Full Name:

Address1:

Address2:

City State Zip:

Email:

Case Manager Email:

Fold on this line ───

Date App was Generated: App Version Date: 2023 05 16

SECTION BELOW FOR <u>HOUSING AUTHORITY STAFF ONLY:</u>

HOUSING AUTHORITY: IF REJECTING THIS APPLICATION, because it is incomplete, please return it to the applicant. If you wish to advise HousingWorks of some problem with the application, please email, mail, or fax the form below to HousingWorks.

We will <u>update our system</u>, so the changed status of your waitlists will reach thousands of applicants and their housing advocates. Also, you will boost your Fair Housing and ADA compliance exponentially!

What message do you wish to convey to HousingWorks staff?

_____

_____

_____

_____

_____

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/champ

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. Unit Details	7. Public Housing & Selections	8. AHVP & Waitlist Selections	9. 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.

*** You are not able to apply to State-Aided Congregate Public Housing (Shared Living) using the CHAMP Application. If you want to apply for State-Aided Congregate Public Housing (Shared Living) you must contact a Local Housing Authority that administers the Congregate Program.

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, <u>only if different from the address listed above</u>

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, PO 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 <u>ALL</u> 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

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 Access[1]

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.

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?*

If the estimated annual income is none ($0.00), please enter 0. Do not leave blank.

$ _____

Is a change in household composition expected?

☐ Yes   ☐ No

_____
If yes, what type?   When is this expected to occur?

[Blank Space – Go to Next Page]

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[2] (optional)	Ethnic designation[3] (optional)	Gender (M/F)	Occupation Status[4]	Social Security Number	Date of Birth	Disabled? (optional)[5]
First: Last:	Head of Household						Listed on 2nd 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, or White.
[3] Ethnic Designation: Hispanic/Latino or Not-Hispanic/Latino.
[4] Occupation: Employed, Retired, At Home, Student.
[5] Disabled: Yes or No.

03/2023

6. Unit Details
These questions do not apply to all programs.

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.

[Blank Space – Go to Next Page]

7. 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 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 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/champ

AHVP Waitlist Selections					
☐	Acton	☐	Holyoke	☐	Sandwich
☐	Amherst	☐	Ipswich	☐	Sharon
☐	Andover	☐	Mansfield	☐	Spencer
☐	Barnstable	☐	Melrose	☐	Springfield
☐	Belmont	☐	New Bedford	☐	Taunton
☐	Brockton	☐	Newburyport	☐	Westfield
☐	Charlton	☐	Northbridge	☐	Whitman
☐	Chelsea	☐	Provincetown	☐	Wrentham
☐	Fitchburg	☐	Revere		

8. Public Housing Questions

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 8.

☐ No   If no, please skip this entire Part 8 and continue to Part 9.

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 applying for Family Housing only)

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)

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

☐ Yes   ☐ No

If yes, please enter some additional details:

_____

_____

_____

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

☐ Yes   ☐ No

Are you already a tenant and 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:

_____

_____

_____

_____

_____

_____

[Blank Space – Go to Next Page]

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/champ**

You are not able to apply to State-Aided Congregate Public Housing (Shared Living) using the CHAMP Application. If you want to apply for State-Aided Congregate Public Housing (Shared Living) you must contact a Local Housing Authority that administers the Congregate Program.

Public Housing Types Available in CHAMP:

- 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 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.
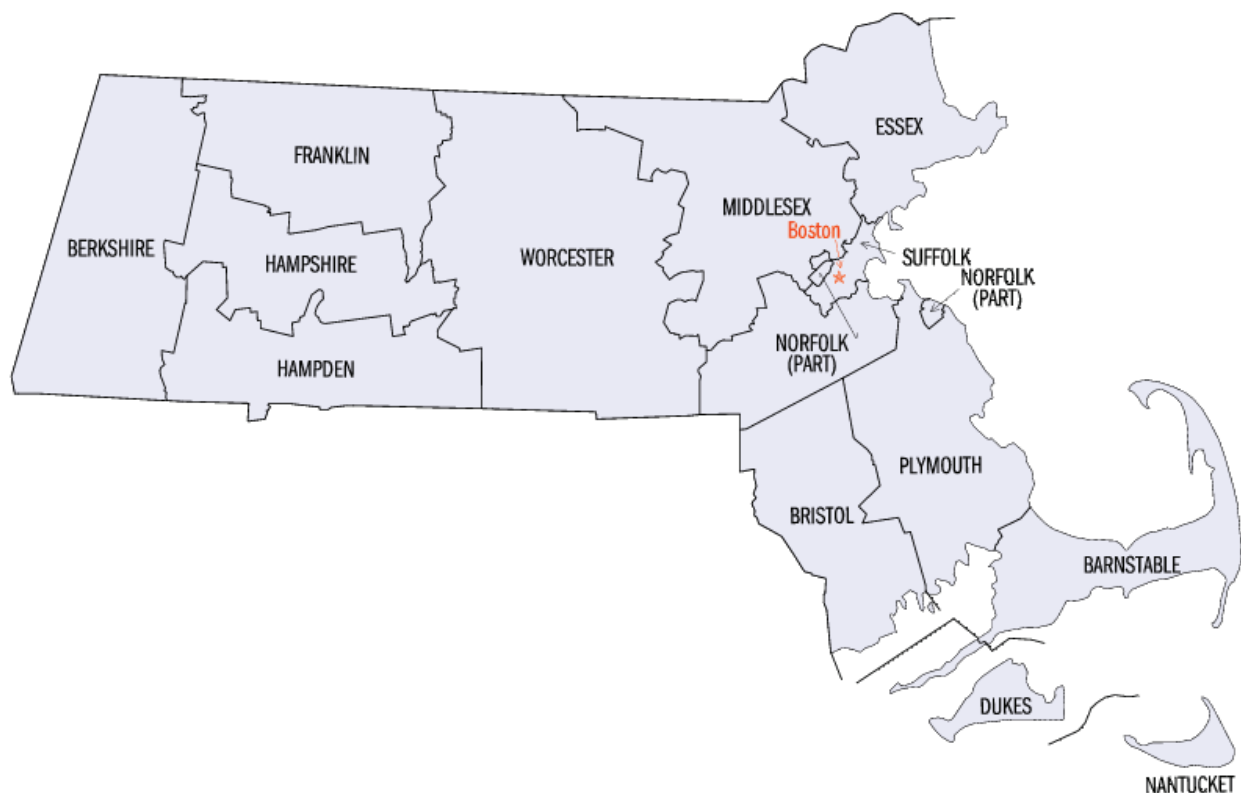
Housing Location		Elderly/Handicapped		Family Housing	
County	**Community**	**# of bedrooms**	**Apply**	**# of bedrooms**	**Apply**
Barnstable	Barnstable	1, 2	☐	2, 3, 4, 5	☐
	Bourne	1, 2	☐	2, 3	☐
	Brewster	1	☐	2, 3	☐
	Chatham	1	☐	2, 3	☐
	Dennis	1, 2	☐	3, 4	☐
	Falmouth	1	☐	2, 3, 4	☐
	Harwich	N/A		2, 3	☐
	Mashpee	1	☐	3	☐
	Orleans	1	☐	2, 3, 4	☐
	Provincetown	1	☐	1, 2, 3	☐
	Sandwich	1	☐	2, 3	☐
	Yarmouth	1	☐	N/A	
Berkshire	Adams	1	☐	2, 3, 4	☐
	Dalton	1, 2	☐	3	☐
	Great Barrington	1	☐	2, 3, 4	☐
	Great Barrington - Sheffield	1	☐	3	☐
	Lee	1	☐	2, 3	☐
	Lenox	1, 2	☐	2, 3	☐
	Pittsfield	1	☐	2, 3	☐
	Stockbridge	1, 2	☐	N/A	
	Williamstown	1	☐	2, 3, 4	☐
Bristol	Acushnet	1	☐	N/A	
	Attleboro	1	☐	1, 2, 3	☐
	Dartmouth	1	☐	N/A	
	Dighton	1	☐	N/A	
	Easton	1	☐	2, 3	☐
	Fairhaven	1	☐	2, 3	☐
	Fall River	1	☐	1, 2, 3	☐
	Mansfield	1, 2	☐	2, 3, 4	☐
	New Bedford	1, 2	☐	1, 2, 3, 4	☐
	North Attleborough	1, 2	☐	2, 3	☐
	Norton	1	☐	2, 3, 4	☐
	Seekonk	1, 2	☐	2, 3	☐
	Somerset	1	☐	N/A	
	Swansea	1	☐	N/A	
	Taunton	1	☐	1, 2, 3, 4	☐
	Westport	1	☐	N/A	

	Housing Location	Elderly/Handicapped		Family Housing	
County	**Community**	**# of bedrooms**	**Apply**	**# of bedrooms**	**Apply**
Essex	Amesbury	1	☐	1, 2, 3, 5	☐
	Andover	1	☐	2, 3, 4	☐
	Beverly	1, 2	☐	1, 2, 3	☐
	Danvers	1, 2	☐	2, 3	☐
	Essex	1	☐	N/A	
	Georgetown	1	☐	2, 3	☐
	Gloucester	1	☐	2, 3, 4	☐
	Groveland	N/A		3	☐
	Hamilton	1	☐	2, 3	☐
	Haverhill	1	☐	2, 3, 4	☐
	Ipswich	1	☐	2, 3, 4	☐
	Lawrence	1	☐	1, 2, 3, 4	☐
	Lynn	1	☐	2, 3, 4, 5	☐
	Lynnfield	1	☐	N/A	
	Manchester	1	☐	2, 3	☐
	Marblehead	1	☐	2, 3	☐
	Merrimac	1	☐	2, 3	☐
	Methuen	1	☐	1, 2, 3, 4, 5	☐
	Middleton	1	☐	2, 3	☐
	Nahant	1	☐	2, 3, 4	☐
	Newburyport	1	☐	2, 3	☐
	North Andover	1	☐	2, 3	☐
	Peabody	1	☐	1, 2, 3, 4	☐
	Rockport	1	☐	2, 3, 4	☐
	Rowley	1	☐	2, 3	☐
	Salem	1	☐	1, 2, 3	☐
	Salisbury	1	☐	N/A	
	Saugus	1	☐	2, 3	☐
	Swampscott	1	☐	2, 3	☐
	Topsfield	1	☐	N/A	
	Wenham	1	☐	N/A	
	West Newbury	1	☐	3	☐

Housing Location		Elderly/Handicapped		Family Housing	
County	**Community**	**# of bedrooms**	**Apply**	**# of bedrooms**	**Apply**
Franklin	Franklin County Regional - Bernardston	1	☐	3	☐
	Franklin County Regional - Buckland	N/A		2, 4	☐
	Franklin County Regional - Charlemont	N/A		2, 4	☐
	Franklin County Regional - Gill	1	☐	N/A	
	Franklin County Regional - Northfield	1	☐	2, 3	☐
	Franklin County Regional - Orange	N/A		2, 3, 4	☐
	Greenfield	1	☐	2, 3, 4, 5	☐
	Montague	1, 2	☐	2, 3	☐
	Orange	1	☐	2, 3	☐
	Shelburne	1, 2	☐	N/A	
Hampden	Agawam	1	☐	2, 3	☐
	Brimfield	1, 2	☐	N/A	
	Chicopee	1	☐	1, 2, 3	☐
	East Longmeadow	1	☐	2, 3	☐
	Holyoke	1	☐	2, 3	☐
	Ludlow	1, 2	☐	2, 3, 4	☐
	Monson	1	☐	2, 3, 4	☐
	Palmer	1	☐	N/A	
	South Hadley	1	☐	2, 3, 4	☐
	Southwick	1	☐	3, 4	☐
	Springfield	1, 2	☐	3	☐
	West Springfield	1	☐	2, 3, 4	☐
	Westfield	1, 2	☐	2, 3, 4	☐
	Wilbraham	1	☐	2, 3	☐
Hampshire	Amherst	1	☐	2, 3	☐
	Belchertown	1	☐	3, 4	☐
	Easthampton	1	☐	2, 3, 4	☐
	Granby	1	☐	2, 3	☐
	Hadley	1	☐	3	☐
	Hampshire County Regional - Cummington	1	☐	N/A	
	Hampshire County Regional - Huntington	1	☐	2, 3	☐
	Hampshire County Regional - South Hadley	N/A		2	☐
	Hatfield	1	☐	N/A	
	Northampton	1, 2	☐	1, 2, 3, 4	☐
	Ware	1	☐	2, 3, 4	☐

	Housing Location	Elderly/Handicapped		Family Housing	
County	**Community**	**# of bedrooms**	**Apply**	**# of bedrooms**	**Apply**
	Acton	1	☐	2, 3, 4	☐
	Arlington	1	☐	1, 2, 3	☐
	Ashland	1	☐	N/A	
	Ayer	1	☐	2, 3	☐
	Bedford	1	☐	2, 3	☐
	Belmont	1	☐	2, 3	☐
	Billerica	1	☐	2, 3	☐
	Burlington	1, 2	☐	3	☐
	Chelmsford	1	☐	3	☐
	Concord	1	☐	2, 3, 4	☐
	Dracut	1	☐	2, 3, 4	☐
	Everett	1	☐	2, 3	☐
	Framingham	1, 2	☐	1, 2, 3, 4	☐
	Groton	1	☐	3	☐
	Holliston	1	☐	2, 3, 4	☐
	Hopkinton	1	☐	2, 3	☐
	Hudson	1	☐	N/A	
	Lexington	1	☐	3	☐
	Littleton	1	☐	2, 3	☐
Middlesex	Lowell	1	☐	2, 3, 4, 5	☐
	Malden	1	☐	N/A	
	Marlborough CDA	1	☐	N/A	
	Maynard	1	☐	N/A	
	Medford	1	☐	N/A	
	Melrose	1	☐	2, 3, 5	☐
	Natick	1, 2	☐	2, 3, 4	☐
	Newton	1, 2	☐	1, 2, 3	☐
	North Reading	1	☐	2, 3	☐
	Pepperell	1	☐	2	☐
	Reading	1	☐	2, 3	☐
	Somerville	1	☐	1, 2, 3	☐
	Stoneham	1	☐	2, 3	☐
	Sudbury	1	☐	2, 3, 4	☐
	Tewksbury	1	☐	2, 3, 4	☐
	Tyngsborough	1	☐	2, 3	☐
	Wakefield	1	☐	2	☐
	Waltham	1	☐	1, 2, 3, 4	☐
	Watertown	1	☐	1, 2, 3, 4, 5	☐
	Westford	1	☐	2, 3	☐
	Wilmington	1	☐	3	☐
	Winchester	1	☐	2, 3	☐
	Woburn	1	☐	2, 3	☐

	Housing Location	Elderly/Handicapped		Family Housing	
County	Community	# of bedrooms	Apply	# of bedrooms	Apply
Nantucket	Nantucket	1	☐	2, 3, 4	☐
Norfolk	Avon	1	☐	N/A	
	Bellingham	1	☐	2, 4	☐
	Braintree	1	☐	3	☐
	Brookline	1, 2, 3	☐	1, 2, 3, 4, 5	☐
	Canton	1	☐	2, 3, 4	☐
	Cohasset	1	☐	N/A	
	Dedham	1	☐	1, 2, 3	☐
	Foxborough	1	☐	1, 2, 3, 4	☐
	Franklin	1	☐	2, 3	☐
	Holbrook	1	☐	3	☐
	Hull	1	☐	2, 3, 4	☐
	Medfield	1, 2	☐	N/A	
	Medway	1	☐	N/A	
	Millis	1	☐	2, 3	☐
	Milton	1	☐	2, 3	☐
	Needham	1	☐	N/A	
	Norfolk	1	☐	2, 3	☐
	Norwood	1	☐	2, 3	☐
	Plainville	1	☐	N/A	
	Quincy	1, 2	☐	2, 3, 4	☐
	Randolph	1	☐	N/A	
	Sharon	1	☐	2	☐
	Stoughton	1	☐	2, 3, 4	☐
	Walpole	1	☐	2, 3	☐
	Wellesley	1	☐	2, 3	☐
	Weymouth	1	☐	1, 2, 3, 4, 5	☐
	Wrentham	1	☐	2, 3, 4	☐

Housing Location		Elderly/Handicapped		Family Housing	
County	**Community**	**# of bedrooms**	**Apply**	**# of bedrooms**	**Apply**
Plymouth	Abington	1	☐	3	☐
	Bridgewater	1	☐	2, 3, 4	☐
	Brockton	1	☐	2, 3, 4	☐
	Carver	1	☐	2, 3, 4	☐
	Duxbury	1	☐	2, 3	☐
	East Bridgewater	1	☐	3	☐
	Halifax	1	☐	2, 3, 4	☐
	Hanson	1	☐	N/A	
	Hingham	1	☐	2, 3	☐
	Kingston	1	☐	N/A	
	Marshfield	1	☐	3, 4, 6	☐
	Mattapoisett	1	☐	2, 3	☐
	Middleborough	1	☐	2, 3	☐
	Norwell	1	☐	N/A	
	Pembroke	1	☐	2, 3, 4	☐
	Plymouth	1	☐	2, 3	☐
	Rockland	1	☐	N/A	
	Scituate	1	☐	N/A	
	Wareham	1	☐	N/A	
	West Bridgewater	1	☐	N/A	
	Whitman	1	☐	3, 4	☐
Suffolk	Boston - Archdale	N/A		1, 2, 3, 4, 5, 6	☐
	Boston - Basilica	1	☐	N/A	
	Boston - Beacon (Camden)	N/A		1, 2, 3	☐
	Boston - Fairmount	N/A		2, 3	☐
	Boston - Faneuil	N/A		2, 3, 5	☐
	Boston - Franklin Field	1, 2	☐	2	☐
	Boston - Gallivan Boulevard	N/A		2, 3, 4	☐
	Boston - L Street, Msgr. Powers	1, 2	☐	N/A	
	Boston - Scattered Site Apartments	N/A		1, 2, 3, 4	☐
	Boston - South Street	N/A		1, 2, 3, 4	☐
	Boston - Trinity (East Boston)	N/A		1, 2, 3, 4, 5	☐
	Boston - West Broadway	N/A		1, 2, 3, 4, 5, 6	☐
	Chelsea	1	☐	2, 3, 4	☐
	Revere	1	☐	1, 2, 3, 4	☐
	Winthrop	1	☐	1, 2, 3, 4	☐

Housing Location		Elderly/Handicapped		Family Housing	
County	**Community**	**# of bedrooms**	**Apply**	**# of bedrooms**	**Apply**
Worcester	Athol	1	☐	1, 2, 3, 4	☐
	Auburn	1	☐	2, 3, 4	☐
	Barre	1	☐	N/A	
	Blackstone	1	☐	N/A	
	Brookfield	N/A		2	☐
	Charlton	1	☐	3	☐
	Clinton	1	☐	2, 3, 4	☐
	Dudley	1	☐	N/A	
	Fitchburg	1, 2	☐	1, 2, 3, 4	☐
	Gardner	1	☐	2, 3, 4	☐
	Grafton	1	☐	2, 3	☐
	Holden	1	☐	3	☐
	Hopedale	1	☐	N/A	
	Lancaster	1	☐	N/A	
	Leicester	1	☐	N/A	
	Leominster	1	☐	2, 3, 4	☐
	Lunenburg	1	☐	2, 3	☐
	Mendon	1	☐	N/A	
	Milford	1	☐	1, 2, 3, 4, 5	☐
	Millbury	1	☐	1, 2, 3, 4	☐
	North Brookfield	1	☐	2	☐
	Northborough	1	☐	2, 3	☐
	Northbridge	1, 2	☐	N/A	
	Oxford	1	☐	2, 3	☐
	Shrewsbury	1	☐	2, 3	☐
	Southborough	1	☐	2, 3	☐
	Southbridge	1	☐	3, 4	☐
	Spencer	1	☐	3, 4	☐
	Sterling	1	☐	N/A	
	Sutton	1	☐	N/A	
	Templeton	1, 2	☐	2, 3	☐
	Upton	1	☐	N/A	
	Uxbridge	1	☐	2, 3	☐
	Warren	1, 2	☐	2, 3	☐
	Webster	1	☐	1, 2, 3	☐
	West Boylston	1	☐	2, 3	☐
	West Brookfield	1	☐	2, 3	☐
	Westborough	1	☐	2, 3	☐
	Winchendon	1	☐	2, 3	☐
	Worcester	1	☐	1, 2, 3, 4	☐

9. 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.

<u>Applicant's Certification*</u>

- I understand that this application is not an offer of housing.
- **For state-aided public housing:**
  - o 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;
  - o 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.
  - o 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:**
  - o 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.
  - o 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.
  - o 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.
  - o 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/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*: _____

[Blank Space – Go to Next Page]

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*: _____

CHAMP

Applicant Permission to Release Information

What is the purpose of this form?

- This form gives a State-Aided Housing Agency permission to ask you for certain information to verify the information you provide in your application for state-aided public housing or a state rental housing voucher.

  A State-Aided Housing Agency is a local housing authority or a regional administering agency. State rental housing vouchers include the Massachusetts Rental Housing Voucher Program (MRVP) and the Alternative Housing Voucher Program (AHVP).

- This form gives a State-Aided Housing Agency permission to use and share certain information with the Massachusetts Department of Housing and Community Development (DHCD) to help evaluate housing programs.

- This form gives permission to State-Aided Housing Agencies and/or DHCD to share some of your personal information.

Your personal information will only be shared as outlined in this form and as required or allowed by law. Please read carefully before signing this form.

What Personal Information Will State-Aided Housing Agencies and/or DHCD Share?

Shared information may include, but is not limited to:
- biographic information (e.g., name, date of birth);
- demographic information (e.g., address, race, ethnicity, language); and
- income, employment, and other information related to your application for initial eligibility/qualification for, or participation in state-aided Public Housing, MRVP, or AHVP.

What Personal Information Will Not Be Shared?

This form will not be used to share personally identifiable information related to any of the following subjects. If a State-Aided Housing Agency and/or DHCD requires any personally identifiable information related to the following subjects, they will ask for separate written permission for your:
- Medical Information;
- Criminal Information;
- Verification of a Disability;

- Information related to any priority or preference claims, including homelessness and domestic violence; and
- Reasonable Accommodation Information, including that a reasonable accommodation was requested, granted, or denied and/or any medical information submitted as part of a request for reasonable accommodation.

How will your personal information be kept secure?

The personal information you provide through this release will be securely maintained in accordance with applicable law and regulation, including but not limited to M.G.L. c. 66A, Fair Information Practices Act and 760 CMR 8.00, Privacy and Confidentiality.

Can I have access to my personal information and challenge it if it is not accurate or relevant?

Yes. Under 760 CMR 8.05(1), you, or your authorized representative, may file an objection with the State-Aided Housing Agency or DHCD objecting to the accuracy, completeness, pertinence, timeliness, relevance, use or dissemination of your personal data or the denial of access to your personal data.

What happens if I do not sign this Release Form?

Failure to sign this form may result in the denial of assistance, suspension or termination of housing assistance, or repayment of assistance.

Will I be notified if information obtained because of this release form results in an action being taken against me?

Yes. You will be notified in writing of actions taken against you because of information gained from verification processes, provided an opportunity to contest the actions, and given information on how to do so.

How long does this Release Form last?

The release is effective from the date of signature until you are housed.

Permission to Verify the Information I Have Provided

- I give permission for all individuals, companies, agencies, offices of the state and federal governments, and their designated contractors, subcontractors, and agents to release any information about me and my household members to State-Aided Housing Agencies and/or DHCD to verify the information I provided in my application.

- I also give permission for State-Aided Housing Agencies and/or DHCD to obtain information (by any means, including oral, written, electronic, facsimile or telephonic) about me and my household members to verify the information I provided in my application to determine eligibility and qualification for the housing programs.

Permission to Share My Information

I give permission for State-Aided Housing Agencies and/or DHCD:

- To use my personal information to inform research, analysis and program evaluation by DHCD, other state agencies, or external partners on DHCD programs or other initiatives that will help DHCD improve state-aided housing assistance programs;
- To use my personal information to make referrals to other state-funded initiatives and benefit programs for eligibility determination, recruitment, and outreach purposes (I do not have to participate in these programs); and
- To comply with state reporting and record keeping requirements.

I agree to cooperate in requests to provide information to the State-Aided Housing Agencies and/or DHCD and I understand if I do not, it may result in me being disqualified or ineligible for state-aided public housing, AHVP, and/or MRVP.

I have read or been read and understand this form. A photocopy or digital copy of this release is as valid as the original.

Head of Household Printed Name

Head of Household Signature*
*If typed, my typed name represents my signature.

Date

The English version of this Applicant Permission to Release Information is the official version and must be signed.

☐ ضع علامة في هذا المربع إذا كنت تقرأ أو تتحدث العربية.

1. Arabic

☐ Խնդրում ենք նշում կատարեք այս քառակուսում, եթե խոսում կամ կարդում եք հայերեն:

2. Armenian

☐ যদি আপনি বাংলা পড়েন বা বলেন তা হলে এই বাক্সে দাগ দিন।

3. Bengali

☐ ឈ្មបបញ្ជាក់ក្នុងប្រអប់នេះ៖ បើអ្នកអាន ឬនិយាយភាសា ខ្មែរ ។

4. Cambodian

☐ Motka i kahhon ya yangin ûntûngnu' manaitai pat ûntûngnu' kumentos Chamorro.

5. Chamorro

☐ 如果你能读中文或讲中文，请选择此框。

6. Simplified Chinese

☐ 如果你能讀中文或講中文，請選擇此框。

7. Traditional Chinese

☐ Označite ovaj kvadratić ako čitate ili govorite hrvatski jezik.

8. Croatian

☐ Zaškrtněte tuto kolonku, pokud čtete a hovoříte česky.

9. Czech

☐ Kruis dit vakje aan als u Nederlands kunt lezen of spreken.

10. Dutch

☐ Mark this box if you read or speak English.

11. English

☐ اگر خواندن و نوشتن فارسي بلد هستيد، اين مربع را علامت بزنيد.

12. Farsi

☐ Cocher ici si vous lisez ou parlez le français.   **13. French**

☐ Kreuzen Sie dieses Kästchen an, wenn Sie Deutsch lesen oder sprechen.   **14. German**

☐ Σημειώστε αυτό το πλαίσιο αν διαβάζετε ή μιλάτε Ελληνικά.   **15. Greek**

☐ Make kazye sa a si ou li oswa ou pale kreyòl ayisyen.   **16. Haitian Creole**

☐ अगर आप हिन्दी बोलते या पढ़ सकते हों तो इस बक्स पर चिह्न लगाएँ।   **17. Hindi**

☐ Kos lub voj no yog koj paub twm thiab hais lus Hmoob.   **18. Hmong**

☐ Jelölje meg ezt a kockát, ha megérti vagy beszéli a magyar nyelvet.   **19. Hungarian**

☐ Markaam daytoy nga kahon no makabasa wenno makasaoka iti Ilocano.   **20. Ilocano**

☐ Marchi questa casella se legge o parla italiano.   **21. Italian**

☐ 日本語を読んだり、話せる場合はここに印を付けてください。   **22. Japanese**

☐ 한국어를 읽거나 말할 수 있으면 이 칸에 표시하십시오.   **23. Korean**

☐ ໃຫ້ໝາຍໃສ່ຊ່ອງນີ້ ຖ້າທ່ານອ່ານຫຼືປາກພາສາລາວ.   **24. Laotian**

☐ Prosimy o zaznaczenie tego kwadratu, jeżeli posługuje się Pan/Pani językiem polskim.   **25. Polish**

DB-3309

☐ Assinale este quadrado se você lê ou fala português.

26. Portuguese

☐ Însemnaţi această căsuţă dacă citiţi sau vorbiţi româneşte.

27. Romanian

☐ Пометьте этот квадратик, если вы читаете или говорите по-русски.

28. Russian

☐ Обележите овај квадратић уколико читате или говорите српски језик.

29. Serbian

☐ Označte tento štvorček, ak viete čítať alebo hovoriť po slovensky.

30. Slovak

☐ Marque esta casilla si lee o habla español.

31. Spanish

☐ Markahan itong kuwadrado kung kayo ay marunong magbasa o magsalita ng Tagalog.

32. Tagalog

☐ ให้กาเครื่องหมายลงในช่องถ้าท่านอ่านหรือพูดภาษาไทย.

33. Thai

☐ Maaka 'i he puha ni kapau 'oku ke lau pe lea fakatonga.

34. Tongan

☐ Відмітьте цю клітинку, якщо ви читаєте або говорите українською мовою.

35. Ukranian

☐ اگر آپ اردو پڑھتے یا بولتے ہیں تو اس خانے میں نشان لگا ئیں۔

36. Urdu

☐ Xin đánh dấu vào ô này nếu quý vị biết đọc và nói được Việt Ngữ.

37. Vietnamese

☐ באצייכנט דעם קעסטל אויב איר לייענט אדער רעדט אידיש.

38. Yiddish

DB-3309