



# CHAMP



## Common Housing Application for Massachusetts Programs

### Apply Online:

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

Please use the CHAMP website: <https://www.mass.gov/champ>

### Apply On Paper:

If you do not want to apply online, please fill out the following application and mail or hand deliver it to any State-Aided Housing Agency. State-Aided Housing Agency is a local housing authority or a regional administering agency.

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

Submit the completed application to a state-aided housing agency. Your application information will be entered online by that housing agency and your application will be submitted to the agencies that you selected. If you submit a paper application instead of applying online, you can still use the CHAMP website to make changes or updates to your application, including submitting documents for verification. To find a State-Aided Housing Agency, go to the Executive Office of Housing and Livable Communities Resource Locator at [www.mass.gov/eohlc](http://www.mass.gov/eohlc).

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

\*\*\* You are not able to apply to State-Aided Congregate Public Housing (Shared Living) using the CHAMP Application. If you want to apply for State-Aided Congregate Public Housing (Shared Living) you must contact a Local Housing Authority that administers the Congregate Program.

## 1. Contact Information

### Name and Date of Birth of Applicant/Head of Household

\_\_\_\_\_  
Date of Birth\*

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Initial

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Suffix

**Please provide your primary residential address**

If you are currently homeless, please provide your shelter's address 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, only if different from the address listed above.**

Street Address, PO Box or c/o\* \_\_\_\_\_

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

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

**Please provide your phone and email**

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

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

**Please provide a secondary contact person or alternative address**

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_

Street Address, PO Box or c/o \_\_\_\_\_

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

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

## 2. Current Housing Situation

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

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

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

**Note:** The definition of homeless for state-aided public housing programs, MRVP, and AHVP is not the same as the definition used by homeless shelters and other subsidy programs.

Yes  No

**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 of me or of 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. (Applicants claiming Abusive Situation Priority do not need to demonstrate that they did not contribute to the unsafe or life-threatening situation.)
- I have tried to avoid or prevent the situation. I have done this by seeking assistance through the courts or appropriate administrative or enforcement agencies. (Note: You should also check this box if there was no available way to prevent or avoid the situation, such as a natural disaster. Applicants claiming Abusive Situation Priority do not need to demonstrate that they tried to avoid or prevent the Abusive situation.)
- I have been displaced or am about to be displaced from my primary residence. (Note: Primary residence means that this is a home occupied by your household for no less than nine months of the year, and that was not intended to be a temporary residence.)
- I have 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 (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 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.;

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### 3. Employment & Veteran Status

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

#### Where is your current place of employment?

City/Town \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

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

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

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

Start Date:

End Date:

\_\_\_\_\_  
Day/Month/Year

\_\_\_\_\_  
Day/Month/Year

#### Please check all that apply, if any.

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

### 4. Language Access

#### Do you understand spoken English?

- Yes  No

If no, what is your primary spoken language \_\_\_\_\_

#### Do you understand written English?

- Yes  No

If no, what is your primary written language \_\_\_\_\_

## 5. Household Makeup\*

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

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

**[Blank Space – Go to Next Page to Complete Household Makeup Section]**

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

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

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

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

If so, this will not necessarily disqualify your application.

Yes  No

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

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

If the estimated annual income is none (\$0.00) please enter 0. Do not leave blank.

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

Yes  No

If yes, what type?

When is this expected to occur?

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## 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.

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## 7. Massachusetts Rental Voucher Program (MRVP) Application Questions & Selections

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

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

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

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

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

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

### MRVP Program Questions

#### Where do your children attend school?

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

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City/Town

State

Zip Code

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

- Yes  No

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

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

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

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

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

The Alternative Housing Voucher Program (AHVP) provides rental assistance vouchers to low income, non-elderly persons with disabilities. The voucher provides a subsidy that can be used to rent a private market apartment anywhere in Massachusetts. AHVP Participants receive one bedroom vouchers (except for an appropriate reasonable accommodation).

For more information on the Alternative Housing Voucher Program you can visit <https://www.mass.gov/ahvp> or you can visit the CHAMP website.

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

- Yes    If yes, you must complete all of the questions in this Part 8 and you will be placed on all AHVP waitlists. *(LHAs will add all AHVP Waitlists).*

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

### AHVP Program Questions

**Are you or a member of your household 59 years old or younger and a person with a disability?\***

- Yes     No

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

- Yes     No

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

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## 9. Public Housing Questions

State-aided Public Housing is housing managed and operated by Local Housing Authorities (LHA). Available apartments come in various bedroom sizes and there are various types of State-Aided Public Housing available for low-income families, elderly households, and persons with disabilities found throughout Massachusetts. Not all housing authorities manage every type of State-Aided Public Housing and they also may not have every bedroom size available. At the end of Part 9 you must make at least one Housing Selection that corresponds to which LHA and type of public housing you want to apply to.

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

- Yes  No If yes, you must complete all of the questions in this Part 9 and select the individual Public Housing waitlists you would like to apply to below.

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

### Elderly/Handicapped Housing Questions

#### Are you applying for Elderly/Handicapped Housing?\*

- Yes  No (if applying for Family Housing only)

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

- Elderly (at least one household member must be at least 60 years)  
 Non-elderly Handicapped (at least one household member is a person who is 59 years old or younger with a disability)

#### Do you, or does a member of your household have a disability for which you need reasonable accommodation such as grab bars in the bathroom?\*

- Yes  No

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

- Yes  No

**Are you already a tenant and are you requesting a transfer to move from one apartment to another within the same Housing Authority?**

Yes  No

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

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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:

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## List of Housing Selections for Public Housing\*

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

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

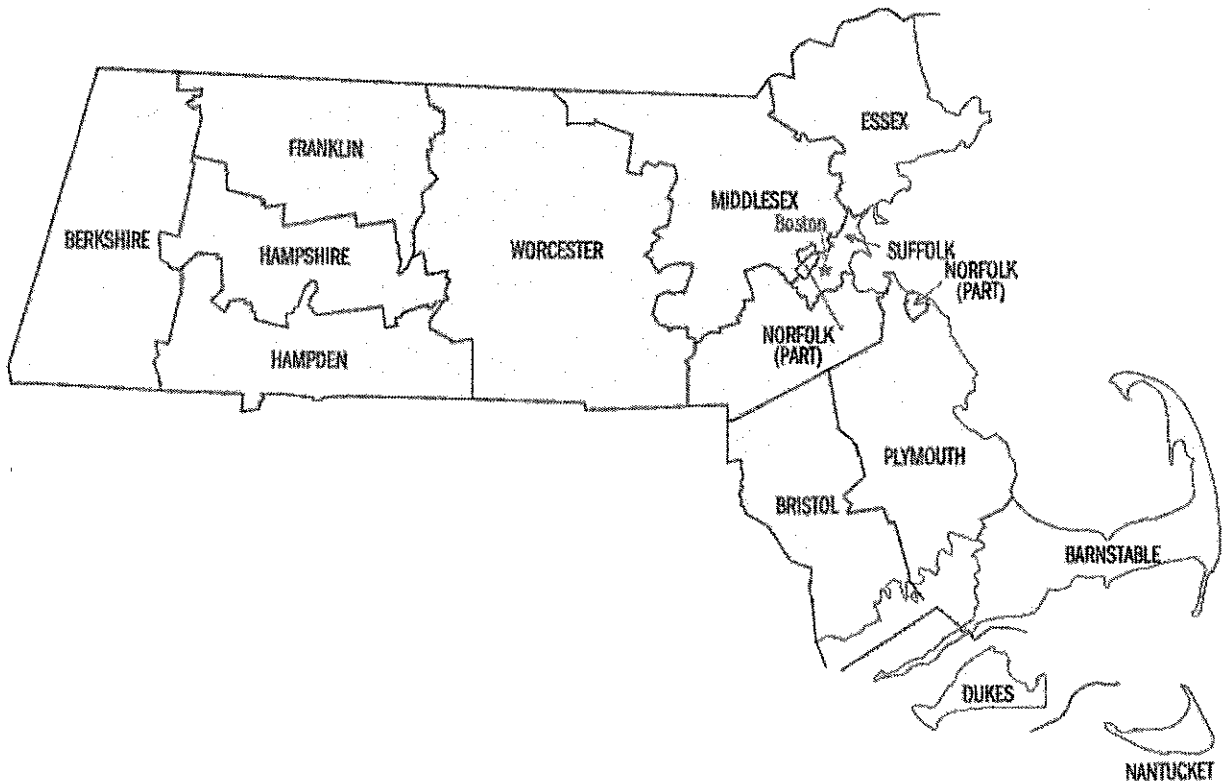
If you refuse to accept an offer of public housing, you will be removed from that public housing waiting list. If you refuse to accept a total of three offers of public housing, you will be removed from public housing waiting lists at all housing authorities where you have applied.

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

You are not able to apply to State-Aided Congregate Public Housing (Shared Living) using the CHAMP Application. If you want to apply for State-Aided Congregate Public Housing (Shared Living) you must contact a Local Housing Authority that administers the Congregate Program.

Public Housing Types Available in CHAMP:

- Family public housing is for households of any age and any size. Household members must be related by blood, marriage, operation of law, or in a stable interdependent relationship.
- Elderly/Handicapped public housing is for households with at least one household member who is at least 60 years old OR is a person who is 59 years old or younger with a disability.



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



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

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

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

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

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

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

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## 10. Applicant's Certification and Fair Information Practices Act – Statement of Rights\*

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

### **Applicant's Certification\***

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

- I understand that if I have made any intentionally false or misleading statements when applying for state-aided public housing or rental assistance, my application will be disqualified and there may be additional consequences.
- I understand that my application information will be transferred to . When more than one application I have submitted has conflicting information, for example different addresses, the application information with the newer date will be used. I understand that I may update all information either at one housing authority or online: [www.mass.gov/champ/](http://www.mass.gov/champ/).
- I understand that the online application may be subject to data transmission errors that may make the application incomplete. I understand that EOHLC is not responsible for these errors.
- By using this application, I agree to all of these conditions.

Signed under the pains and penalties of perjury,

Print name\*:

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Signature\*:

Date\*:

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**Fair Information Practices Act - Statement of Rights**

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

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

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

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

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

Print name\*:

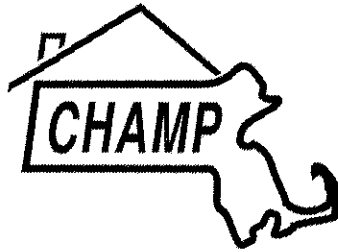
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Signature\*:

Date\*:

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

## Applicant Permission to Release Information

### What is the purpose of this form?

- This form gives a State-Aided Housing Agency permission to ask you for certain information to verify the information you provide in your application for state-aided public housing or a state rental housing voucher. A State-Aided Housing Agency is a local housing authority or a regional administering agency. State rental housing vouchers include the Massachusetts Rental Housing Voucher Program (MRVP) and the Alternative Housing Voucher Program (AHVP).
- This form gives a State-Aided Housing Agency permission to use and share certain information with the Massachusetts Executive Office of Housing and Livable Communities (EOHLC) to help evaluate housing programs.
- This form gives permission to State-Aided Housing Agencies and/or EOHLC to share some of your personal information.

Your personal information will only be shared as outlined in this form and as required or allowed by law. Please read carefully before signing this form.

### What Personal Information Will State-Aided Housing Agencies and/or EOHLC Share?

Shared information may include, but is not limited to:

- biographic information (e.g., name, date of birth);
- demographic information (e.g., address, race, ethnicity, language); and
- income, employment, and other information related to your application for initial eligibility/qualification for, or participation in state-aided Public Housing, MRVP, or AHVP.

### What Personal Information Will Not Be Shared?

This form will not be used to share personally identifiable information related to any of the following subjects. If a State-Aided Housing Agency and/or EOHLC requires any personally identifiable information related to the following subjects, they will ask for separate written permission for you:

- Medical Information;
- Criminal Information;
- Verification of a Disability;
- Information related to any priority or preference claims, including homelessness and domestic violence ;and
- Reasonable Accommodation Information, including that a reasonable accommodation was requested, granted, or denied and/or any medical information submitted as part of a request for reasonable accommodation.

### How will your personal information be kept secure?

The personal information you provide through this release will be securely maintained in accordance with applicable law and regulation, including but not limited to M.G.L. c. 66A, Fair Information Practices Act and 760 CMR 8.00, Privacy and Confidentiality.

### Can I have access to my personal information and challenge it if it is not accurate or relevant?

Yes. Under 760 CMR 8.05(1), you, or your authorized representative, may file an objection with the State-Aided Housing Agency or EOHLC objecting to the accuracy, completeness, pertinence, timeliness, relevance, use or dissemination of your personal data or the denial of access to your personal data.

### **What happens if I do not sign this Release Form?**

Failure to sign this form may result in the denial of assistance, suspension or termination of housing assistance, or repayment of assistance.

### **Will I be notified if information obtained because of this release form results in an action being taken against me?**

Yes. You will be notified in writing of actions taken against you because of information gained from verification processes, provided an opportunity to contest the actions, and given information on how to do so.

### **How long does this Release Form last?**

The release is effective from the date of signature until you are housed.

### **Permission to Verify the Information I Have Provided**

- I give permission for all individuals, companies, agencies, offices of the state and federal governments, and their designated contractors, subcontractors, and agents to release any information about me and my household members to State-Aided Housing Agencies and/or EOHLC to verify the information I provided in my application.
- I also give permission for State-Aided Housing Agencies and/or EOHLC to obtain information (by any means, including oral, written, electronic, facsimile or telephonic) about me and my household members to verify the information I provided in my application to determine eligibility and qualification for the housing programs.

### **Permission to Share My Information**

I give permission for State-Aided Housing Agencies and/or EOHLC:

- To use my personal information to inform research, analysis and program evaluation by EOHLC, other state agencies, or external partners on EOHLC programs or other initiatives that will help EOHLC improve state-aided housing assistance programs;
- To use my personal information to make referrals to other state-funded initiatives and benefit programs for eligibility determination, recruitment, and outreach purposes (I do not have to participate in these programs); and
- To comply with state reporting and record keeping requirements.

I agree to cooperate in requests to provide information to the State-Aided Housing Agencies and/or EOHLC and I understand if I do not, it may result in me being disqualified or ineligible for state-aided public housing, AHVP, and/or MRVP.

I have read or been read and understand this form. A photocopy or digital copy of this release is as valid as the original.

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**Head of Household Printed Name**

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**Head of Household Signature\***

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

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**Date**



# HOMELSS PRIORITY (HOUSING SITUATION PRIORITY)

## 1-4(A-C) ELIGIBILITY CHECKLIST



Checklist Verification Requirements	Homeless Priorities					
	1 - Fire or Natural Disasters	2 - Urban Renewal	3 - State Sanitary Code	4a - No Fault Housing Loss	4b - Severe Medical Emergency	4c - Abusive Situation
<p><b>Response to Screening Packet</b> (Required for All Priorities)</p> <p>You will need to explain your current housing situation in the applicant response on the CHAMP form named Required Verification of Priority and Preference. Your explanation should match the priority you are claiming. You will also be asked to provide supporting documents as explained below.</p>						
<p><b>Proof of Primary Residence</b> (Required for All Priorities)</p> <p>You must provide proof of your primary residence. Your primary residence is the place where you are currently living or, where you were living at the time you were displaced, provided you live(d) or intend(ed) to live at that address for at least 9 months of the year. Proof of your primary residence may include but is not limited to: Letters from the landlord; Lease agreement; Rent checks; Utility Bills; Proof of Child's enrollment in Local Schools.</p>						
<p><b>Proof of Displacement or Imminent Displacement</b> (Required for All Priorities)</p> <p><b>Fire:</b> An Official Fire Report that:  <ul style="list-style-type: none"> <li>Lists your primary residence is uninhabitable.</li> <li>Indicates that residence is uninhabitable. If this information is missing, you can also provide a Letter from the Board of Health or similar agency that the unit is not habitable</li> <li>Does not state or show that you are at fault.</li> </ul> <b>Other natural disasters:</b> <ul style="list-style-type: none"> <li>A Federal Disaster Declaration</li> <li>An Official Report from Red Cross or FEMA that should include your residence.</li> </ul> <b>A Copy of Official Notification of land/property taking and the stated purposes thereof from public agency involved. Must have legislative authority exercised and date of displacement within the last 3 years.</b>  <i>*Note - relocated/displaced due to public housing redevelopment is an eligible reason to claim this priority</i> </p> <p>A copy of the Official Order of Displacement:  <ul style="list-style-type: none"> <li>Must be due to minimum standards of fitness for human habitation established by the State Sanitary Code, State Building Code, or local ordinances (like zoning)</li> <li>With a date of displacement or future displacement</li> </ul> </p> <p>A Judgement or other Court Document (like an agreement of the parties) that  <ul style="list-style-type: none"> <li>Requires you to vacate your primary residence by a known date</li> <li>Does not indicate that the reason for the eviction is your fault</li> </ul> <i>*Note - If the document does not state "no fault", the eviction will be considered "no fault" if document does not show evidence of fault (i.e., property damages, unpaid rent not forgiven)</i> </p> <p>A completed CHAMP Physician or Other Medical Provider Verification Form. (CHAMP Form: Physicians Verification of Severe Medical Emergency). The form must verify an illness or injury which poses a severe and medically documented threat to life or safety and that your Primary Residence is or was a cause of the illness or injury or is a substantial impediment to treatment or recovery.</p> <ul style="list-style-type: none"> <li>A written statement that you have been displaced or are imminently facing displacement due to abusive situation, sexual assault or stalking.</li> <li>Any verifiable document that indicates the abusive situation, sexual assault or stalking such as, but not limited to: <ul style="list-style-type: none"> <li>Medical Documents</li> <li>Court documents</li> <li>Social Service Agency documents, etc.</li> </ul> </li> </ul>						
<p><b>Proof of current temporary living situation</b> * (Applies only if already displaced from primary residence)</p> <p><b>Examples:</b></p> <ul style="list-style-type: none"> <li>Shelter Verification Letter</li> <li>A letter from a person you may be temporarily residing with</li> <li>Any letter from a community figure (Police, Church personnel, etc.)</li> </ul>						
<p><b>Proof the Applicant has not caused or substantially contributed to the safety-threatening or life-threatening situation.</b></p> <p><b>Fire:</b></p> <ul style="list-style-type: none"> <li>The Official Fire Report has no indication that you caused or substantially contributed to the fire.</li> </ul> <p><b>Other natural disasters:</b></p> <ul style="list-style-type: none"> <li>Not Required</li> </ul>		<p><b>Not Required</b></p> <p>Presumed with verification of Displacement by Public Action - Urban Renewal</p>	<p><b>Not Required</b></p> <p>The Official Order of Displacement must not indicate that  <ul style="list-style-type: none"> <li>You or a household member has caused or substantially contributed to the cause of enforcement proceedings.</li> </ul> </p>	<p>Presumed in the documents proving (imminent) displacement</p>	<p>A completed CHAMP Physician or Other Medical Provider Verification Form. <i>(A screening document that will be sent to you)</i> You may also provide other evidence of the existence of the condition in your Primary Residence such as:  <ul style="list-style-type: none"> <li>Photographs</li> <li>Board of Health Citation</li> <li>Other documentation</li> </ul> </p>	<p><b>Not Required</b></p> <p>Presumed with the medical or court documents</p>
<p><b>Proof the Applicant has pursued ways to prevent or avoid the safety threatening or life threatening situation by seeking assistance through the courts or appropriate administrative or enforcement agencies.</b></p>	<p><b>Not Required</b></p> <p>Presumed with a verification of Displacement by Natural Forces.</p>	<p><b>Not Required</b></p> <p>Presumed with verification of Displacement by Public Action - Urban Renewal.</p>	<p>You must provide a written statement of your efforts to remedy the situation causing the displacement and documents (if available) to support your actions, such as:  <ul style="list-style-type: none"> <li>Letters to/from your landlord,</li> <li>Board of health notice,</li> <li>Court records, etc.</li> </ul> </p>	<p><b>Not Required</b></p> <p>Presumed in the documents proving (imminent) displacement.</p>	<p>You must provide a statement of your efforts to remedy the situation. You must also provide documents, if available, demonstrating actions taken to prevent or avoid the situation, including but not limited to:  <ul style="list-style-type: none"> <li>Letters to the landlord,</li> <li>Previous board of health notices,</li> <li>Court records.</li> </ul> </p>	<p><b>Not Required</b></p> <p>Presumed with Verification of Displacement due to Abusive Situation.</p>



# PRIORIDAD PARA LAS PERSONAS SIN HOGAR (PRIORIDAD POR SITUACIÓN DE VIVIENDA)

## LISTA DE COMPROBACIÓN DE ELEGIBILIDAD 1-4(A-C)

Prioridad para las personas sin hogar						
Requisitos de verificación de la lista de comprobación	1 - Incendios o desastres naturales	2 - Renovación urbana	3 - Código Sanitario del estado	4a - Pérdida de vivienda sin culpa	4b - Emergencia médica grave	4c - Situación de abuso
<p><b>Respuesta al paquete de selección</b> (Requerido para todos las prioridades)</p> <p>Debe explicar su situación actual de vivienda en la respuesta del solicitante en el formulario de Vivienda Común para Programas de Massachusetts (CHAMP) llamado Verificación requerida de prioridad y preferencia. Su explicación debe coincidir con la prioridad que solicita. También se le pedirá que proporcione documentos de respaldo como se explica a continuación.</p>	<p>Deberá presentar pruebas de su residencia principal. Su residencia principal es el lugar donde vive actualmente o donde vivía cuando lo desplazaron, siempre que viviera o tuviera la intención de vivir en esa dirección durante al menos 9 meses al año.</p> <p>Las pruebas de su residencia principal pueden incluir, entre otros, cartas del arrendador, contrato de arrendamiento, cheques de alquiler, facturas de servicios públicos y prueba de inscripción de los hijos en las escuelas locales.</p>	<p>Una copia de la Notificación oficial de la toma de posesión del terreno/propiiedad y los propósitos declarados de la misma por parte de la agencia pública involucrada. Debe tener autoridad legislativa ejercida y la fecha de desplazamiento dentro de los últimos 3 años.</p>	<p>Una copia de la Orden oficial de desplazamiento:</p> <ul style="list-style-type: none"> <li>• Debe obedecer a estándares mínimos de idoneidad para la habitación humana establecidos por el Código Sanitario del estado, el Código de Construcción de este u ordenanzas locales (como la zonificación).</li> <li>• Con fecha de desplazamiento o futuro desplazamiento.</li> </ul>	<p>Una sentencia u otro documento judicial (como un acuerdo de las partes) que:</p> <ul style="list-style-type: none"> <li>• Requiera que desocupe su residencia principal antes de una fecha conocida.</li> <li>• No indique que el motivo del desalojo es su culpa.</li> </ul>	<p>Un formulario de CHAMP cumplimentado: Verificación de médicos de emergencia médica grave. El formulario debe verificar una enfermedad o lesión que representa una amenaza grave y médicamente documentada para la vida o la seguridad y que su residencia principal es o fue la causa de la enfermedad o lesión, o es un impedimento sustancial para el tratamiento o la recuperación.</p>	<p>Un documento que verifique el abuso, como se define en las Leyes Generales de Massachusetts (M.G.L.) 209A, agresión sexual o acoso. Tales como, entre otros:</p> <ul style="list-style-type: none"> <li>• Documentos médicos.</li> <li>• Documentos judiciales.</li> <li>• Documentos de la Agencia de Servicios Sociales, etc.</li> </ul>
<p><b>Prueba de residencia principal</b> (Requerida para todas las prioridades)</p>	<p><b>Incendios:</b></p> <ul style="list-style-type: none"> <li>• Un informe oficial de incendios que: <ul style="list-style-type: none"> <li>• Enumere su residencia principal.</li> <li>• Indique que la residencia es inhabitable. Si falta esta información, también puede proporcionar una carta de la Junta de Salud o una agencia similar que indique que la unidad no es habitable.</li> <li>• No indica ni demuestra que usted tiene la culpa.</li> </ul> </li> <li>• <b>Otros desastres naturales:</b> <ul style="list-style-type: none"> <li>• Una Declaración Federal de desastre.</li> <li>• Un Informe oficial de la Cruz Roja o la Agencia Federal de Gestión de Emergencias (FEMA) que debe incluir su residencia.</li> </ul> </li> </ul>	<p>*Nota: Que lo reubiquen/desplacen debido a la reurbanización de viviendas públicas es una razón elegible para solicitar esta prioridad.</p>	<p>*Nota: Si el documento no indica "sin culpa", el desalojo se considerará "sin culpa" si el documento no muestra evidencia de culpa (es decir, daños a la propiedad, alquiler impago no condonado).</p>			
<p><b>Prueba de situación actual de vivienda temporal.</b> (Solo se aplica si va a desplazarse de su residencia principal)</p>	<p>Algunos ejemplos pueden incluir una carta de verificación de un refugio, una carta de una persona con la que pueda estar residiendo temporalmente, cualquier carta de una figura de la comunidad (policía, personal de la Iglesia, etc.).</p>					
<p><b>Prueba de que el solicitante no ha causado ni contribuido sustancialmente a la situación que pone en peligro la vida, seguridad o la vida.</b></p>	<p><b>Incendios:</b></p> <ul style="list-style-type: none"> <li>• El Informe oficial de incendios no indica que usted causó o contribuyó sustancialmente al incendio.</li> <li>• <b>Otros desastres naturales:</b> <ul style="list-style-type: none"> <li>• No requerido.</li> </ul> </li> </ul>	<p><b>No requerido</b></p> <p>Se presume con verificación de desplazamiento por renovación urbana.</p>	<p>La Orden oficial de desplazamiento no debe indicar que:</p> <ul style="list-style-type: none"> <li>• Usted o un miembro de su hogar causó o contribuyó sustancialmente a la causa de los procedimientos de ejecución.</li> </ul>	<p><b>No requerido</b></p> <p>Se presume en los documentos que prueban el desplazamiento (inminente).</p>	<p>Un Formulario de verificación del médico u otro proveedor médico de CHAMP cumplimentado. (Se le enviará un documento de evaluación). También puede aportar otras evidencias de la existencia de la condición en su residencia principal, por ejemplo: Fotografías.</p> <ul style="list-style-type: none"> <li>• Citación de la Junta de Salud.</li> <li>• Otra documentación.</li> </ul>	<p><b>No requerido</b></p> <p>Se presume con verificación de desplazamiento por situación de abuso.</p>
<p><b>Prueba de que el solicitante ha buscado formas de prevenir o evitar la situación que pone en peligro la seguridad o la vida buscando asistencia a través de los tribunales o las agencias administrativas o de aplicación de la ley apropiadas.</b></p>	<p><b>No requerido</b></p> <p>Se presume con verificación de desplazamiento por causas naturales.</p>	<p><b>No requerido</b></p> <p>Se presume con verificación de desplazamiento por renovación urbana.</p>	<p>Debe presentar una declaración escrita de los esfuerzos que ha realizado para remediar la situación que causó el desplazamiento y los documentos (si están disponibles) para respaldar sus acciones, tales como:</p> <ul style="list-style-type: none"> <li>• Cartas dirigidas a/de su arrendador.</li> <li>• Notificación de la Junta de Salud.</li> <li>• Expedientes judiciales, etc.</li> </ul>	<p><b>No requerido</b></p> <p>Se presume en los documentos que prueban el desplazamiento (inminente).</p>	<p>Debe proporcionar una declaración de sus esfuerzos por subsanar la situación. También debe aportar documentos, si dispone de ellos, que demuestren las medidas adoptadas para prevenir o evitar la situación, entre otros:</p> <ul style="list-style-type: none"> <li>• Cartas al propietario.</li> <li>• Notificaciones anteriores de la Junta de Sanidad.</li> <li>• Expedientes judiciales.</li> </ul>	<p><b>No requerido</b></p> <p>Se presume con verificación de desplazamiento por situación de abuso.</p>



# PRYORITE POU SANZABRI YO (PRYORITE POU KONDISYON LOJMAN YO)

## 1-4(A-C) LIS VERIFIKASYON KALIFIKASYON

Egzjians pou Lis Verifikasyon an	Pryorite pou sanzabri yo					
	1 - Ensandi oswa Katastwòf Natirèl	2 - Renovasyon Iben	3 - Kòd Sanitè Eta a	4a - Pèt lojman san fòt		
Repòns Dosye Seleksyon yo (obligatwa pou tout Pryorite)	W ap genyen pou w eksplike kondisyon lojman aktyèl ou a nan repòns w ap bay nan fòmilyè CHAMP lan yo rele Verifikasyon Rekòmande pou Pryorite ak Preferans (Required Verification of Priority and Preference). Eksplikasyon w lan dwe koresponn avèk demann ou an. Y ap mande w tou, pou w founi dokiman ki pou jistifye sa, jan nou eksplike l pi ba a					
Prèy Rezidans Prensipal (obligatwa pou tout Pryorite)	Ou dwe founi prèy rezidans prensipal ou a. Rezidans prensipal ou a se kote w ap viv kounye a oswa kote w t ap viv nan moman depلاسman an, men fòk ou t ap viv oswa te gen entansyon viv la pandan omwen 9 mwa nan ane a. Prèy rezidans prensipal a kapab gen ladan l men san l pa limite ak sa sèlman: lèt pwopriyete a ba ou, kontra lokasyon, chèk pèman lwaye a, fakti sèvis piblik, prèy kote w te enskri timoun ou nan yon lekòl nan lokalite a.					
Prèy Depلاسman oswa Depلاسman Bridesoukou (obligatwa pou tout Pryorite)	<p><b>Ensandi</b></p> <p>Yon Rapò Ofisyèl sou Ensandi a ki:</p> <ul style="list-style-type: none"> <li>Mansyone rezidans prensipal ou a.</li> <li>Endike rezidans lan pa abityab. Si enfòmasyon sa manke, ou kapab founi yon lèt Konsèy Sante oswa yon enstitisyon ki nan menm domèn lan ba ou, ki montre rezidans lan pa abityab.</li> <li>Pa deklare oswa montre ou pa gen rezon.</li> </ul> <p><b>Lèt katastwòf natirèl:</b></p> <ul style="list-style-type: none"> <li>Yon Deklarasyon Federal pou Katastwòf</li> <li>Yon Rapò Ofisyèl Lakwa Wouj oswa FEMA ki mansyone rezidans ou an.</li> </ul>	<p>Yon Kopi Deklarasyon Ofisyèl enstitisyon konsène yo ba ou konsènan teren oswa pwopriyete ou pran an, ak objèktif ou fikse konsènan teren oswa pwopriyete sa. Ou dwe t ap egzèze yon otorite lejislatif epi dat depلاسman dwe twouve l nan twa dènye ane yo.</p> <p><i>*Remak - demanjè oswa depلاسman aktyèl ap fè renovasyon nan yon lojman piblik se yon rezon valab pou w revandike pryorite sa a.</i></p>	<p>Yon Kopi Otorizasyon Ofisyèl Depلاسman an:</p> <ul style="list-style-type: none"> <li>Dwe konfòm ak nom minimal Kòd Sanitè Eta a etabli konsènan lojman. Kod Konstruksyon Eta a, oswa lòdòmans lokal (tankou zonal)</li> <li>Avèk yon dat depلاسman oswa yon dat depلاسman ki gen pou viri.</li> </ul>	<p>Yon jifman oswa yon lèt dokiman jiridik (tankou yon akò ant difèran pati yo) ki:</p> <ul style="list-style-type: none"> <li>Oblije w kite rezidans prensipal ou a nan yon dat byen presi.</li> <li>Pa endike rezon depلاسman an se fòt ou.</li> </ul>	<p>Yon fòmilyè CHAMP ki rappli: Konsiltasyon yon Dokte pou Jjans Medikal Grav (Physicians Verification of Severe Medical Emergency). Fòmilyè a dwe moutre yon maladi oswa yon blese, ki reprezante yon menas grav pou lavi oswa sekirite epi moutre se, oswa se te, rezidans prensipal ou a ki lakòz maladi oswa blese sa ki reprezante yon obstak grav ki anpeche w jwenn gerizon.</p>	<p>Yon dokiman ki pwouve ou sibi maltretans jan lwa M.G.L. la defini l lan. 209a, agrèsyon seksyèl, oswa asèlman, tankou, men san l pa limite ak:</p> <ul style="list-style-type: none"> <li>Dokiman Medikal.</li> <li>Dokiman Jiridik.</li> <li>Dokiman Yon Enstitisyon Sèvis Sosyal, elatriye.</li> </ul>
Prèy konsènan kondisyon lavi aktyèl ou. (Sayo aplikab seaman si likandè genyen depلاسman kite rezidans prensipal li a)	Egzanp, sa kapab lèt konfirmasyon yon abri ba ou, lèt yon moun ou t ap viv avè l pou yon ti tan ba ou, oswa yon lèt nenpòt moun nan kominite a (lapolis, pèsonel legliz, elatriye) ba ou					
Prèy aplikan an pa lakòz, oswa kontribye esansyèlman nan yon sitiyasyon ki mete lavi oswa sekirite lèt moun an danje.	<p><b>Ensandi</b></p> <ul style="list-style-type: none"> <li>Rapò Ensandi a pa endike se ou menm ki pwovoke l oswa jwe yon wòl esansyèl ladan l</li> </ul> <p><b>Lèt katastwòf natirèl:</b></p> <ul style="list-style-type: none"> <li><b>Li pa Obligatwa</b></li> </ul>	<p><b>Li pa Obligatwa</b></p> <p>Prezime avèk konfirmasyon Depلاسman akòz Travay Piblik - Renovasyon nan kaye yo.</p>	<p>Lòd Ofisyèl Depلاسman an pa dwe endike se</p> <ul style="list-style-type: none"> <li>ou menm oswa yon moun lakay ou ki lakòz oswa jwe yon wòl esansyèl pou pwovoke renovasyon an.</li> </ul>	<p><b>Li pa Obligatwa</b></p> <p>Prezime nan dokiman ki pwouve depلاسman (san pran tan) an.</p>	<p>Fòmilyè Verifikasyon CHAMP Yon Dokte oswa Lòt Fournisè Swen Medikal Ranpli (Yon dokiman konsènan yon tès depistaj Y ap voye pou ou) Ou kapab founi lèt prèy ki montre egzistans maladi a nan Rezidans Prensipal ou a, tankou:</p> <ul style="list-style-type: none"> <li>Foto</li> <li>Sitasyon konsèy Sante a.</li> <li>Lèt dokiman</li> </ul>	<p><b>Li pa Obligatwa</b></p> <p>Prezime avèk konfirmasyon Depلاسman akòz Sitiyasyon maltretans li ap sibi.</p>
Prèy yon kandida te cheche mwayen pou fè prevarasyon oswa evite yon sitiyasyon ki menase sekirite oswa lavi l pandan l t al mande ed nan tribinal oswa enstitisyon administratif oswa egzektif apwopriye yo.	<p><b>Li pa Obligatwa</b></p> <p>Prezime avèk konfirmasyon Depلاسman akòz Fos Natirèl</p>	<p><b>Li pa Obligatwa</b></p> <p>Prezime avèk konfirmasyon Depلاسman akòz Travay Piblik - Renovasyon nan kaye yo.</p>	<p>Ou dwe founi yon deklarasyon ekri konsènan efò w fè pou rezoud yon sitiyasyon ki t ap lakòz ou depلاسman akòz dokiman (si yo disponib) ki pwouve aksyon w yo, tankou:</p> <ul style="list-style-type: none"> <li>Lèt ou bay pwopriyete a oswa pwopriyete a ba ou.</li> <li>Deklarasyon Konsèy Sante a.</li> <li>Dokiman jiridik, elatriye.</li> </ul>	<p><b>Li pa Obligatwa</b></p> <p>Prezime nan dokiman ki pwouve depلاسman (san pran tan) an.</p>	<p>Ou dwe founi yon deklarasyon konsènan efò w fè pou rezoud sitiyasyon an. Ou dwe founi dokiman, si genyen, ki moutre aksyon ou te fè pou anpeche sitiyasyon an rive oswa evite l, tankou, men san l pa limite ak sa yo sèlman:</p> <ul style="list-style-type: none"> <li>Lèt ou bay pwopriyete a.</li> <li>Ansyen Deklarasyon Konsèy Sante a.</li> <li>Dokiman jiridik, elatriye.</li> </ul>	<p><b>Li pa Obligatwa</b></p> <p>Prezime avèk konfirmasyon Depلاسman akòz Sitiyasyon maltretans w ap sibi.</p>