



Common Housing Application for Massachusetts Public Housing (CHAMP)

Application Update/Change Form

Housing Situation, Employment, Veteran Status

In order to make changes or updates to the Housing Situation, Employment, and/or Veteran Status section of your application for state-aided public housing, **please fill out the form below** and mail or hand deliver it to any local housing authority (LHA). The information will be entered online by the LHA.

If you would prefer to update your application online, please use the Common Housing Application for Massachusetts Public Housing (CHAMP) website: <https://www.mass.gov/applyforpublichousing>.

Even if you originally submitted a paper application, you can still use the website to make changes or updates to your application instead of going to an LHA in person.

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.

PLEASE PROVIDE YOUR: Applicant ID Number

Please provide the Applicant ID number associated with your application for state-aided public housing.

Contact Information*** (Must be provided for your update to be processed)

Name of Applicant/Head of Household

_____	_____	_____	_____
First Name	Middle Initial	Last Name	Suffix

Date of Birth: _____

1. Current Housing Situation

Has your housing situation changed? If so, please complete the following:

Are you now homeless or in imminent danger of becoming homeless?

☐ 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 must 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

- ☐ Displaced by natural forces (i.e. 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 some additional details about your housing situation: _____

2. Employment & Veteran Status

Have you become employed or changed jobs? If so, where is your current place of employment?

City/Town

State

Zip Code

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Have you added a member to your household who is a Veteran of the United States Armed Forces? If so, check the appropriate box below.

- ☐ 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

- ☐ 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.

Applicant's Certification

- I understand that it is my responsibility to 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 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 the **Common Housing Application for Massachusetts Public Housing (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: _____

