Common Housing Application for Massachusetts Public Housing (CHAMP) –

Application for State-Aided Public Housing

Please fill out the following application and mail or hand deliver it to the local housing authority (LHA) you are applying to.

Please complete all information requested on the application. Incomplete applications may not be fully processed. If a question is not applicable, please write n/a.

Please make sure you sign the Applicant's Certification AND the Fair Information Practices Act - Statement of Rights at the end of the application.

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

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.

1. Contact Information

Name of Applicant/Head of Household

First Name _____ Middle Initial _____ Last Name _____ Suffix _____

Please provide your residential address

If you are currently homeless, please provide your shelter's address OR the address of your last residence. This address will be used to determine your 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 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. Housing Type

There are different state-aided public housing programs available for low-income families, elderly persons, and persons with disabilities. Not all housing authorities administer every program.

Family housing is for households of any age and any size. Household members must be related by blood, marriage, operation of law, or a stable interdependent relationship. To be eligible for elderly/handicapped public housing, at least one household member must be at least 60 years old **or** be a person with a disability who meets certain eligibility criteria.

Are you applying for Elderly/Handicapped Housing?

☐ Yes ☐ No

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

☐ Elderly

☐ Non-elderly Handicapped

How many bedrooms do you believe you need?*

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9

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

3. Current Housing Situation

Please tell us about your current housing situation. The information you provide will be verified to determine the priority of your application. Making a false statement or misrepresentation may result in the denial of your application.

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, 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:

_____

_____

_____

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?

_____

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 am in a living situation in which there is a significant immediate threat to the life or safety of myself or a household member whose situation would be alleviated by placement in an appropriate unit.

☐ I have made reasonable efforts to locate alternative housing.

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

☐ I have pursued available ways to prevent or avoid the situation by seeking assistance through the courts or appropriate administrative or enforcement agencies.

☐ I have been displaced from a primary residence where I intended to live for an indefinite period of time for at least nine months of the year.

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.

4. 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 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

☐ 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.

5. Accessibility

Do you or a member of your household have a disability for which you need a reasonable accommodation such as a first floor unit?

☐ Yes ☐ No

If yes, please enter some additional details:

_____

_____

_____

Does your household need a unit that is wheelchair accessible?

☐ Yes ☐ No

Do you need a unit that does not require you or your household members to climb stairs?

☐ Yes ☐ No

6. 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.
- 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.

Please provide the names and personal details of Household Members

First Name	Last Name	Relationship to Head of Household[1]	Racial Designation (Optional)[2]	Ethnic Designation (Optional)[3]	Gender	Occupation status[4]	Social Security Number	Date of Birth	Disabled (Optional)[5]
		Head of Household							

Note: Valid responses to Household Members Personal Details are listed in 1-5 below. Optional questions need no response.

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?

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

7. Housing Selections

Select the Housing Programs that you are applying to from the options below. Please note that not all housing authorities administer every program.

☐ Elderly/Handicapped*

☐ Congregate Elderly/Handicapped*

☐ Family

*Note: Applicants must indicate that they are interested in Elderly/Handicapped housing in the Housing Type Section (section 2) of this application form in order to apply to the Elderly/Handicapped or Congregate Elderly/Handicapped housing programs.

Applicant's Certification

- I understand that this application is not an offer of 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.
- 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 from a housing authority.
- 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 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 the **Common Housing Application for Massachusetts Public Housing (CHAMP)**
- I understand that the online application may be subject to data transmission errors that may make the application incomplete. I understand that DHCD is not responsible for these errors.
- By using this application, I agree to all of these conditions.

Signed under the pains and penalties of perjury,

Print name: _____

Signature: _____ Date: _____

Print name: _____

Signature: _____ Date: _____

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: _____

Print name: _____

Signature: _____ Date: _____