CHAMP

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

Apply Online:

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

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

Apply On Paper:

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

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

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

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

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

1. Contact Information

Name and Date of Birth of Applicant/Head of Household

Date of Birth*

First Name* | Middle Initial | Last Name* | Suffix

Please provide your primary residential address

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

Street Address*

Apt. Suite, Floor, etc.

City/Town* | State* | Zip Code*

Please provide your mailing address, <u>only if different from the address listed above</u>

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

Apt. Suite, Floor, etc.

City/Town* | State* | Zip Code*

Please provide your phone and email

Home Phone | Mobile Phone | Work Phone

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

Please provide a secondary contact person or alternative address

First Name | Middle Initial | Last Name | Suffix

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

Apt. Suite, Floor, etc.

City/Town | State | Zip Code

Phone | Email

2. Current Housing Situation

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

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

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

☐ Yes ☐ No

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

_____

Month / Day / Year

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

☐ I do not have a place to live; OR, I am living in a situation that is a significant immediate threat to the life or safety to me or to a household member. Placement in an appropriate unit would remedy my living situation.

☐ I have not caused or substantially contributed to the unsafe or life threatening situation.

☐ I have tried to avoid or prevent the situation. I have done this by seeking assistance through the courts or appropriate administrative or enforcement agencies. (Note: You should also check this box if there was no available way to prevent or avoid the situation, such as a natural disaster.)

☐ I have been displaced or am about to be displaced from my primary residence (Note: Primary residence means that this is a home occupied by your household for no less than nine months of the year, and that was not intended to be a temporary residence.)

☐ I have made reasonable efforts to find alternative housing.

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

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

☐ Displaced by natural forces (e.g., flood, fire, earthquake).

☐ Displaced by urban renewal or eminent domain.

☐ Displaced by condemnation of home or code violations.

☐ No fault loss of housing - such as condominium conversion, owner wants unit for personal or family use, or discharge from nursing home or long-term care facility.

☐ Victim of abuse (domestic violence).

☐ Severe medical emergency.

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

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

_____

_____

_____

_____

_____

3. Employment & Veteran Status

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

Where is your current place of employment?

_____

City/Town State Zip Code

Are you or a household member a Veteran of the United States Armed Forces?

☐ I am a Veteran, or a member of my household is a Veteran.

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

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

Start Date: _____ End Date: _____

Day/Month/Year Day/Month/Year

Please check all that apply, if any.

☐ A U.S. Veteran in my household has a service-connected disability.

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

4. Language Access[1]

Do you understand spoken English? ☐ Yes ☐ No

If no, what is your primary spoken language _____

Do you understand written English? ☐ Yes ☐ No

If no, what is your primary written language _____

5. Household Makeup*

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

- Responding to the racial and ethnic designation questions is optional. Your status with respect to tenant selection procedures may be affected by this information.
- Gender, relationship to Head of Household, and date of birth are required to determine your appropriate unit size. For household members who do not identify as male or female, please identify the gender with which they will share a bedroom.
- If provided, the Social Security Number will be used to verify income and assets.
- Responding to the disability question is optional. Your income determination may be affected by this information

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

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

Household Makeup continued – **Note: See below for valid responses. Optional questions need no response.**
Please enter the name and personal information of each member of the household who will be living in the unit, starting with Head of Household.

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

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

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

If so, this will not necessarily disqualify your application.

☐ Yes ☐ No

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

_____

_____

_____

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

$ _____

Is a change in household composition expected?

☐ Yes ☐ No

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

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

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

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

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

☐ Yes If yes, you must complete all of the questions in this Part 6.

☐ No If no, please skip this entire Part 6 and continue to Part 7.

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

AHVP Program Questions*

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

☐ Yes ☐ No

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

☐ Yes ☐ No

If yes, please enter some additional details:

_____

_____

_____

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List of AHVP Waitlist Selections*

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

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

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

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

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

7. Public Housing Program Application Questions & Selections

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

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

☐ Yes If yes, you must complete all of the questions in this Part 7.

☐ No If no, please skip this entire Part 7 and continue to Part 8.

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

Elderly/Handicapped Housing Questions*

Are you applying for Elderly/Handicapped Housing?*

☐ Yes ☐ No

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

☐ Elderly (at least one household member must be at least 60 years)

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

Apartment Details

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

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

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9

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

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

Please check the applicable box below.*

☐ Yes, I need a unit that does not require me or any member of my household to climb stairs.

☐ No, I and all members of my household can live in a unit with stairs.

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

☐ Yes ☐ No

If yes, please enter some additional details:

_____

_____

_____

Additional Information

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

☐ Yes ☐ No

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

☐ Yes ☐ No

If yes, what is the name of the housing authority where you currently live:

_____

If yes, reason for transfer request (check one)

☐ Apartment too small for household

☐ Apartment too big for household

☐ Medical reasons

☐ Other (specify)_____

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

_____

_____

_____

List of Housing Selections for Public Housing*

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

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

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

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

Public Housing Types:

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

Community	Housing Selection	# of Bedrooms
☐ Abington	Family	3
☐ Abington	Elderly/Handicapped	1
☐ Acton	Family	2, 3, 4
☐ Acton	Elderly/Handicapped	1
☐ Acushnet	Elderly/Handicapped	1
☐ Adams	Family	1, 2, 3, 4
☐ Adams	Elderly/Handicapped	1
☐ Agawam	Family	2, 3
☐ Agawam	Elderly/Handicapped	1

Community	Housing Selection	# of Bedrooms
☐ Agawam	Congregate Elderly/Handicapped	1
☐ Amesbury	Family	1, 2, 3, 5
☐ Amesbury	Elderly/Handicapped	1
☐ Amherst	Family	2, 3
☐ Amherst	Elderly/Handicapped	1
☐ Andover	Family	2, 3, 4
☐ Andover	Elderly/Handicapped	1
☐ Arlington	Family	1, 2, 3
☐ Arlington	Elderly/Handicapped	1

Community	Housing Selection	# of Bedrooms
☐ Ashland	Elderly/Handicapped	1
☐ Athol	Family	1, 2, 3, 4
☐ Athol	Elderly/Handicapped	1
☐ Attleboro	Family	1, 2, 3
☐ Attleboro	Elderly/Handicapped	1
☐ Auburn	Family	2, 3, 4
☐ Auburn	Elderly/Handicapped	1
☐ Avon	Elderly/Handicapped	1
☐ Ayer	Family	2, 3
☐ Ayer	Elderly/Handicapped	1
☐ Ayer	Congregate Elderly/Handicapped	1
☐ Barnstable	Family	2, 3, 4, 5
☐ Barnstable	Elderly/Handicapped	1, 2
☐ Barnstable	Congregate Elderly/Handicapped	1
☐ Barre	Elderly/Handicapped	1
☐ Bedford	Family	2, 3
☐ Bedford	Elderly/Handicapped	1
☐ Belchertown	Family	3, 4
☐ Belchertown	Elderly/Handicapped	1
☐ Bellingham	Family	2, 4
☐ Bellingham	Elderly/Handicapped	1
☐ Belmont	Family	2, 3
☐ Belmont	Elderly/Handicapped	1
☐ Beverly	Family	1, 2, 3
☐ Beverly	Elderly/Handicapped	1, 2
☐ Beverly	Congregate Elderly/Handicapped	1
☐ Billerica	Family	2, 3
☐ Billerica	Elderly/Handicapped	1
☐ Blackstone	Elderly/Handicapped	1

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

Community	Housing Selection	# of Bedrooms
☐ Charlton	Family	3
☐ Charlton	Elderly/Handicapped	1
☐ Chatham	Family	2, 3
☐ Chatham	Elderly/Handicapped	1
☐ Chatham	Congregate Elderly/Handicapped	1
☐ Chelmsford	Family	3
☐ Chelmsford	Elderly/Handicapped	1
☐ Chelmsford	Congregate Elderly/Handicapped	1
☐ Chelsea	Family	2, 3, 4
☐ Chelsea	Elderly/Handicapped	1
☐ Chicopee	Family	1, 2, 3
☐ Chicopee	Elderly/Handicapped	1
☐ Clinton	Family	2, 3, 4
☐ Clinton	Elderly/Handicapped	1
☐ Cohasset	Elderly/Handicapped	1
☐ Concord	Family	2, 3, 4
☐ Concord	Elderly/Handicapped	1
☐ Dalton	Family	3
☐ Dalton	Elderly/Handicapped	1, 2
☐ Danvers	Family	2, 3
☐ Danvers	Elderly/Handicapped	1, 2
☐ Dartmouth	Elderly/Handicapped	1
☐ Dedham	Family	1, 2, 3
☐ Dedham	Elderly/Handicapped	1
☐ Dennis	Family	3, 4
☐ Dennis	Elderly/Handicapped	1, 2
☐ Dighton	Elderly/Handicapped	1
☐ Dracut	Family	2, 3, 4
☐ Dracut	Elderly/Handicapped	1
☐ Dracut	Congregate Elderly/Handicapped	1
☐ Dudley	Elderly/Handicapped	1

Community	Housing Selection	# of Bedrooms
☐ Duxbury	Family	2, 3
☐ Duxbury	Elderly/Handicapped	1
☐ East Bridgewater	Family	3
☐ East Bridgewater	Elderly/Handicapped	1
☐ East Longmeadow	Family	2, 3
☐ East Longmeadow	Elderly/Handicapped	1
☐ East Longmeadow	Congregate Elderly/Handicapped	1, 2
☐ Easthampton	Family	2, 3, 4
☐ Easthampton	Elderly/Handicapped	1
☐ Easton	Family	2, 3
☐ Easton	Elderly/Handicapped	1
☐ Essex	Elderly/Handicapped	1
☐ Everett	Family	2, 3
☐ Everett	Elderly/Handicapped	1
☐ Fairhaven	Family	2, 3
☐ Fairhaven	Elderly/Handicapped	1
☐ Fall River	Family	1, 2, 3
☐ Fall River	Elderly/Handicapped	1
☐ Falmouth	Family	2, 3, 4
☐ Falmouth	Elderly/Handicapped	1
☐ Fitchburg	Family	1, 2, 3, 4
☐ Fitchburg	Elderly/Handicapped	1, 2
☐ Fitchburg	Congregate Elderly/Handicapped	1
☐ Foxborough	Family	1, 2, 3, 4
☐ Foxborough	Elderly/Handicapped	1
☐ Framingham	Family	1, 2, 3, 4
☐ Framingham	Elderly/Handicapped	1, 2

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

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

Community	Housing Selection	# of Bedrooms
☐ Holyoke	Family	2, 3
☐ Holyoke	Elderly/Handicapped	1
☐ Holyoke	Congregate Elderly/Handicapped	1
☐ Hopedale	Elderly/Handicapped	1
☐ Hopkinton	Family	2, 3
☐ Hopkinton	Elderly/Handicapped	1
☐ Hudson	Elderly/Handicapped	1
☐ Hull	Family	2, 3, 4
☐ Hull	Elderly/Handicapped	1
☐ Ipswich	Family	2, 3, 4
☐ Ipswich	Elderly/Handicapped	1
☐ Kingston	Elderly/Handicapped	1
☐ Lancaster	Elderly/Handicapped	1
☐ Lawrence	Family	1, 2, 3, 4
☐ Lawrence	Elderly/Handicapped	1
☐ Lee	Family	2, 3
☐ Lee	Elderly/Handicapped	1
☐ Leicester	Elderly/Handicapped	1
☐ Lenox	Family	2, 3
☐ Lenox	Elderly/Handicapped	1, 2
☐ Leominster	Family	2, 3, 4
☐ Leominster	Elderly/Handicapped	1
☐ Lexington	Family	3
☐ Lexington	Elderly/Handicapped	1
☐ Littleton	Family	2, 3
☐ Littleton	Elderly/Handicapped	1
☐ Lowell	Family	2, 3, 4, 5
☐ Lowell	Elderly/Handicapped	1
☐ Ludlow	Family	2, 3, 4
☐ Ludlow	Elderly/Handicapped	1, 2
☐ Lunenburg	Family	2, 3

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

Community	Housing Selection	# of Bedrooms
☐ Methuen	Family	1, 2, 3, 4, 5
☐ Methuen	Elderly/Handicapped	1
☐ Methuen	Congregate Elderly/Handicapped	1
☐ Middleborough	Family	2, 3
☐ Middleborough	Elderly/Handicapped	1
☐ Middleton	Family	2, 3
☐ Middleton	Elderly/Handicapped	1
☐ Milford	Family	1, 2, 3, 4, 5
☐ Milford	Elderly/Handicapped	1
☐ Millbury	Family	1, 2, 3, 4
☐ Millbury	Elderly/Handicapped	1
☐ Millbury	Congregate Elderly/Handicapped	1
☐ Millis	Family	2, 3
☐ Millis	Elderly/Handicapped	1
☐ Milton	Family	2, 3
☐ Milton	Elderly/Handicapped	1
☐ Monson	Family	2, 3, 4
☐ Monson	Elderly/Handicapped	1
☐ Montague	Family	2, 3
☐ Montague	Elderly/Handicapped	1, 2
☐ Nahant	Family	2, 3, 4
☐ Nahant	Elderly/Handicapped	1
☐ Nantucket	Family	2, 3, 4
☐ Nantucket	Elderly/Handicapped	1
☐ Natick	Family	2, 3, 4
☐ Natick	Elderly/Handicapped	1, 2
☐ Needham	Elderly/Handicapped	1
☐ New Bedford	Family	1, 2, 3, 4
☐ New Bedford	Elderly/Handicapped	1, 2
☐ Newburyport	Family	2, 3
☐ Newburyport	Elderly/Handicapped	1

Community	Housing Selection	# of Bedrooms
☐ Newton	Family	1, 2, 3
☐ Newton	Elderly/Handicapped	1, 2
☐ Norfolk	Family	2, 3
☐ Norfolk	Elderly/Handicapped	1
☐ North Andover	Family	2, 3
☐ North Andover	Elderly/Handicapped	1
☐ North Andover	Congregate Elderly/Handicapped	1
☐ North Attleborough	Family	2, 3
☐ North Attleborough	Elderly/Handicapped	1, 2
☐ North Brookfield	Family	2
☐ North Brookfield	Elderly/Handicapped	1
☐ North Reading	Family	2, 3
☐ North Reading	Elderly/Handicapped	1
☐ Northampton	Family	1, 2, 3, 4
☐ Northampton	Elderly/Handicapped	1, 2
☐ Northborough	Family	2, 3
☐ Northborough	Elderly/Handicapped	1
☐ Northbridge	Elderly/Handicapped	1, 2
☐ Norton	Family	2, 3, 4
☐ Norton	Elderly/Handicapped	1
☐ Norwell	Elderly/Handicapped	1
☐ Norwood	Family	2, 3
☐ Norwood	Elderly/Handicapped	1
☐ Orange	Family	2, 3
☐ Orange	Elderly/Handicapped	1
☐ Orleans	Family	2, 3, 4
☐ Orleans	Elderly/Handicapped	1

Community	Housing Selection	# of Bedrooms
☐ Oxford	Family	2, 3
☐ Oxford	Elderly/Handicapped	1
☐ Oxford	Congregate Elderly/Handicapped	1
☐ Palmer	Elderly/Handicapped	1
☐ Peabody	Family	1, 2, 3, 4
☐ Peabody	Elderly/Handicapped	1
☐ Peabody	Congregate Elderly/Handicapped	1
☐ Pembroke	Family	2, 3, 4
☐ Pembroke	Elderly/Handicapped	1
☐ Pepperell	Family	2
☐ Pepperell	Elderly/Handicapped	1
☐ Pittsfield	Family	2, 3, 4
☐ Pittsfield	Elderly/Handicapped	1
☐ Plainville	Elderly/Handicapped	1
☐ Plymouth	Family	2, 3
☐ Plymouth	Elderly/Handicapped	1
☐ Provincetown	Family	1, 2, 3
☐ Provincetown	Elderly/Handicapped	1
☐ Quincy	Family	2, 3, 4
☐ Quincy	Elderly/Handicapped	1, 2
☐ Randolph	Elderly/Handicapped	1
☐ Reading	Family	2, 3
☐ Reading	Elderly/Handicapped	1
☐ Revere	Family	1, 2, 3, 4
☐ Revere	Elderly/Handicapped	1
☐ Rockland	Elderly/Handicapped	1
☐ Rockport	Family	2, 3, 4
☐ Rockport	Elderly/Handicapped	1
☐ Rowley	Family	2, 3
☐ Rowley	Elderly/Handicapped	1

Community	Housing Selection	# of Bedrooms
☐ Salem	Family	1, 2, 3
☐ Salem	Elderly/Handicapped	1
☐ Salem	Congregate Elderly/Handicapped	1, 2
☐ Salisbury	Elderly/Handicapped	1
☐ Sandwich	Family	2, 3
☐ Sandwich	Elderly/Handicapped	1
☐ Sandwich	Congregate Elderly/Handicapped	1
☐ Saugus	Family	2, 3
☐ Saugus	Elderly/Handicapped	1
☐ Scituate	Elderly/Handicapped	1
☐ Seekonk	Family	2, 3
☐ Seekonk	Elderly/Handicapped	1, 2
☐ Sharon	Family	2
☐ Sharon	Elderly/Handicapped	1
☐ Shelburne	Elderly/Handicapped	1, 2
☐ Shrewsbury	Family	1, 2, 3
☐ Shrewsbury	Elderly/Handicapped	1
☐ Somerset	Elderly/Handicapped	1
☐ Somerville	Family	1, 2, 3
☐ Somerville	Elderly/Handicapped	1
☐ South Hadley	Family	2, 3, 4
☐ South Hadley	Elderly/Handicapped	1
☐ Southborough	Family	2, 3
☐ Southborough	Elderly/Handicapped	1
☐ Southbridge	Family	3, 4
☐ Southbridge	Elderly/Handicapped	1
☐ Southwick	Family	3, 4
☐ Southwick	Elderly/Handicapped	1
☐ Spencer	Family	3
☐ Spencer	Elderly/Handicapped	1
☐ Spencer	Congregate Elderly/Handicapped	1

Community	Housing Selection	# of Bedrooms
☐ Springfield	Family	3
☐ Springfield	Elderly/Handicapped	1, 2
☐ Springfield	Congregate Elderly/Handicapped	1
☐ Sterling	Elderly/Handicapped	1
☐ Stockbridge	Elderly/Handicapped	1, 2
☐ Stoneham	Family	2, 3
☐ Stoneham	Elderly/Handicapped	1
☐ Stoughton	Family	2, 3, 4
☐ Stoughton	Elderly/Handicapped	1
☐ Stoughton	Congregate Elderly/Handicapped	1
☐ Sudbury	Family	2, 3, 4
☐ Sudbury	Elderly/Handicapped	1
☐ Sutton	Elderly/Handicapped	1
☐ Swampscott	Family	2, 3
☐ Swampscott	Elderly/Handicapped	1
☐ Swansea	Elderly/Handicapped	1
☐ Taunton	Family	1, 2, 3, 4
☐ Taunton	Elderly/Handicapped	1
☐ Templeton	Family	2, 3
☐ Templeton	Elderly/Handicapped	1, 2
☐ Tewksbury	Family	2, 3, 4
☐ Tewksbury	Elderly/Handicapped	1
☐ Topsfield	Elderly/Handicapped	1
☐ Tyngsborough	Family	2, 3
☐ Tyngsborough	Elderly/Handicapped	1
☐ Tyngsborough	Congregate Elderly/Handicapped	1
☐ Upton	Elderly/Handicapped	1
☐ Uxbridge	Family	2, 3
☐ Uxbridge	Elderly/Handicapped	1

Community	Housing Selection	# of Bedrooms
☐ Wakefield	Family	2
☐ Wakefield	Elderly/Handicapped	1
☐ Walpole	Family	2, 3
☐ Walpole	Elderly/Handicapped	1
☐ Waltham	Family	1, 2, 3, 4
☐ Waltham	Elderly/Handicapped	1
☐ Waltham	Congregate Elderly/Handicapped	1
☐ Ware	Family	2, 3, 4
☐ Ware	Elderly/Handicapped	1
☐ Wareham	Elderly/Handicapped	1
☐ Warren	Family	2, 3
☐ Warren	Elderly/Handicapped	1, 2
☐ Watertown	Family	1, 2, 3, 4, 5
☐ Watertown	Elderly/Handicapped	1
☐ Webster	Family	1, 2, 3
☐ Webster	Elderly/Handicapped	1
☐ Wellesley	Family	2, 3
☐ Wellesley	Elderly/Handicapped	1
☐ Wenham	Elderly/Handicapped	1
☐ West Boylston	Family	2, 3
☐ West Boylston	Elderly/Handicapped	1
☐ West Bridgewater	Elderly/Handicapped	1
☐ West Brookfield	Family	2, 3
☐ West Brookfield	Elderly/Handicapped	1
☐ West Newbury	Family	3
☐ West Newbury	Elderly/Handicapped	1
☐ West Springfield	Family	2, 3, 4
☐ West Springfield	Elderly/Handicapped	1

Community	Housing Selection	# of Bedrooms
☐ Westborough	Family	2, 3
☐ Westborough	Elderly/Handicapped	1
☐ Westborough	Congregate Elderly/Handicapped	1
☐ Westfield	Family	2, 3, 4
☐ Westfield	Elderly/Handicapped	1, 2
☐ Westford	Family	2, 3
☐ Westford	Elderly/Handicapped	1
☐ Westport	Elderly/Handicapped	1
☐ Weymouth	Family	1, 2, 3, 4, 5
☐ Weymouth	Elderly/Handicapped	1
☐ Whitman	Family	3, 4
☐ Whitman	Elderly/Handicapped	1
☐ Wilbraham	Family	2, 3
☐ Wilbraham	Elderly/Handicapped	1
☐ Williamstown	Family	2, 3, 4
☐ Williamstown	Elderly/Handicapped	1

Community	Housing Selection	# of Bedrooms
☐ Wilmington	Family	1, 3
☐ Wilmington	Elderly/Handicapped	1
☐ Winchendon	Family	2, 3
☐ Winchendon	Elderly/Handicapped	1
☐ Winchendon	Congregate Elderly/Handicapped	1
☐ Winchester	Family	2, 3
☐ Winchester	Elderly/Handicapped	1
☐ Winthrop	Family	1, 2, 3, 4
☐ Winthrop	Elderly/Handicapped	1
☐ Woburn	Family	2, 3
☐ Woburn	Elderly/Handicapped	1
☐ Worcester	Family	1, 2, 3, 4
☐ Worcester	Elderly/Handicapped	1
☐ Wrentham	Family	2, 3, 4
☐ Wrentham	Elderly/Handicapped	1
☐ Yarmouth	Elderly/Handicapped	1

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

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

Applicant's Certification*

- I understand that this application is not an offer of housing.
- **For state-aided public housing:**
  - I understand that a housing authority will make no more than one offer of an appropriate public housing unit. If I do not accept that offer, without good cause, my application will be removed from the waiting list for that program at that housing authority;
  - If I reapply for that program at that housing authority, my application will not receive any priorities or preferences that were previously granted or requested on the prior application for a three year period.
  - I understand that if I fail to accept a total of three offers of housing from across all of the programs and housing authorities where I have applied, that my application will be removed from all programs at all housing authorities to which I have applied. I understand that I can reapply, but that all of the dates and times of my applications will be changed to the date of my new application and my application will not receive any priorities or preferences that were granted or requested on the prior application for a three year period.
- **For AHVP:**
  - I understand that AHVP Participants only receive one bedroom vouchers (except for an appropriate reasonable accommodation). I understand that if my household increases and I need a larger apartment where the rent is not affordable with the AHVP one bedroom ceiling rent, I cannot receive any higher amount of rental assistance from the AHVP and should apply for assistance from a different housing program.
  - AHVP is administered locally by participating local housing authorities (LHAs). I understand that I will only be added to the AHVP waitlists which I have selected. While I can only receive one AHVP voucher, I understand that I may be contacted by multiple LHAs at the same time to start the eligibility process. I understand that I am responsible for providing the necessary information and documentation to each and every LHA as requested, regardless of whether I have already provided that information or documentation to another LHA, and that failure to do so may result in the denial of my application.
  - I understand that if I am found ineligible by a particular LHA, I will still remain on the waitlists of the remaining LHAs to which I applied.
  - I understand that if I am found eligible and am issued an AHVP voucher, I will be removed from the waitlists of all AHVP LHAs.
- Based on this application, I understand I should not make plans to move or end my present tenancy until I have received a written Unit Offer for Public Housing or a notification of a unit approval for AHVP from a housing authority.
- I understand that it is my responsibility to update my application online OR inform a Housing Authority in writing of any change of address, income, or household composition or any other information regarding my application.
- I authorize housing authorities where I have applied to make inquiries to verify the information I have provided in this application.
- I certify that the information I have given in this application is true and correct. I understand that any false statement or misrepresentation may result in the denial of my application.

Applicant's Certification continued

- I understand that housing authorities I have applied to will request a Criminal Offender Record Information from the Criminal Justice Information Services and may perform credit checks and other background investigations for all adult members of the household.
- I understand that if I have made any intentionally false or misleading statements when applying for public housing, my application will be disqualified and there may be additional consequences.
- I understand that my application information will be transferred to CHAMP. When more than one application I have submitted has conflicting information, for example different addresses, the application information with the newer date will be used. I understand that I may update all information either at one housing authority or online: https://www.mass.gov/applyforpublichousing
- I understand that the online application may be subject to data transmission errors that may make the application incomplete. I understand that DHCD is not responsible for these errors.
- By using this application, I agree to all of these conditions.

Signed under the pains and penalties of perjury,

Print name*: _____

Signature*: _____ Date*: _____

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Fair Information Practices Act - Statement of Rights*

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

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

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

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

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

Print name*: _____

Signature*: _____ Date*: _____