

Full Name:

Address1:

Address2:

City State Zip:

Email:

Case Manager Email:

← **APPLICANT COMPLETE THIS SECTION**

Use Adobe Acrobat Reader and print this application to  
"Custom Scale - 100%".

Then, both addresses will appear in the windows of a #10  
double-window envelope, saving you time.

← **Mail this application to the address at left.**

**Do not fax!**

Date Generated:

Fold on this line —

**SECTION BELOW FOR WAITLIST ADMINISTRATORS ONLY:**

IF REJECTING THE APPLICATION BECAUSE IT IS INCOMPLETE,  
please return it to the applicant.

IF REJECTING THIS APPLICATION BECAUSE IT IS THE WRONG  
FORMAT, please email, mail, or fax the form below to  
HousingWorks. Include this page so we know who the  
application is from! We will update our system, 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!

[support@housingworks.net](mailto:support@housingworks.net)

**HousingWorks**  
**P.O. Box 231104**  
**Boston, MA 02123**  
**617-536-8561 fax**

☐ **This waitlist is closed. The only waitlists open at present are:**

\_\_\_\_\_

\_\_\_\_\_

☐ **This is not the right application. We have enclosed the correct application.**

☐ **You do not appear to qualify for this property, because:** \_\_\_\_\_

Name of Waitlist Administrator optional \_\_\_\_\_

Phone of Waitlist Administrator optional: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ X \_\_\_\_\_

← *Date Time Stamp – for Office Use Only*





# CHAMP



## Common Housing Application for Massachusetts Programs

### Apply Online:

You may now apply for the Massachusetts Rental Voucher Program (MRVP), the Alternative Housing Voucher Program (AHVP) and State-Aided Public Housing\*\*\* online! MRVP is a rental assistance program for individuals and families of low income that provides participants with a subsidy to rent an apartment in the private market. 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 State-Aided Housing Agency. A State-Aided Housing Agency is a local housing authority or a regional administering agency.

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 state-aided housing agency. Your application information will be entered online by that housing agency and your application will be submitted to the agencies 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. To find a State-Aided Housing Agency, go to the Executive Office of Housing and Livable Communities Resource Locator at [www.mass.gov/eohlc](http://www.mass.gov/eohlc).

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, the address at which you are temporarily housed, or if you do not currently have a place to live, the address of your last primary residence.

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, PO 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, MRVP, and AHVP is not the same as the definition used by homeless shelters and other subsidy programs.

☐ Yes ☐ No

### 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.

<https://www.mass.gov/doc/read-the-full-list-of-eligible-situations-and-required-documents/download>

- ☐ Displaced by fire.
- ☐ Displaced by natural forces (i.e. flood, 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.

If none of the above situations apply to you, you will be considered a standard applicant under the definition of homelessness for state-aided housing programs.

### 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 of me or of a household member. Placement in an appropriate unit would remedy my living situation.
- ☐ 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 not caused or substantially contributed to the unsafe or life threatening situation.  
(Applicants claiming Abusive Situation Priority do not need to demonstrate that they did not contribute 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.  
(Applicants claiming Abusive Situation Priority do not need to demonstrate that they tried to avoid or prevent the Abusive situation.)

Note: If you do not select all applicable statements above, you may not qualify as homeless for state-aided housing programs, and you may be considered a standard applicant.

**Please provide your primary address from which you were displaced.**

Street Address\*

Apt., Suite, Floor, etc.

City/Town\*

State\*

Zip Code\*

**Choose where you would like local preference.**

If you have indicated you are homeless, where would you like to receive local resident preference?

- ☐ Local Resident Preference in Current Residential Town
- ☐ Local Resident Preference in Displaced Town

**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

**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

#### 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 Makeup Section]**



## 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.

Name of Applicant	Relationship to Head of Household[1]	Date of Birth	Gender	Racial Designation (optional)[2]	Ethnic Designation (optional)[3]	Occupation[4]	Social Security	Disabled (optional)[5]
First Name:	Head	Listed on first page of app						
Last Name:								
First Name:								
Last Name:								
First Name:								
Last Name:								
First Name:								
Last Name:								
First Name:								
Last Name:								
First Name:								
Last Name:								
First Name:								
Last Name:								
First Name:								
Last Name:								
First Name:								
Last Name:								
First Name:								
Last Name:								

1. Relationship to Household: Head, Spouse/Partner, Brother/Sister, Child/Grandchild, Parent/Grandparent, Niece/Nephew, Cousin, or Foster Child.
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.



**Is anyone in your household a Board Member or employee, or immediate family member of a Board Member or an employee, of any housing agencies 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 agency and the person's role at the housing agency.

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**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.

\$ 

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

☐ Yes ☐ No

<hr/>	<hr/>
If yes, what type?	When is this expected to occur?

[Blank Space – Go to Next Page]



## 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 agency 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

### Do you, or does a member of 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. Massachusetts Rental Voucher Program (MRVP) Application Questions & Selections

The Massachusetts Rental Voucher Program (MRVP) gives housing vouchers to low-income families and individuals. MRVP participants pay at least 30% of their income in rent to the landlord, and the voucher covers the remainder of the rent. MRVP rules cover how income, unit size, and voucher amount are determined. MRVP vouchers are not time limited, meaning participants can keep their voucher for as long as they remain eligible.

MRVP has two types of vouchers: mobile and project-based. With a mobile voucher, participants find a unit and can live anywhere in Massachusetts. MRVP has rules around unit size, rent, and inspections. When the participant moves, the voucher moves with them. Project-based vouchers are assigned to a specific unit at a specific property. Most of the time, if a participant moves, they lose their subsidy.

For more information on the Massachusetts Rental Voucher Program you can visit <https://www.mass.gov/mrvp> or you can visit the CHAMP website..

### After reading about MRVP, would you like to apply for MRVP?

- ☐ Yes If yes, you must complete the questions in this Part 7 and **you will be placed on all MRVP mobile voucher waitlists. (LHAs will add all MRVP Mobile Waitlists).** To apply to specific MRVP Project-Based Waitlists you will need to select them individually.

If you do not wish to apply for MRVP go to Part 8.

### MRVP Program Questions

#### Where do your children attend school?

You may receive local or regional preference if you apply at a housing agency where your child attends school. If you have children that attend schools in different cities/towns, you may only list one.

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City/Town

State

Zip Code

#### Do you, or a member of your household, have a disability for which you need a reasonable accommodation of an MRVP policy or procedure?

- ☐ Yes ☐ No

If yes, please provide some additional details about your request:

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## List of MRVP Project-Based Waitlist Selections\*

In order to apply for MRVP Project-Based Waitlists, please select the Waitlists that you wish to apply to. Project-based vouchers are assigned to a specific unit at a specific property in the communities listed below.

MRVP Project-Based Waitlist		
<input type="checkbox"/> Athol	<input type="checkbox"/> East Longmeadow	<input type="checkbox"/> New Bedford
<input type="checkbox"/> Attleboro	<input type="checkbox"/> Gloucester	<input type="checkbox"/> Newton
<input type="checkbox"/> Bedford	<input type="checkbox"/> Holyoke	<input type="checkbox"/> Orange
<input type="checkbox"/> Bellingham	<input type="checkbox"/> Ipswich	<input type="checkbox"/> Peabody
<input type="checkbox"/> Beverly	<input type="checkbox"/> Lawrence	<input type="checkbox"/> Springfield
<input type="checkbox"/> Boston <sup>1</sup>	<input type="checkbox"/> Lexington	<input type="checkbox"/> Stoughton
<input type="checkbox"/> Braintree	<input type="checkbox"/> Littleton	<input type="checkbox"/> Wareham
<input type="checkbox"/> Brockton	<input type="checkbox"/> Lowell	<input type="checkbox"/> Warren
<input type="checkbox"/> Cambridge	<input type="checkbox"/> Mashpee	<input type="checkbox"/> Westfield
<input type="checkbox"/> Canton	<input type="checkbox"/> Monson	<input type="checkbox"/> Weymouth
<input type="checkbox"/> Clinton	<input type="checkbox"/> Nantucket <sup>2</sup>	<input type="checkbox"/> Worcester

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<sup>1</sup> Metro Housing Boston

<sup>2</sup> Housing Assistance Corp.

## 8. 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/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 8 and you will be placed on all AHVP waitlists. *(LHAs will add all AHVP Waitlists).*

If you do not wish to apply for AHVP go to Part 9.

### AHVP Program Questions

**Are you or a member of 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 provide some additional details about your request:

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## 9. 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 9 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 9 and select the individual Public Housing waitlists you would like to apply to below.

If you do not wish to apply for Public Housing go to Part 10.

## **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

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### **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 reason(s)
- ☐ 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.

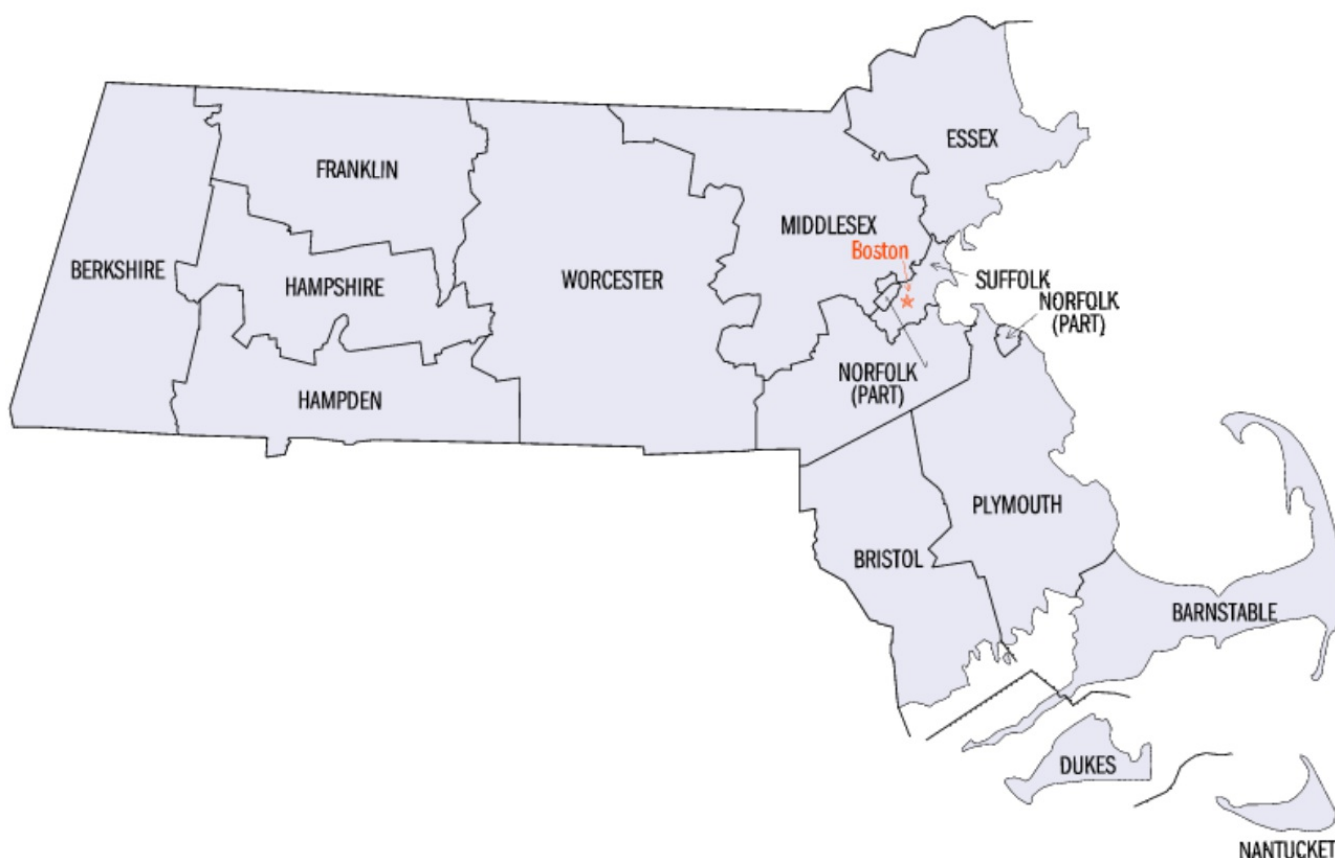
If you refuse to accept an offer of public housing, you will be removed from that public housing waiting list. If you refuse to accept a total of three offers of public housing, you will be removed from public housing waiting lists at all housing authorities where you have applied.

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	Dennis	1, 2	<input type="checkbox"/>	3, 4	<input type="checkbox"/>
	Barnstable	1, 2	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>
	Harwich	N/A		2, 3	<input type="checkbox"/>
	Chatham	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Mashpee	1	<input type="checkbox"/>	3	<input type="checkbox"/>
	Bourne	1, 2	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Brewster	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Orleans	1	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>
	Falmouth	1	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>
	Provincetown	1	<input type="checkbox"/>	1, 2, 3	<input type="checkbox"/>
	Sandwich	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Yarmouth	1	<input type="checkbox"/>	N/A	
Berkshire	Williamstown	1	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>
	Great Barrington	1	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>
	Lee	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Lenox	1, 2	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Adams	1	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>
	Pittsfield	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Stockbridge	1, 2	<input type="checkbox"/>	N/A	
	Dalton	1, 2	<input type="checkbox"/>	3	<input type="checkbox"/>
	Great Barrington – Sheffield	1	<input type="checkbox"/>	3	<input type="checkbox"/>
Bristol	Dartmouth	1	<input type="checkbox"/>	N/A	
	Westport	1	<input type="checkbox"/>	N/A	
	Somerset	1	<input type="checkbox"/>	N/A	
	Dighton	1	<input type="checkbox"/>	N/A	
	Easton	1	<input type="checkbox"/>	3	<input type="checkbox"/>
	Mansfield	1, 2	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>
	Fall River	1	<input type="checkbox"/>	1, 2, 3	<input type="checkbox"/>
	Attleboro	1	<input type="checkbox"/>	1, 2, 3	<input type="checkbox"/>
	Acushnet	1	<input type="checkbox"/>	N/A	
	New Bedford	1, 2	<input type="checkbox"/>	1, 2, 3, 4	<input type="checkbox"/>
	North Attleborough	1, 2	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Fairhaven	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Norton	1	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>
	Seekonk	1, 2	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Taunton	1	<input type="checkbox"/>	1, 2, 3, 4	<input type="checkbox"/>

Housing Location		Elderly/Handicapped		Family Housing	
<u>County</u>	<u>Community</u>	<u># of bedrooms</u>	<u>Apply</u>	<u># of bedrooms</u>	<u>Apply</u>
Bristol	Swansea	1	<input type="checkbox"/>	N/A	
Essex	West Newbury	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Danvers	1, 2	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Georgetown	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Gloucester	1	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>
	Amesbury	1	<input type="checkbox"/>	1, 2, 3, 5	<input type="checkbox"/>
	Andover	1	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>
	Groveland	N/A		3	<input type="checkbox"/>
	Haverhill	1	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>
	Ipswich	1	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>
	Lawrence	1	<input type="checkbox"/>	1, 2, 3, 4	<input type="checkbox"/>
	Lynn	1	<input type="checkbox"/>	2, 3, 4, 5	<input type="checkbox"/>
	Lynnfield	1	<input type="checkbox"/>	N/A	
	Manchester	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Marblehead	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Merrimac	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Hamilton	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Methuen	1	<input type="checkbox"/>	1, 2, 3, 4, 5	<input type="checkbox"/>
	Middleton	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Beverly	1, 2	<input type="checkbox"/>	1, 2, 3	<input type="checkbox"/>
	Saugus	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Nahant	1	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>
	Newburyport	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	North Andover	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Peabody	1	<input type="checkbox"/>	1, 2, 3, 4	<input type="checkbox"/>
	Essex	1	<input type="checkbox"/>	N/A	
	Rockport	1	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>
	Rowley	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Salem	1	<input type="checkbox"/>	1, 2, 3	<input type="checkbox"/>
	Salisbury	1	<input type="checkbox"/>	N/A	
	Wenham	1	<input type="checkbox"/>	N/A	
	Topsfield	1	<input type="checkbox"/>	N/A	
	Swampscott	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
Franklin	Franklin County – Bernardston	1	<input type="checkbox"/>	3	<input type="checkbox"/>
	Greenfield	1	<input type="checkbox"/>	2, 3, 4, 5	<input type="checkbox"/>
	Montague	1, 2	<input type="checkbox"/>	2, 3	<input type="checkbox"/>

Housing Location		Elderly/Handicapped		Family Housing	
County	Community	# of bedrooms	Apply	# of bedrooms	Apply
Franklin	Orange	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Franklin County – Buckland	N/A		2, 4	<input type="checkbox"/>
	Franklin County – Northfield	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Franklin County – Charlemont	N/A		2, 4	<input type="checkbox"/>
	Franklin County – Gill	1	<input type="checkbox"/>	N/A	
	Franklin County – Orange	N/A		2, 3, 4	<input type="checkbox"/>
	Franklin County – Shelburne	1, 2	<input type="checkbox"/>	N/A	
Hampden	Westfield	1, 2	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>
	West Springfield	1	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>
	Wilbraham	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	East Longmeadow	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Agawam	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Ludlow	1, 2	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>
	Chicopee	1	<input type="checkbox"/>	1, 2, 3	<input type="checkbox"/>
	Monson	1	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>
	Palmer	1	<input type="checkbox"/>	N/A	
	Holyoke	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Brimfield	1, 2	<input type="checkbox"/>	N/A	
	Southwick	1	<input type="checkbox"/>	3, 4	<input type="checkbox"/>
	Springfield	1, 2	<input type="checkbox"/>	3, 4	<input type="checkbox"/>
Hampshire	Easthampton	1	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>
	Amherst	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Granby	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Hatfield	1	<input type="checkbox"/>	N/A	
	Hadley	1	<input type="checkbox"/>	3	<input type="checkbox"/>
	Northampton	1, 2, 4	<input type="checkbox"/>	1, 2, 3, 4	<input type="checkbox"/>
	Belchertown	1	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>
	Ware	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Hampshire County – Cummington	1	<input type="checkbox"/>	N/A	
	Hampshire County – Huntington	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	South Hadley	1	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>
Middlesex	Dracut	1	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>
	Westford	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Framingham	1, 2	<input type="checkbox"/>	1, 2, 3, 4	<input type="checkbox"/>
	Wilmington	1	<input type="checkbox"/>	3	<input type="checkbox"/>
	Ayer	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>

Housing Location		Elderly/Handicapped		Family Housing	
County	Community	# of bedrooms	Apply	# of bedrooms	Apply
Middlesex	Chelmsford	1	<input type="checkbox"/>	3	<input type="checkbox"/>
	Groton	1	<input type="checkbox"/>	3	<input type="checkbox"/>
	Lexington	1	<input type="checkbox"/>	3	<input type="checkbox"/>
	Littleton	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Lowell	1	<input type="checkbox"/>	2, 3, 4, 5	<input type="checkbox"/>
	Malden	1	<input type="checkbox"/>	N/A	
	Marlborough Cda Housing Division	1	<input type="checkbox"/>	N/A	
	Maynard	1	<input type="checkbox"/>	N/A	
	Melrose	1	<input type="checkbox"/>	2, 3, 5	<input type="checkbox"/>
	Bedford	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Burlington	1, 2	<input type="checkbox"/>	3	<input type="checkbox"/>
	Belmont	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Billerica	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Arlington	1	<input type="checkbox"/>	1, 2, 3	<input type="checkbox"/>
	Ashland	1	<input type="checkbox"/>	N/A	
	Acton	1	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>
	Natick	1, 2	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>
	Newton	1, 2	<input type="checkbox"/>	1, 2, 3	<input type="checkbox"/>
	North Reading	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Everett	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Pepperell	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Reading	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Holliston	1	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>
	Hopkinton	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Hudson	1	<input type="checkbox"/>	N/A	
	Medford	1	<input type="checkbox"/>	N/A	
	Concord	1	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>
	Stoneham	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Waltham	1	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>
	Watertown	1	<input type="checkbox"/>	1, 2, 3, 4, 5	<input type="checkbox"/>
	Winchester	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Woburn	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Wakefield	1	<input type="checkbox"/>	2	<input type="checkbox"/>
	Somerville	1, 2	<input type="checkbox"/>	1, 2, 3	<input type="checkbox"/>
	Sudbury	1	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>
	Tewksbury	1	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>

Housing Location		Elderly/Handicapped		Family Housing	
County	Community	# of bedrooms	Apply	# of bedrooms	Apply
Middlesex	Tyngsborough	1, 2	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
Nantucket	Nantucket	1	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>
Norfolk	Weymouth	1	<input type="checkbox"/>	1, 2, 3, 4, 5	<input type="checkbox"/>
	Dedham	1	<input type="checkbox"/>	1, 2, 3	<input type="checkbox"/>
	Foxborough	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Franklin	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Avon	1	<input type="checkbox"/>	N/A	
	Holbrook	1	<input type="checkbox"/>	3	<input type="checkbox"/>
	Canton	1	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>
	Medway	1	<input type="checkbox"/>	N/A	
	Brookline	1, 2, 3	<input type="checkbox"/>	1, 2, 3, 4, 5	<input type="checkbox"/>
	Braintree	1	<input type="checkbox"/>	3	<input type="checkbox"/>
	Millis	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Milton	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Bellingham	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Needham	1	<input type="checkbox"/>	N/A	
	Norfolk	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Norwood	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Plainville	1	<input type="checkbox"/>	N/A	
	Quincy	1, 2	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>
	Randolph	1	<input type="checkbox"/>	N/A	
	Medfield	1, 2	<input type="checkbox"/>	N/A	
	Sharon	1	<input type="checkbox"/>	2	<input type="checkbox"/>
	Cohasset	1	<input type="checkbox"/>	N/A	
	Stoughton	1	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>
	Wellesley	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Wrentham	1	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>
	Walpole	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
Plymouth	West Bridgewater	1	<input type="checkbox"/>	N/A	
	Brockton	1	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>
	Duxbury	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Whitman	1	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>
	East Bridgewater	1	<input type="checkbox"/>	3	<input type="checkbox"/>
	Abington	1	<input type="checkbox"/>	3	<input type="checkbox"/>
	Hanson	1	<input type="checkbox"/>	N/A	
	Hingham	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>

Housing Location		Elderly/Handicapped		Family Housing	
County	Community	# of bedrooms	Apply	# of bedrooms	Apply
Plymouth	Hull	1	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>
	Halifax	1	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>
	Kingston	1	<input type="checkbox"/>	N/A	
	Carver	1	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>
	Marshfield	1	<input type="checkbox"/>	3, 4, 6	<input type="checkbox"/>
	Mattapoisett	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Middleborough	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Bridgewater	1	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>
	Pembroke	1	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>
	Plymouth	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Rockland	1	<input type="checkbox"/>	N/A	
	Norwell	1	<input type="checkbox"/>	N/A	
	Scituate	1	<input type="checkbox"/>	N/A	
	Wareham	1	<input type="checkbox"/>	N/A	
Suffolk	Chelsea	1	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>
	Revere	1	<input type="checkbox"/>	1, 2, 3, 4	<input type="checkbox"/>
	Boston – Beacon (Camden)	N/A		1, 2, 3	<input type="checkbox"/>
	Winthrop	1	<input type="checkbox"/>	1, 2, 3, 4	<input type="checkbox"/>
	Boston – Trinity (East Boston)	N/A		1, 2, 3, 4, 5	<input type="checkbox"/>
	Boston : Faneuil	N/A		2, 3, 5	<input type="checkbox"/>
	Boston : Fairmount	N/A		2, 3	<input type="checkbox"/>
	Boston : Archdale	N/A		1, 2, 3, 4, 5, 6	<input type="checkbox"/>
	Boston : Gallivan Boulevard	N/A		2, 3, 4	<input type="checkbox"/>
	Boston : South Street	N/A		1, 2, 3, 4	<input type="checkbox"/>
	Boston : Franklin Field	1, 2	<input type="checkbox"/>	2	<input type="checkbox"/>
	Boston : West Broadway	N/A		1, 2, 3, 4, 5, 6	<input type="checkbox"/>
	Boston : L Street, Msgr Powers	1, 2	<input type="checkbox"/>	N/A	
	Boston : Basilica	1	<input type="checkbox"/>	N/A	
	Boston : Scattered Site Apartments	N/A		1, 2, 3, 4	<input type="checkbox"/>
Worcester	West Brookfield	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Westborough	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	West Boylston	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Dudley	1	<input type="checkbox"/>	N/A	
	Uxbridge	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Grafton	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Auburn	1	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>

Housing Location		Elderly/Handicapped		Family Housing	
County	Community	# of bedrooms	Apply	# of bedrooms	Apply
Worcester	Fitchburg	1, 2	<input type="checkbox"/>	1, 2, 3, 4	<input type="checkbox"/>
	Winchendon	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Charlton	1	<input type="checkbox"/>	3	<input type="checkbox"/>
	Leicester	1	<input type="checkbox"/>	N/A	
	Leominster	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Lunenburg	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Lancaster	1	<input type="checkbox"/>	N/A	
	Mendon	1	<input type="checkbox"/>	N/A	
	Milford	1	<input type="checkbox"/>	1, 2, 3, 4, 5	<input type="checkbox"/>
	Millbury	1	<input type="checkbox"/>	1, 2, 3, 4	<input type="checkbox"/>
	Athol	1	<input type="checkbox"/>	1, 2, 3, 4	<input type="checkbox"/>
	Clinton	1	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>
	Blackstone	1	<input type="checkbox"/>	N/A	
	Northborough	1	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>
	Northbridge	1, 2	<input type="checkbox"/>	N/A	
	Oxford	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Gardner	1	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>
	Spencer	1	<input type="checkbox"/>	3	<input type="checkbox"/>
	Holden	1	<input type="checkbox"/>	3	<input type="checkbox"/>
	Hopedale	1	<input type="checkbox"/>	N/A	
	North Brookfield	1	<input type="checkbox"/>	2	<input type="checkbox"/>
	Barre	1	<input type="checkbox"/>	N/A	
	Worcester	1	<input type="checkbox"/>	1, 2, 3, 4	<input type="checkbox"/>
	Warren	1, 2	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Webster	1	<input type="checkbox"/>	1, 2, 3	<input type="checkbox"/>
	Upton	1	<input type="checkbox"/>	N/A	
	Templeton	1, 2	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Southborough	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Southbridge	1	<input type="checkbox"/>	3, 4	<input type="checkbox"/>
	Oxford - Brookfield	N/A		2	<input type="checkbox"/>
	Shrewsbury	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Sterling	1	<input type="checkbox"/>	N/A	
	Sutton	1	<input type="checkbox"/>	N/A	

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## 10. 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 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. I understand that if I am already an active AHVP voucher holder or participant, or have already been offered an AHVP Voucher, I cannot be offered an additional AHVP voucher and accordingly, my application will not appear on a waitlist and may be removed from the waitlists of any or all AHVP LHAs.
- **For MRVP:**
  - I understand that if I am found eligible and am issued a mobile MRVP voucher, I will be removed from the waitlists for a mobile MRVP voucher at all State-Aided Housing Agencies. I understand that if I am already an active mobile MRVP voucher holder or participant, or have already been offered a mobile MRVP voucher, I cannot be offered an additional mobile MRVP voucher and accordingly, my application will not appear on a waitlist and may be removed from the waitlists of any or all State-Aided Housing Agencies that issue mobile MRVP vouchers.
- 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, a notification of a unit approval for AHVP, or a voucher in writing under MRVP from a housing agency. I understand that it is my responsibility to update my application online OR inform a housing agency in writing of any change of address, income, or household composition or any other information regarding my application.
- Before a housing agency can offer me participation in state-aided public housing or rental assistance programs, I must provide them with written documentation that verifies my circumstances and eligibility.
- I authorize housing agencies where I have applied to make inquiries to verify the information I have provided in this application.
- I understand that if I am found ineligible by a particular housing agency, I will still remain on the waitlists of the remaining housing agencies where I applied.
- I certify that the information I have given in this application is true and correct. I understand that any false statement or misrepresentation may result in the denial of my application.
- I understand that housing agencies I have applied to will request a Criminal Offender Record Information from the Criminal Justice Information Services and may perform internet searches including 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 state-aided public housing or rental assistance, my application will be disqualified and there may be additional consequences.
- I understand that my application information will be transferred to . 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: [www.mass.gov/champ/](http://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 EOHLC 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 Agencies 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 agencies, and to civil or criminal investigators and prosecutors. Otherwise, the information will be kept confidential and only used by housing agency staff in the course of their duties.

The Fair Information Practices Act established requirements governing housing agencies' use and disclosure of the information it collects. Applicants may give or withhold their permission when requested by the housing agency to provide information. However, failure to permit the housing agency 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.

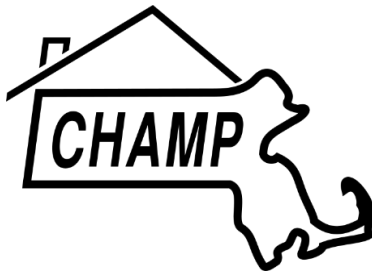
- No information may be used for any purpose other than those described above without your consent.
- No information may be disclosed to any person other than those described above without your consent. If we receive a legal order to release the information, we will notify you.
- You or your authorized representative have a right to inspect and copy any information collected about you.
- You may ask questions and receive answers from the housing agency 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 agency where you have applied and it will notify you in writing of its decision and of your right to appeal to the Executive Office of Housing and Livable Communities.

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

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

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

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This form can be filled out online at <https://publichousingapplication.ocd.state.ma.us/screening/>

## 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 Executive Office of Housing and Livable Communities (EOHLC) to help evaluate housing programs.
- This form gives permission to State-Aided Housing Agencies and/or EOHLC 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 EOHLC 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 EOHLC 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 EOHLC 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 EOHLC to verify the information I provided in my application.
- I also give permission for State-Aided Housing Agencies and/or EOHLC 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 EOHLC:

- To use my personal information to inform research, analysis and program evaluation by EOHLC, other state agencies, or external partners on EOHLC programs or other initiatives that will help EOHLC 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 EOHLC 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.

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**Head of Household Printed Name**

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**Head of Household Signature\***

*\*If typed, my typed name represents my signature*

---

**Date**

## Supplemental Application - Income and History

Please fill out the following application, sign the Applicant's Certification, and mail or hand deliver it to the Local Housing Authority (LHA) that has requested it. Note that a housing authority may ask you to update this information if it determines that the information is too old.

All information is required. If you need additional space to provide an answer, please attach additional sheets. If you would prefer, you can fill out this information online and upload supporting documentation. To create a CHAMP Account or to login to your existing CHAMP account please use the CHAMP website: <https://www.mass.gov/applyforpublichousing>. If you have a disability, you have a right to request a reasonable accommodation with the application process. Contact your local housing authority to make arrangements.

### Important Instructions for Applicants:

1. Please fill out any missing sections or fix any outdated or incorrect information and we will update your application in CHAMP. Without accurate information we may not be able to process your application.
2. You must either return this to the Housing Authority that sent it to you or access your CHAMP Account online at <https://www.mass.gov/applyforpublichousing> to update it.

### Contact Information

Name of Applicant/Head of Household

First Name	Middle Initial	Last Name	Suffix
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Date of Birth of Applicant/Head of Household:

Mailing address on file:

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

Apt., Suite, Floor, etc. \_\_\_\_\_

City/Town	State	Zip Code
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— Fill In Your Current Mailing Address *if different from above*:

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

Apt., Suite, Floor, etc. \_\_\_\_\_

City/Town	State	Zip Code
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Residential address on file:

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

Apt., Suite, Floor, etc. \_\_\_\_\_

City/Town	State	Zip Code
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— Fill In Your Current Residential Address *if different from above*:

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



Apt., Suite, Floor, etc. \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Please provide or correct your phone numbers and email addresses on file

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email address (strongly recommended) \_\_\_\_\_

[Continue Onto Next Page]



## Household Makeup:

Please provide the names and personal details of all Household Members, or correct the information already on file (printed below).

Please Note: If provided, the Social Security Number will be used to verify income and assets.

Name of Applicant	Relationship to Head of Household[1]	Date of Birth	Gender	Racial Designation (optional)[2]	Ethnic Designation (optional)[3]	Occupation[4]	Social Security	Disabled (optional)[5]
First Name:	Head	Listed on first page of app						
Last Name:								
First Name:								
Last Name:								
First Name:								
Last Name:								
First Name:								
Last Name:								
First Name:								
Last Name:								
First Name:								
Last Name:								
First Name:								
Last Name:								
First Name:								
Last Name:								
First Name:								
Last Name:								
First Name:								
Last Name:								

1. Relationship to Household: Head, Spouse/Partner, Brother/Sister, Child/Grandchild, Parent/Grandparent, Niece/Nephew, Cousin, or Foster Child.
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.

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## Financial Information

In order to determine your eligibility for housing and how much your rent will be, the housing authority must have detailed information about the gross income, assets, and deductions for your entire household anticipated for the next 12 months. This information must be current (no more than 90 days old) at the time when you sign a lease for an apartment.

Will this household have any type of income over the next 12 months?

☐ Yes ☐ No

If yes, please enter the details of all income sources. Income should be gross annual income before deductions.

	Household Member	Income type* (Please choose from list below)	Gross income for the next 12 months	Name and Address of Employer or Income Source
1.			\$	Name: Address:
2.			\$	Name: Address:
3.			\$	Name: Address:
4.			\$	Name: Address:
5.			\$	Name: Address:
6.			\$	Name: Address:

\*Income type: Wages, Salary, Net Income from business or profession, Disability, Social Security, VA Disability, Unemployment, Pension, Alimony/child support, Stocks, Annuity, TAFDC, Trust Income, Interest or Dividends, Saving Interest, Checking Interest, Other

Do any household members have any assets like stocks, bonds, trusts, bank accounts, or real estate?

☐ Yes ☐ No

If yes, please describe all household assets.

	Household Member	Type of Asset* (Please choose from list below)	Value of Asset / Current Balance	Name of Financial Institution	Account Number
1.			\$		
2.			\$		
3.			\$		
4.			\$		
5.			\$		

\*Type of Asset: Bank Accounts, Real Estate, Stocks, Bonds, Mutual Funds, Annuity, Retirement Account (IRA, 401k, etc.), Trust, Special Needs Trust, Other

If Real Estate:



	Household Member	Type of Asset	Value	Address of Real Estate
1.		Real estate	\$	
2.		Real estate	\$	

Have you or a household member sold, transferred or given away any real property or assets in the last three (3) years?

☐ Yes ☐ No

If yes, please provide some additional details

\$ \_\_\_\_\_ \$ \_\_\_\_\_

Amount of Sale / Transfer      Value of Asset      Date of Sale

Do you have any household expenses?

☐ Yes ☐ No

If yes, please provide total amount of annual household expenses.

\$ \_\_\_\_\_ \$ \_\_\_\_\_

Un-reimbursed Medical Expenses      Alimony and/or Child Support Payments

\$ \_\_\_\_\_ \$ \_\_\_\_\_

Health Insurance Premiums      Other (such as expenses for care of sick children or an incapacitated person, if necessary for employment)

[Continue Onto Next Page]

### Criminal Record\*

Have you or any member of your household who will live in the unit ever been convicted of a crime?

☐ Yes ☐ No

If yes, please explain.

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Have you or any member of your household ever been convicted of a drug or violent crime? \*

☐ Yes ☐ No

If yes, please explain.

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Do you or any member of your household who will live in the unit have any criminal matters pending? \*

☐ Yes ☐ No

If yes, please explain.

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Do you or any member of your household have a lifetime requirement to register as a sex offender in the state of Massachusetts? \*

☐ Yes ☐ No

If yes, please explain.

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\*APPLICANTS WITH SEALED RECORDS PLEASE READ BELOW.

Applicants with sealed records: You are not required to list convictions that are included in a record that has been sealed. An applicant for employment or for housing or an occupational or professional license with a sealed record on file with the commissioner of probation may answer 'no record' with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. An applicant for employment or for housing or an occupational or professional license with a sealed record on file with the commissioner of probation may answer 'no record' to an inquiry herein relative to prior arrests or criminal court appearances. In addition, any applicant for employment may answer 'no record' with respect to any inquiry relative to prior arrests, court appearances and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution. An applicant for employment, housing or an occupational or professional license with a sealed record on file with the commissioner of probation may answer 'no record' with respect to an inquiry herein relative to prior arrests or criminal court appearances.

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## Rental History

Do you owe any previous property owner money for damages or unpaid rent?

☐ Yes ☐ No

If yes, is this in relation to a Housing Program?

☐ Yes ☐ No

If yes, please explain.

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Have you ever been evicted from a rental unit for cause?

☐ Yes ☐ No

If yes, is this in relation to a Housing Program?

☐ Yes ☐ No

If yes, please explain.

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Have you or any member of your household ever received housing assistance from a housing authority or any other housing agency?

☐ Yes ☐ No

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Name of Head of Household at time of subsidy

Relationship to Applicant

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Name of Housing Agency

Do you still live in this housing authority?

If no, move out date 

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When you moved out, were you in compliance with the lease and other program requirements?

☐ Yes ☐ No

If no, please explain.

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[Continue Onto Next Page]

## Previous Housing

Please list the previous residences for each adult household member (including their current residence) for the last 5 years in reverse order. Please use additional sheets of paper if needed.

Please identify the leaseholder if someone other than applicant head of household. The leaseholder is the person who has the tenancy agreement with the landlord. Attach an additional sheet of paper if there is not enough room in the spaces below.

### Leaseholder Information for Residence #1

First Name of Leaseholder \_\_\_\_\_ Last Name of Leaseholder \_\_\_\_\_

Street Address \_\_\_\_\_

Apt., Suite, Floor, etc. \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Date Moved in? \_\_\_\_\_ Date Moved Out? \_\_\_\_\_

### Landlord Information for Residence #1

First Name of Landlord \_\_\_\_\_ Last Name of Landlord \_\_\_\_\_

Landlord's Street Address \_\_\_\_\_

Landlord's Apt., Suite, Floor, etc. \_\_\_\_\_

City/Town \_\_\_\_\_ Landlord's State \_\_\_\_\_ Landlord's Zip Code \_\_\_\_\_

Landlord's Phone Number \_\_\_\_\_

☐ This landlord brought any court action against the leaseholder or a member of your household

☐ This landlord returned security deposit to the leaseholder



Leaseholder Information for Residence #2

First Name of Leaseholder \_\_\_\_\_ Last Name of Leaseholder \_\_\_\_\_

Street Address \_\_\_\_\_

Apt., Suite, Floor, etc. \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Date Moved in? \_\_\_\_\_ Date Moved Out? \_\_\_\_\_

Landlord Information for Residence #2

First Name of Landlord \_\_\_\_\_ Last Name of Landlord \_\_\_\_\_

Landlord's Street Address \_\_\_\_\_

Landlord's Apt., Suite, Floor, etc. \_\_\_\_\_

City/Town \_\_\_\_\_ Landlord's State \_\_\_\_\_ Landlord's Zip Code \_\_\_\_\_

Landlord's Phone Number \_\_\_\_\_

☐ This landlord brought any court action against the leaseholder or a member of your household

☐ This landlord returned security deposit to the leaseholder

Leaseholder Information for Residence #3

First Name of Leaseholder \_\_\_\_\_ Last Name of Leaseholder \_\_\_\_\_

Street Address \_\_\_\_\_

Apt., Suite, Floor, etc. \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Date Moved in? \_\_\_\_\_ Date Moved Out? \_\_\_\_\_



Landlord Information for Residence #3

First Name of Landlord \_\_\_\_\_ Last Name of Landlord \_\_\_\_\_

Landlord's Street Address \_\_\_\_\_

Landlord's Apt., Suite, Floor, etc. \_\_\_\_\_

City/Town \_\_\_\_\_ Landlord's State \_\_\_\_\_ Landlord's Zip Code \_\_\_\_\_

Landlord's Phone Number \_\_\_\_\_

- ☐ This landlord brought any court action against the leaseholder or a member of your household
- ☐ This landlord returned security deposit to the leaseholder

Leaseholder Information for Residence #4

First Name of Leaseholder \_\_\_\_\_ Last Name of Leaseholder \_\_\_\_\_

Street Address \_\_\_\_\_

Apt., Suite, Floor, etc. \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Date Moved in? \_\_\_\_\_ Date Moved Out? \_\_\_\_\_



Landlord Information for Residence #4

First Name of Landlord \_\_\_\_\_ Last Name of Landlord \_\_\_\_\_

Landlord's Street Address \_\_\_\_\_

Landlord's Apt., Suite, Floor, etc. \_\_\_\_\_

City/Town \_\_\_\_\_ Landlord's State \_\_\_\_\_ Landlord's Zip Code \_\_\_\_\_

Landlord's Phone Number \_\_\_\_\_

☐ This landlord brought any court action against the leaseholder or a member of your household

☐ This landlord returned security deposit to the leaseholder

Leaseholder Information for Residence #5

First Name of Leaseholder \_\_\_\_\_ Last Name of Leaseholder \_\_\_\_\_

Street Address \_\_\_\_\_

Apt., Suite, Floor, etc. \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Date Moved in? \_\_\_\_\_ Date Moved Out? \_\_\_\_\_





Landlord Information for Residence #5

First Name of Landlord \_\_\_\_\_ Last Name of Landlord \_\_\_\_\_

Landlord's Street Address \_\_\_\_\_

Landlord's Apt., Suite, Floor, etc. \_\_\_\_\_

City/Town \_\_\_\_\_ Landlord's State \_\_\_\_\_ Landlord's Zip Code \_\_\_\_\_

Landlord's Phone Number \_\_\_\_\_

- ☐ This landlord brought any court action against the leaseholder or a member of your household
- ☐ This landlord returned security deposit to the leaseholder

[Continue Onto Next Page]



Personal References

Please provide your first reference, this should not be a household member or relative.

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

Please provide your second reference, this should not be a household member or relative.

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

[Continue Onto Next Page]



Additional Household Information

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 disqualify your application.

☐ Yes ☐ No

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

Do you, or a member of your household, have a disability for which you need a reasonable accommodation of an AHVP policy or procedure? (only required if you have applied for AHVP)

☐ Yes ☐ No

If yes, please enter some additional details:

Are there any pets in your household? (only required if you applied for Public Housing)

☐ Yes ☐ No

How many? \_\_\_\_\_ Please describe \_\_\_\_\_

Does anyone in your household own a car? (only required if you applied for Public Housing)

☐ Yes ☐ No

Make of car	Year	State	Registration (license plate) number
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[Continue Onto Next Page]

## 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.
- 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 . 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://publichousingapplication.ocd.state.ma.us/>.
- 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: \_\_\_\_\_

