 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*:

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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.

Print
name*:

Signature*:

Date*:

