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 AgencyA 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.

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

By submitting an application and checking the box below, you agree to receive account notification SMS messages (text messages) regarding your application status from the Executive Office of Housing and Livable Communities (EOHLC). Message frequency varies (2 messages per month). Msg & data rates may apply. Text HELP for support or STOP to cancel.

Home Phone Mobile Phone Work Phone

☑ By entering in a mobile number, I agree to receive SMS messages regarding my application status

☐ I want to receive SMS messages regarding additional application updates

Mobile phone number must be a valid 10-digit US phone number in order to receive SMS messages. You may update your SMS notification settings via your user settings page at any time.

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. You must provide documentation to prove your current housing situation. You may qualify for priority status based on the documents you can provide. This means that you could move up the Waitlist if your current housing situation matches the program rules.

You will be denied priority status if you do not provide proper documentation, but you will still appear on the Waitlist as a Standard Applicant.

Were you forced to leave your last primary residence? Or are you about to be forced to leave your current primary residence?

☐ Yes ☐ No

Note: **A primary residence is a place where you lived, or planned on living, for 9 months of the year.** A primary residence is not a temporary place to live. You will need to prove that the address you left, or will need to leave, was your primary residence. Proof of your primary residence may include, but is not limited to: letters from the landlord, a lease, rent checks, utility bills, or proof of child's enrollment in local schools.

You must have documentation to prove the REASON why you left, or will need to leave, your primary residence.

You must provide these documents to the Centralized Screening Office to prove why you left, or will need to leave, your primary residence. Only select the options that you can prove through documentation. You may be homeless and not qualify for priority status in CHAMP.

You will be denied priority status if you do not provide proper documentation, but you will still appear on the Waitlist as a Standard Applicant.

Please stop and read the information at this link to learn more about the kinds of paperwork and documents you will need to provide: https://www.mass.gov/doc/read-the-full-list-of-eligible-situations-and-required-documents/download

If yes, please select up to TWO of the following option(s) that best describe your current housing situation. Fire / Natural Forces can both be selected and will only count as a single selection. Urban Renewal - Eminent Domain and Urban Renewal - LHA Redevelopment Project can also both be selected and will only count as a single selection:

☐ **Fire**
I have a fire report or official letter from a fire department showing that I was forced to leave my primary residence because of a fire I did not cause.

☐ **Natural Forces**
I have a Federal Disaster Declaration, official report from the Red Cross, or other document showing that I was forced to leave my primary residence because of a flood, earthquake, or other natural disaster.

☐ **Urban Renewal - Eminent Domain**
I have an official letter or document from a government agency showing that I need to leave my primary residence because the government is taking the building I live in by eminent domain.

☐ **Urban Renewal - LHA Redevelopment Project**
I have an official letter from a Local Housing Authority showing that I need to leave my primary residence because of a redevelopment project.

☐ **Code Violations**
I have an official letter from a government agency showing that I need to leave my primary residence because it does not meet State Sanitary, Local Zoning, or Building Codes.

☐ **Court Ordered Eviction**
I have a court ordered eviction, court agreement, or other court paperwork showing that I need to leave my primary residence by a specific date. The court document does not make me pay damages or say that my actions caused my eviction. **A Notice to Quit or Summary Process Summons and Complaint do not qualify.**

☐ **Severe Medical Emergency**
I have a completed Verification of Severe Medical Emergency form showing that I have an illness or injury caused by my primary residence, or that my primary residence keeps my illness or injury from getting better.

☐ **Abusive Situation**
I have a document showing how an abusive situation, sexual assault, or stalking that I experienced forced me to leave, or will soon force me to leave, my primary residence. Examples of this documentation may include police reports; restraining orders; medical or court paperwork; or a social service letter linking the abusive situation, sexual assault, or stalking to your displacement. **Please note, this is not a complete list.**

☐ I am homeless but none of the above situations match my current housing situation.

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 did not cause or substantially contribute to the unsafe or life threatening situation. (If you are homeless because of an abusive situation, sexual assault, or stalking, this does not apply to you.)

☐ I tried to avoid or prevent the situation. I tried to get help through the courts or the government. (If you are homeless because of an abusive situation, sexual assault, or stalking, this does not apply to you.)

☐ I have a court ordered eviction, court agreement, or other court document that shows that I was forced me to leave my home due to an eviction that was not my fault. **(A Notice to Quit or Summary Process Summons and Complaint do not qualify.)**

Note: If you did not answer yes to the first question and you do not select all applicable statements above, your current housing situation may not be approved to be higher on the waiting list, and you may be considered a standard applicant.

What is the address of the primary residence that you left, or will need to leave?

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

What is the date you left, or will need to leave, your primary residence?

_____

Month / Day / Year

Please provide more details about your current 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, School, and Veteran Status

You may receive local resident preference based on where you are employed, where you live, and where your child attends school. 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?

☐ I am not currently employed.

City/Town State Zip Code

Where do your children attend school?

You may receive local or regional preference for MRVP waitlists 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.

☐ I have no children attending school.

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: Day/Month/Year End Date: 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.
- Your income determination may be affected by your response to the disability question.

[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[5]
First Name: Last Name:	Head	Listed on first page of app						
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, Decline to Answer.
5. Disabled: Yes, No, Decline to Answer.

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.

_____

_____

_____

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?

Do you, or does a member of your household have a disability for which you need reasonable accommodation? The request can relate to units (e.g. grab bars) or policies and procedures.

☐ Yes ☐ No

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

_____

_____

_____

_____

[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 a MRVP Mobile Voucher?

☐ Yes If yes, you will be placed on all MRVP mobile voucher waitlists. *(LHAs will add all MRVP Mobile Waitlists)* .

After reading about MRVP, would you like to apply for a Project-Based MRVP Voucher?

☐ Yes **In order to apply for Project-Based MRVP 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.

[Blank Space – Go to Next Page to Make Selections]

List of Project-Based MRVP Waitlist Selections*

In order to apply for Project-Based MRVP 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.

Project-Based MRVP Waitlist		
☐ Athol	☐ East Longmeadow	☐ New Bedford
☐ Attleboro	☐ Gloucester	☐ Newton
☐ Bedford	☐ Holyoke	☐ Orange
☐ Bellingham	☐ Ipswich	☐ Peabody
☐ Beverly	☐ Lawrence	☐ Springfield
☐ Boston[1]	☐ Lexington	☐ Stoughton
☐ Braintree	☐ Littleton	☐ Wareham
☐ Brockton	☐ Lowell	☐ Warren
☐ Cambridge	☐ Mashpee	☐ Westfield
☐ Canton	☐ Monson	☐ Weymouth
☐ Clinton	☐ Nantucket[2]	☐ Worcester

[1] Metro Housing Boston

[2] 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 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.

[Blank Space – Go to Next Page]

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.

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*

To apply for State-Aided Public Housing, you must list at least one Housing Authority where you would like to live in Section 9A below.

Per EOHLC Regulations, applicants are allowed to apply to no more than 25 Local Housing Authorities at any given time (760 CMR 5.05). Please list your selected Local Housing Authorities from highest to lowest preference - your application will be added to the waitlists at these Housing Authorities in the order you have listed. It is important to apply only in cities or towns where you want to live.

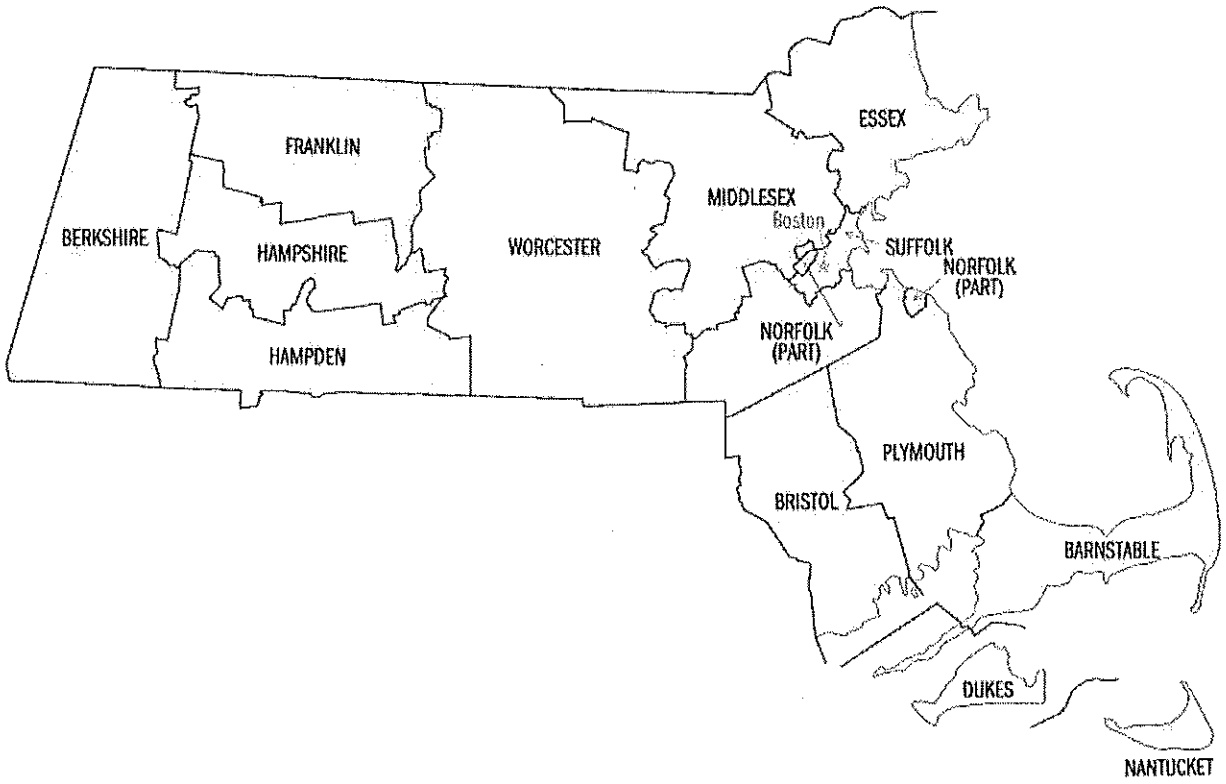
If you have previously applied to public housing waitlists, all of your choices included on this Application Form may not be added due to the 25 Housing Authority Limit. Any Local Housing Authorities that are not added will be included in the Applicant Receipt for your reference.

For each Housing Authority that you list in below, you must also select the housing program you would like to apply for. You can select Elderly/Disabled housing, Family housing, or both. If you do not choose a specific housing program, your application will be added to both waitlists.

Please note:

- Selecting a housing authority does not guarantee an offer of housing.
- If you refuse an offer of public housing, you will be removed from that housing authority's waiting list.
- If you refuse three offers total, you will be removed from all public housing waiting lists at every housing authority where you have applied.
- If you have questions about which Local Housing Authorities you are already applied at, please contact any Local Housing Authority.
- You may add or remove waitlist selections at any time, either while completing your application or after it has been submitted. Changes can be made:
    - By submitting a written request to any housing authority, or
    - Online through the CHAMP website: https://mass.gov/champ

Please be aware that you cannot apply for State-Aided Congregate Public Housing (Shared Living) through the CHAMP application. To apply for Congregate Housing, you must contact a Local Housing Authority that administers the Congregate Housing Program directly.



9A. List your 25 housing authority rankings in this section. If you list a regional housing authority, specify the area(s) in section 9B.

Please PRINT very clearly. If the Housing Authority cannot read your selections, they may not be added to your application.

	Housing Authority	Elderly/Disabled	Family
1.	_____	☐	☐
2.	_____	☐	☐
3.	_____	☐	☐
4.	_____	☐	☐
5.	_____	☐	☐
6.	_____	☐	☐
7.	_____	☐	☐
8.	_____	☐	☐
9.	_____	☐	☐
10.	_____	☐	☐
11.	_____	☐	☐
12.	_____	☐	☐
13.	_____	☐	☐
14.	_____	☐	☐
15.	_____	☐	☐
16.	_____	☐	☐
17.	_____	☐	☐

9A. List your 25 housing authority rankings in this section. If you list a regional housing authority, specify the area(s) in section 9B.

Please PRINT very clearly. If the Housing Authority cannot read your selections, they may not be added to your application.

	Housing Authority	Elderly/Disabled	Family
18.	_____	☐	☐
19.	_____	☐	☐
20.	_____	☐	☐
21.	_____	☐	☐
22.	_____	☐	☐
23.	_____	☐	☐
24.	_____	☐	☐
25.	_____	☐	☐

[Blank Space – Go to Next Page]

9B. If you listed one of the following housing authorities in Section 9A, please specify the regional areas you're most interested in:

Boston, Franklin County, Great Barrington, Hampshire County, Northampton, Oxford

If you don't select specific regional areas for these housing authorities, you will be applied to all regional areas. *(LHAs will add all regional areas).*

Boston Housing Authority

- ☐ Boston : Archdale
- ☐ Boston : Basilica
- ☐ Boston : Fairmount
- ☐ Boston : Faneuil
- ☐ Boston : Franklin Field
- ☐ Boston : Gallivan Boulevard
- ☐ Boston : L Street, Msgr Powers
- ☐ Boston : Scattered Site Apartments
- ☐ Boston : South Street
- ☐ Boston : West Broadway

Franklin County Regional Housing Authority

- ☐ Franklin County – Bernardston
- ☐ Franklin County – Buckland
- ☐ Franklin County – Charlemont
- ☐ Franklin County – Gill
- ☐ Franklin County – Northfield
- ☐ Franklin County – Orange
- ☐ Franklin County – Shelburne
- ☐ Franklin County – Turners Falls

Great Barrington Housing Authority

- ☐ Great Barrington
- ☐ Great Barrington – Sheffield

Hampshire County Regional Housing Authority

- ☐ Hampshire County – Cummington
- ☐ Hampshire County – South Hadley

Northampton Housing Authority

- ☐ Northampton
- ☐ Northampton – Hampshire County – Cummington
- ☐ Northampton – Hampshire County – Huntington

Oxford Housing Authority

- ☐ Oxford
- ☐ Oxford - Brookfield

[Blank Space – Go to Next Page]

Open Waitlists

Housing Location		Elderly/Disabled	Family Housing
County	Community	# of bedrooms	# of bedrooms
Barnstable	Barnstable	1, 2	2, 3, 4
	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	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

Housing Location		Elderly/Disabled	Family Housing
County	Community	# of bedrooms	# of bedrooms
Bristol	Seekonk	1, 2	2, 3
	Somerset	1	N/A
	Swansea	1	N/A
	Taunton	1	1, 2, 3, 4
	Westport	1	N/A
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

Housing Location		Elderly/Disabled	Family Housing
County	Community	# of bedrooms	# of bedrooms
Essex	Saugus	1	2, 3
	Swampscott	1	2, 3
	Topsfield	1	N/A
	Wenham	1	N/A
	West Newbury	1	2, 3
Franklin	Franklin County – Bernardston	1	3
	Franklin County – Buckland	N/A	2, 4
	Franklin County – Charlemont	N/A	2, 4
	Franklin County – Gill	1	N/A
	Franklin County – Northfield	1	2, 3
	Franklin County – Orange	N/A	2, 3, 4
	Franklin County – Shelburne	1, 2	N/A
	Greenfield	1	2, 3, 4, 5
	Montague	1, 2	2, 3
	Orange	1	2, 3
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
	Southwick	1	3, 4
	Springfield	1, 2	3, 4
	West Springfield	1	2, 3, 4
	Westfield	1, 2	2, 3, 4
	Wilbraham	1	2, 3
Hampshire	Amherst	1	2, 3
	Belchertown	1	2, 3, 4
	Easthampton	1	2, 3, 4
	Granby	1	2, 3

Housing Location		Elderly/Disabled	Family Housing
County	Community	# of bedrooms	# of bedrooms
Hampshire	Hadley	1	3
	Hatfield	1	N/A
	Northampton	1, 2, 4	1, 2, 3, 4
	Northampton – Hampshire County – Cummington	1	N/A
	Northampton – Hampshire County – Huntington	1	2, 3
	South Hadley	1	2, 3, 4
	Ware	1	2, 3
Middlesex	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
	Lowell	1	2, 3, 4, 5
	Malden	1	N/A
	Marlborough Cda Housing Division	1	N/A
	Maynard	1	N/A
	Medford	1	N/A
	Melrose	1	2, 3, 5

Housing Location		Elderly/Disabled	Family Housing
County	Community	# of bedrooms	# of bedrooms
Middlesex	Natick	1, 2	2, 3, 4
	Newton	1, 2	1, 2, 3
	North Reading	1	2, 3
	Pepperell	1	2, 3
	Reading	1	2, 3
	Somerville	1, 2	1, 2, 3
	Stoneham	1	2, 3
	Sudbury	1	2, 3, 4
	Tewksbury	1	2, 3, 4
	Tyngsborough	1, 2	2, 3
	Wakefield	1	2
	Waltham	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
Nantucket	Nantucket	1	2, 3, 4
Norfolk	Avon	1	N/A
	Bellingham	1	2, 3
	Braintree	1	2, 3
	Brookline	1, 2, 3	1, 2, 3, 4, 5
	Canton	1	2, 3, 4
	Cohasset	Studio units only	N/A
	Dedham	1	1, 2, 3
	Foxborough	1	2, 3
	Franklin	1	2, 3
	Holbrook	1	3
	Medfield	1, 2	N/A
	Medway	1	N/A
	Millis	1	2, 3
	Milton	1	2, 3

Housing Location		Elderly/Disabled	Family Housing
County	Community	# of bedrooms	# of bedrooms
Norfolk	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
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
	Hull	1	2, 3, 4
	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

Housing Location		Elderly/Disabled	Family Housing
County	Community	# of bedrooms	# of bedrooms
Plymouth	West Bridgewater	1	N/A
	Whitman	1	2, 3, 4
Suffolk	Boston : Archdale	N/A	1, 2, 3, 4, 5, 6
	Boston : Basilica	1	N/A
	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 : West Broadway	N/A	1, 2, 3, 4, 5, 6
	Boston – Beacon (Camden)	N/A	1, 2, 3
	Boston – Trinity (East Boston)	N/A	1, 2, 3, 4, 5
	Chelsea	1	1, 2, 3, 4
	Revere	1	1, 2, 3, 4
	Winthrop	1	1, 2, 3, 4
Worcester	Athol	1	1, 2, 3, 4
	Auburn	1	2, 3, 4
	Barre	1	N/A
	Blackstone	1	N/A
	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

Housing Location		Elderly/Disabled	Family Housing
County	Community	# of bedrooms	# of bedrooms
Worcester	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, 4
	Northbridge	1, 2	N/A
	Oxford	1	2, 3
	Oxford - Brookfield	N/A	2
	Shrewsbury	1	2, 3
	Southborough	1	2, 3
	Southbridge	1	3, 4
	Spencer	1	3
	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

[Blank Space – Go to Next Page]

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 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: 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 submitting an application for state-funded public housing and rental assistance vouchers, I consent to the Executive Office of Housing and Livable Communities and state-aided Housing Agencies, collecting my personal information and contacting me via phone, SMS, or mail for purposes related to my application.
- 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 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*: _____

[Blank Space – Go to Next Page]

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.

_____

Head of Household Printed Name

_____

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

_____

Date