

**BHA**  
**APPLICATION AND OCCUPANCY**  
**PROCEDURES**  
**GENERAL**

## Application and Occupancy Procedures

1.0 The Billerica Housing Authority is aware of the anxiety of applicants seeking housing in our family, elderly or when available, through Section 8 programs. Often false assumptions are held by applicants regarding eligibility and the time involved in the process between application and final occupancy. For these reasons, the BHA endeavors to give as much information to each applicant at the time of application, and in a manner that validates the concerns each applicant holds, regarding their future housing status.

1.1 To ensure that all applicants for public housing programs are accepted and processed in adherence to acceptable fair housing guidelines and internal control practices, the following Application Process is in place at the BHA:

- 1) It is the duty of the Tenant Selection Coordinator/clerk to handle applications for State public housing for elderly and family applicants through CHAMP and for Federal public housing elderly/disable applicants. Either on the phone or in-person applicants are apprised of the various programs available to them through the BHA. The appropriate application (i.e. Standard, Emergency or Transfer) is given to the applicant.
- 2) All applicants are assisted, when necessary, on how to complete each application.
- 3) Applications that are rendered to the BHA or received via mail are immediately time stamped. Applications which are not signed, or otherwise obviously incomplete are not date and stamped, but returned to applicant for completion.
- 4) For Federal public applications, a control number is assigned in chronological order and an entry consisting of the control number, applicant's name and date are logged into the Master Ledger. For State elderly and family applications, a Champ ID number is assigned based on the applicant priority and preference.

**Example (1) Application with Control Number  
FAMILY STANDARD**

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# BILLERICA HOUSING AUTHORITY

Martin E. Conway, Chair  
Carol Ford, Vice Chair  
James. F. O'Donnell, Jr., Treasurer  
Marie O'Rourke, Assistant Treasurer  
John Parker  
Robert M. Correnti, Executive Director

16 River Street  
BillERICA, MA 01821  
Tel.: 978-667-2175  
Fax: 978-667-1156  
email: bcorrenti@billericahousing.org

Control No. \_\_\_\_\_

Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

## THIS IS YOUR RECEIPT FOR YOUR STATE-AIDED HOUSING APPLICATION FOR THE PROGRAMS CIRCLED BELOW

     Family Housing      Elderly/Handicapped Housing      Elderly/Handicapped Housing

This Receipt is not an offer of housing. You should not make any plans to move or end your present tenancy until you have received a written Unit Offer from one of the housing authorities to which you have selected to submit your application for state-aided public housing.

The information that you provided on your paper application has been entered electronically into CHAMP, (the Common Housing Application for Massachusetts Public Housing) by this Housing Authority. Some important details of your application are enclosed in the attachment to this receipt. You can access your application online at <https://www.mass.gov/applyforpublichousing> with the Applicant ID number at the top of this letter. It is your responsibility to keep your address, income, and household information in your application current by updating your application online at <https://www.mass.gov/applyforpublichousing> **OR** by submitting a written request for a change/update to a housing authority. After receipt of your written request, the housing authority will update the information in your online application at:

<https://www.mass.gov/applyforpublichousing>.

A housing authority will make no more than one offer of an appropriate public housing unit for each program to which you have applied at their housing authority. If you do not accept that offer, your application will be removed from that waiting list, and if you reapply, your new application will not receive any priority or preference status claimed on your prior application for three (3) years.

You may receive up to two more offers for programs at this or other housing authorities, but if you do not accept a total of three offers your application will be removed from all waiting lists at all LHAs to which you have applied, and if you reapply, your new application will not receive any priority or preference status claimed on your prior application at those LHAs for three (3) years.

If you have any questions, please contact Berlande Edouard at 978-667-2175.

*Applicant receipt for paper application*



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Control No. \_\_\_\_\_

Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

## FIRST OFFER OF STATE-AIDED HOUSING UNIT

Dear Applicant:

Pursuant to your application for housing, this letter constitutes the offer of the state-aided public housing apartment described below.

Name of Development: \_\_\_\_\_

Address and Apartment Number: \_\_\_\_\_

Number of Bedrooms: \_\_\_\_\_

Date Available for Occupancy: \_\_\_\_\_

Please call **Berlande Edouard at 978-667-2175** to arrange times to inspect the unit and complete other requirements.

According to the regulations governing State-Aided Public Housing, you must accept this offer within seven (7) days from the date of this letter or be removed from the waiting list. Once removed from the waiting list, if you reapply, you will not be entitled to any priority or preference that you received on this application for a period of three (3) years. You only will receive this ONE offer unless you can produce documented evidence (such as court or medical records) that the unit is not appropriate and would cause severe and unreasonable hardship.

If you are not going to accept this offer, please remember to review your application and select only housing authorities where you are willing to live. If you are not willing to accept an offer from a housing authority, please remove that housing authority or program from your housing selections online at <https://www.mass.gov/applyforpublichousing> or at any local housing authority.

Please take note that you will only be allowed three offers of housing from the local housing authorities to which you have applied for state-aided public housing. If you do not accept this offer, please be advised that you will only have two possible offers of housing remaining.

Sincerely,

\_\_\_\_\_  
Berlande Edouard, Tenant Selection Coordinator

cc.: Robert M. Correnti, Executive Director

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# Common Housing Application for Massachusetts Public Housing (CHAMP) – Application for State-Aided Public Housing

**You may now apply for state-aided public housing online! Please use the Common Housing Application for Massachusetts Public Housing (CHAMP) website:**  
<https://www.mass.gov/applyforpublichousing>

**If you do not want to apply online, please fill out the following application and mail or hand deliver it to a local housing authority (LHA).** If you are applying to more than one housing authority, please indicate on the Housing Selections list the housing authorities where you would like to apply and the program you are applying for, family, elderly/handicapped. Submit the completed application to a housing authority. The information will be entered online by that housing authority, and your application will be submitted to the LHAs that you selected. If you submit a paper application instead of applying online, you can still use the CHAMP website to make changes or updates to your application.

It is important to only apply for housing at cities or towns where you want to live. If you fail to accept an offer of housing, you will be removed from that waiting list. If you refuse to accept a total of three offers of housing, you will be removed from waiting lists at all the housing authorities where you applied.

Please complete all information requested on the application below. Incomplete applications may not be fully processed. If a question is not applicable, please write n/a. All questions must be answered, but please pay particular attention to the asterisked (\*) fields. If these asterisked questions are left blank, your application will be incomplete and cannot be fully processed.

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, only if different from the address listed above**

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.

You can apply for housing in these programs at any local housing authority by selecting them at the end of this application, but it's important to remember that if you do not accept housing that is offered, your application may be removed from one or more waitlists. 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.



**A. Are you applying for Elderly/Handicapped Housing?\***

Elderly/Handicapped Program

- Yes       No

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

- Elderly  
 Non-elderly Handicapped

**B. Apartment size**

**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:

\_\_\_\_\_  
\_\_\_\_\_



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**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.**

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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: \_\_\_\_\_

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#### 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?

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|                 |             |                |
|-----------------|-------------|----------------|
| 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 grab bars in the unit?

- Yes  No

If yes, please enter some additional details:

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Does your household need a unit that is wheelchair accessible?

- Yes  No



**Do you need a unit that does not require you or any member of your household to climb stairs?\***

**If you answer 'yes' to this question, you will not be placed on waiting lists for any apartments that require you to climb stairs.**

**Please check the applicable box below.**

- Yes, I need a unit that does not require me or any member of my household to climb stairs.
- No, I and all members of my household can live in a unit with stairs.

**[Blank Space – Go to Next Page]**



## 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. 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.

**Please provide the names and personal details of Household Members**

| First Name | Last Name | Relationship to Head of Household <sup>1</sup> | Racial Designation (Optional) <sup>2</sup> | Ethnic Designation (Optional) <sup>3</sup> | Gender | Occupation status <sup>4</sup> | Social Security Number | Date of Birth | Disabled (Optional) <sup>5</sup> |
|------------|-----------|--|--|--|--------|--------------------------------|------------------------|---------------|----------------------------------|
|            |           | Head of Household                              |  |  |        |                                |                        |               |                                  |
|            |           |  |  |  |        |                                |                        |               |                                  |
|            |           |  |  |  |        |                                |                        |               |                                  |
|            |           |  |  |  |        |                                |                        |               |                                  |
|            |           |  |  |  |        |                                |                        |               |                                  |
|            |           |  |  |  |        |                                |                        |               |                                  |
|            |           |  |  |  |        |                                |                        |               |                                  |

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

- 
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



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

\$

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

Yes       No

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If yes, what type?

When is this expected to occur?

## 7. Housing Selections

On the attached list, please check off at least one program at one housing authority where you want to live. Use the following pages 11 thru 18 to indicate your housing selections. You can add or remove programs or housing authorities to your application at any time, including after submission. Those changes can be made at any housing authority or online at the Common Housing Application for Massachusetts Public Housing (CHAMP) <https://www.mass.gov/applyforpublichousing>

If you fail to accept three offers of housing, you will be removed from all waiting lists at the housing authorities where you applied.

**[Blank Space – Go to Next Page]**



## 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.
- 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.
- 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 update my application online OR inform a Housing Authority in writing of any change of address, income, or household composition or any other information regarding my application.
- I authorize housing authorities where I have applied to make inquiries to verify the information I have provided in this application.
- I certify that the information I have given in this application is true and correct. I understand that any false statement or misrepresentation may result in the denial of my application.
- 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)**. 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\*:

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Signature\*:

Date\*:

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# Fair Information Practices Act - Statement of Rights

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

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

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

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

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

Print  
name\*:

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Signature\*:

Date\*:

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### List of Housing Selections

Please mark the check box next to the Housing Selection where you want to apply and live.

| <u>Community</u>                   | <u>Housing Selection</u>          | <u># of Bedrooms</u> |
|------------------------------------|-----------------------------------|----------------------|
| <input type="checkbox"/> Abington  | Family                            | 3                    |
| <input type="checkbox"/> Abington  | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Acton     | Family                            | 2, 3, 4              |
| <input type="checkbox"/> Acton     | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Acushnet  | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Adams     | Family                            | 1, 2, 3, 4           |
| <input type="checkbox"/> Adams     | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Agawam    | Family                            | 2, 3                 |
| <input type="checkbox"/> Agawam    | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Agawam    | Congregate<br>Elderly/Handicapped | 1                    |
| <input type="checkbox"/> Amesbury  | Family                            | 1, 2, 3, 5           |
| <input type="checkbox"/> Amesbury  | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Amherst   | Family                            | 2, 3                 |
| <input type="checkbox"/> Amherst   | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Andover   | Family                            | 2, 3, 4              |
| <input type="checkbox"/> Andover   | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Arlington | Family                            | 1, 2, 3              |
| <input type="checkbox"/> Arlington | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Ashland   | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Athol     | Family                            | 2, 3                 |
| <input type="checkbox"/> Athol     | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Attleboro | Family                            | 1, 2, 3              |
| <input type="checkbox"/> Attleboro | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Auburn    | Family                            | 2, 3, 4              |
| <input type="checkbox"/> Auburn    | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Avon      | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Ayer      | Family                            | 2, 3                 |
| <input type="checkbox"/> Ayer      | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Ayer      | Congregate<br>Elderly/Handicapped | 1                    |

| <u>Community</u>   | <u>Housing Selection</u>          | <u># of Bedrooms</u> |
|--|-----------------------------------|----------------------|
| <input type="checkbox"/> Barnstable                        | Family                            | 2, 3, 4, 5           |
| <input type="checkbox"/> Barnstable                        | Elderly/Handicapped               | 1, 2                 |
| <input type="checkbox"/> Barnstable                        | Congregate<br>Elderly/Handicapped | 1                    |
| <input type="checkbox"/> Barre                             | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Bedford                           | Family                            | 2, 3                 |
| <input type="checkbox"/> Bedford                           | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Belchertown                       | Family                            | 3, 4                 |
| <input type="checkbox"/> Belchertown                       | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Bellingham                        | Family                            | 2, 4                 |
| <input type="checkbox"/> Bellingham                        | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Belmont                           | Family                            | 2, 3                 |
| <input type="checkbox"/> Belmont                           | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Beverly                           | Family                            | 1, 2, 3              |
| <input type="checkbox"/> Beverly                           | Elderly/Handicapped               | 1, 2                 |
| <input type="checkbox"/> Beverly                           | Congregate<br>Elderly/Handicapped | 1                    |
| <input type="checkbox"/> Billerica                         | Family                            | 2, 3                 |
| <input type="checkbox"/> Billerica                         | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Blackstone                        | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Boston                            | Family                            | 1, 2, 3, 4, 5,<br>6  |
| <input type="checkbox"/> Boston                            | Elderly/Handicapped               | 1, 2                 |
| <input type="checkbox"/> Boston -<br>Beacon<br>(Camden)    | Family                            | 1, 2, 3              |
| <input type="checkbox"/> Boston - Trinity<br>(East Boston) | Family                            | 1, 2, 3, 4, 5        |
| <input type="checkbox"/> Bourne                            | Family                            | 2, 3                 |
| <input type="checkbox"/> Bourne                            | Elderly/Handicapped               | 1, 2                 |



| <b>Community</b>                     | <b>Housing Selection</b>          | <b># of Bedrooms</b> |
|--------------------------------------|-----------------------------------|----------------------|
| <input type="checkbox"/> Braintree   | Family                            | 3                    |
| <input type="checkbox"/> Braintree   | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Braintree   | Congregate<br>Elderly/Handicapped | 1                    |
| <input type="checkbox"/> Brewster    | Family                            | 2, 3                 |
| <input type="checkbox"/> Brewster    | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Bridgewater | Family                            | 2, 3, 4              |
| <input type="checkbox"/> Bridgewater | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Bridgewater | Congregate<br>Elderly/Handicapped | 1                    |
| <input type="checkbox"/> Brimfield   | Elderly/Handicapped               | 1, 2                 |
| <input type="checkbox"/> Brockton    | Family                            | 2, 3, 4              |
| <input type="checkbox"/> Brockton    | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Brockton    | Congregate<br>Elderly/Handicapped | 1                    |
| <input type="checkbox"/> Brookfield  | Family                            | 2                    |
| <input type="checkbox"/> Brookline   | Family                            | 1, 2, 3, 4, 5        |
| <input type="checkbox"/> Brookline   | Elderly/Handicapped               | 1, 2, 3              |
| <input type="checkbox"/> Burlington  | Family                            | 3                    |
| <input type="checkbox"/> Burlington  | Elderly/Handicapped               | 1, 2                 |
| <input type="checkbox"/> Canton      | Family                            | 2, 3, 4              |
| <input type="checkbox"/> Canton      | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Carver      | Family                            | 2, 3, 4              |
| <input type="checkbox"/> Carver      | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Charlton    | Family                            | 3                    |
| <input type="checkbox"/> Charlton    | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Chatham     | Family                            | 2, 3                 |
| <input type="checkbox"/> Chatham     | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Chatham     | Congregate<br>Elderly/Handicapped | 1                    |
| <input type="checkbox"/> Chelmsford  | Family                            | 3                    |
| <input type="checkbox"/> Chelmsford  | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Chelmsford  | Congregate<br>Elderly/Handicapped | 1                    |
| <input type="checkbox"/> Chelsea     | Family                            | 2, 3, 4              |
| <input type="checkbox"/> Chelsea     | Elderly/Handicapped               | 1                    |

| <b>Community</b>                             | <b>Housing Selection</b>          | <b># of Bedrooms</b> |
|--|-----------------------------------|----------------------|
| <input type="checkbox"/> Chicopee            | Family                            | 1, 2, 3              |
| <input type="checkbox"/> Chicopee            | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Clinton             | Family                            | 2, 3, 4              |
| <input type="checkbox"/> Clinton             | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Cohasset            | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Concord             | Family                            | 2, 3, 4              |
| <input type="checkbox"/> Concord             | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Dalton              | Family                            | 3                    |
| <input type="checkbox"/> Dalton              | Elderly/Handicapped               | 1, 2                 |
| <input type="checkbox"/> Danvers             | Family                            | 2, 3                 |
| <input type="checkbox"/> Danvers             | Elderly/Handicapped               | 1, 2                 |
| <input type="checkbox"/> Dartmouth           | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Dedham              | Family                            | 1, 2, 3              |
| <input type="checkbox"/> Dedham              | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Dennis              | Family                            | 3, 4                 |
| <input type="checkbox"/> Dennis              | Elderly/Handicapped               | 1, 2                 |
| <input type="checkbox"/> Dighton             | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Dracut              | Family                            | 2, 3, 4              |
| <input type="checkbox"/> Dracut              | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Dracut              | Congregate<br>Elderly/Handicapped | 1                    |
| <input type="checkbox"/> Dudley              | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Duxbury             | Family                            | 2, 3                 |
| <input type="checkbox"/> Duxbury             | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> East<br>Bridgewater | Family                            | 3                    |
| <input type="checkbox"/> East<br>Bridgewater | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> East<br>Longmeadow  | Family                            | 2, 3                 |
| <input type="checkbox"/> East<br>Longmeadow  | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> East<br>Longmeadow  | Congregate<br>Elderly/Handicapped | 1, 2                 |





| <u>Community</u>                       | <u>Housing Selection</u>          | <u># of Bedrooms</u> |
|--|-----------------------------------|----------------------|
| <input type="checkbox"/> Easthampton   | Family                            | 2, 3, 4              |
| <input type="checkbox"/> Easthampton   | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Easton        | Family                            | 2, 3                 |
| <input type="checkbox"/> Easton        | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Essex         | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Everett       | Family                            | 2, 3                 |
| <input type="checkbox"/> Everett       | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Fairhaven     | Family                            | 2, 3                 |
| <input type="checkbox"/> Fairhaven     | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Fall River    | Family                            | 1, 2, 3              |
| <input type="checkbox"/> Fall River    | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Falmouth      | Family                            | 2, 3, 4              |
| <input type="checkbox"/> Falmouth      | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Fitchburg     | Family                            | 1, 2, 3, 4           |
| <input type="checkbox"/> Fitchburg     | Elderly/Handicapped               | 1, 2                 |
| <input type="checkbox"/> Fitchburg     | Congregate<br>Elderly/Handicapped | 1                    |
| <input type="checkbox"/> Foxborough    | Family                            | 1, 2, 3, 4           |
| <input type="checkbox"/> Foxborough    | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Framingham    | Family                            | 1, 2, 3, 4           |
| <input type="checkbox"/> Framingham    | Elderly/Handicapped               | 1, 2                 |
| Franklin County<br>Regional            |                                   |                      |
| <input type="checkbox"/> Bernardston   | Family                            | 3                    |
| <input type="checkbox"/> Bernardston   | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Buckland      | Family                            | 2, 4                 |
| <input type="checkbox"/> Charlemont    | Family                            | 2, 4                 |
| <input type="checkbox"/> Gill          | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Northfield    | Family                            | 2, 3                 |
| <input type="checkbox"/> Northfield    | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Orange        | Family                            | 2, 3, 4              |
| <input type="checkbox"/> Turners Falls | Congregate<br>Elderly/Handicapped | 1                    |
| <input type="checkbox"/> Franklin      | Family                            | 2, 3                 |
| <input type="checkbox"/> Franklin      | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Franklin      | Congregate<br>Elderly/Handicapped | 1                    |

| <u>Community</u>                                      | <u>Housing Selection</u>          | <u># of Bedrooms</u> |
|---|-----------------------------------|----------------------|
| <input type="checkbox"/> Gardner                      | Family                            | 2, 3, 4              |
| <input type="checkbox"/> Gardner                      | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Gardner                      | Congregate<br>Elderly/Handicapped | 1                    |
| <input type="checkbox"/> Georgetown                   | Family                            | 2, 3                 |
| <input type="checkbox"/> Georgetown                   | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Gloucester                   | Family                            | 2, 3, 4              |
| <input type="checkbox"/> Gloucester                   | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Grafton                      | Family                            | 2, 3                 |
| <input type="checkbox"/> Grafton                      | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Granby                       | Family                            | 2, 3                 |
| <input type="checkbox"/> Granby                       | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Great Barrington             | Family                            | 2, 3, 4              |
| <input type="checkbox"/> Great Barrington             | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Great Barrington - Sheffield | Family                            | 3                    |
| <input type="checkbox"/> Great Barrington - Sheffield | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Greenfield                   | Family                            | 2, 3, 4, 5           |
| <input type="checkbox"/> Greenfield                   | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Greenfield                   | Congregate<br>Elderly/Handicapped | 1                    |
| <input type="checkbox"/> Groton                       | Family                            | 3                    |
| <input type="checkbox"/> Groton                       | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Groveland                    | Family                            | 3                    |
| <input type="checkbox"/> Hadley                       | Family                            | 3                    |
| <input type="checkbox"/> Hadley                       | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Halifax                      | Family                            | 2, 3, 4              |
| <input type="checkbox"/> Halifax                      | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Hamilton                     | Family                            | 2, 3                 |
| <input type="checkbox"/> Hamilton                     | Elderly/Handicapped               | 1                    |



| <u>Community</u>                      | <u>Housing Selection</u>          | <u># of Bedrooms</u> |
|---------------------------------------|-----------------------------------|----------------------|
| Hampshire County Regional             |                                   |                      |
| <input type="checkbox"/> Cumington    | Family                            | 2, 3                 |
| <input type="checkbox"/> Cumington    | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Huntington   | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> South Hadley | Family                            | 2                    |
| <input type="checkbox"/> Hanson       | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Harwich      | Family                            | 2, 3                 |
| <input type="checkbox"/> Hatfield     | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Haverhill    | Family                            | 2, 3, 4              |
| <input type="checkbox"/> Haverhill    | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Hingham      | Family                            | 2, 3                 |
| <input type="checkbox"/> Hingham      | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Hingham      | Congregate<br>Elderly/Handicapped | 1                    |
| <input type="checkbox"/> Holbrook     | Family                            | 3                    |
| <input type="checkbox"/> Holbrook     | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Holden       | Family                            | 3                    |
| <input type="checkbox"/> Holden       | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Holliston    | Family                            | 2, 3, 4              |
| <input type="checkbox"/> Holliston    | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Holyoke      | Family                            | 2, 3                 |
| <input type="checkbox"/> Holyoke      | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Holyoke      | Congregate<br>Elderly/Handicapped | 1                    |
| <input type="checkbox"/> Hopedale     | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Hopkinton    | Family                            | 2, 3                 |
| <input type="checkbox"/> Hopkinton    | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Hudson       | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Hull         | Family                            | 2, 3, 4              |
| <input type="checkbox"/> Hull         | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Ipswich      | Family                            | 2, 3, 4              |
| <input type="checkbox"/> Ipswich      | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Kingston     | Elderly/Handicapped               | 1                    |

| <u>Community</u>                    | <u>Housing Selection</u>          | <u># of Bedrooms</u> |
|-------------------------------------|-----------------------------------|----------------------|
| <input type="checkbox"/> Lancaster  | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Lawrence   | Family                            | 1, 2, 3, 4           |
| <input type="checkbox"/> Lawrence   | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Lee        | Family                            | 2, 3                 |
| <input type="checkbox"/> Lee        | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Leicester  | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Lenox      | Family                            | 2, 3                 |
| <input type="checkbox"/> Lenox      | Elderly/Handicapped               | 1, 2                 |
| <input type="checkbox"/> Leominster | Family                            | 2, 3, 4              |
| <input type="checkbox"/> Leominster | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Lexington  | Family                            | 3                    |
| <input type="checkbox"/> Lexington  | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Littleton  | Family                            | 2, 3                 |
| <input type="checkbox"/> Littleton  | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Lowell     | Family                            | 2, 3, 4, 5           |
| <input type="checkbox"/> Lowell     | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Ludlow     | Family                            | 2, 3, 4              |
| <input type="checkbox"/> Ludlow     | Elderly/Handicapped               | 1, 2                 |
| <input type="checkbox"/> Lunenburg  | Family                            | 2, 3                 |
| <input type="checkbox"/> Lunenburg  | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Lynn       | Family                            | 2, 3, 4, 5           |
| <input type="checkbox"/> Lynn       | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Lynn       | Congregate<br>Elderly/Handicapped | 1                    |
| <input type="checkbox"/> Lynnfield  | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Malden     | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Manchester | Family                            | 2, 3                 |
| <input type="checkbox"/> Manchester | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Mansfield  | Family                            | 2, 3, 4              |
| <input type="checkbox"/> Mansfield  | Elderly/Handicapped               | 1, 2                 |
| <input type="checkbox"/> Marblehead | Family                            | 2, 3                 |
| <input type="checkbox"/> Marblehead | Elderly/Handicapped               | 1                    |



| <u>Community</u>                         | <u>Housing Selection</u>          | <u># of Bedrooms</u> |
|--|-----------------------------------|----------------------|
| <input type="checkbox"/> Marlborough CDA | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Marshfield      | Family                            | 3, 4, 6              |
| <input type="checkbox"/> Marshfield      | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Marshfield      | Congregate<br>Elderly/Handicapped | 1                    |
| <input type="checkbox"/> Mashpee         | Family                            | 3                    |
| <input type="checkbox"/> Mashpee         | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Mattapoissett   | Family                            | 2, 3                 |
| <input type="checkbox"/> Mattapoissett   | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Maynard         | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Medfield        | Elderly/Handicapped               | 1, 2                 |
| <input type="checkbox"/> Medford         | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Medway          | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Melrose         | Family                            | 2, 3, 5              |
| <input type="checkbox"/> Melrose         | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Mendon          | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Merrimac        | Family                            | 2, 3                 |
| <input type="checkbox"/> Merrimac        | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Methuen         | Family                            | 1, 2, 3, 4, 5        |
| <input type="checkbox"/> Methuen         | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Methuen         | Congregate<br>Elderly/Handicapped | 1                    |
| <input type="checkbox"/> Middleborough   | Family                            | 2, 3                 |
| <input type="checkbox"/> Middleborough   | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Middleton       | Family                            | 2, 3                 |
| <input type="checkbox"/> Middleton       | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Milford         | Family                            | 1, 2, 3, 4, 5        |
| <input type="checkbox"/> Milford         | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Millbury        | Family                            | 1, 2, 3, 4           |
| <input type="checkbox"/> Millbury        | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Millbury        | Congregate<br>Elderly/Handicapped | 1                    |

| <u>Community</u>                            | <u>Housing Selection</u>          | <u># of Bedrooms</u> |
|---|-----------------------------------|----------------------|
| <input type="checkbox"/> Millis             | Family                            | 2, 3                 |
| <input type="checkbox"/> Millis             | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Milton             | Family                            | 2, 3                 |
| <input type="checkbox"/> Milton             | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Monson             | Family                            | 2, 3, 4              |
| <input type="checkbox"/> Monson             | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Montague           | Family                            | 2, 3                 |
| <input type="checkbox"/> Montague           | Elderly/Handicapped               | 1, 2                 |
| <input type="checkbox"/> Nahant             | Family                            | 2, 3, 4              |
| <input type="checkbox"/> Nahant             | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Nantucket          | Family                            | 2, 3, 4              |
| <input type="checkbox"/> Nantucket          | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Natick             | Family                            | 2, 3, 4              |
| <input type="checkbox"/> Natick             | Elderly/Handicapped               | 1, 2                 |
| <input type="checkbox"/> Needham            | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> New Bedford        | Family                            | 1, 2, 3, 4           |
| <input type="checkbox"/> New Bedford        | Elderly/Handicapped               | 1, 2                 |
| <input type="checkbox"/> Newburyport        | Family                            | 2, 3                 |
| <input type="checkbox"/> Newburyport        | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Newton             | Family                            | 1, 2, 3              |
| <input type="checkbox"/> Newton             | Elderly/Handicapped               | 1, 2                 |
| <input type="checkbox"/> Norfolk            | Family                            | 2, 3                 |
| <input type="checkbox"/> Norfolk            | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> North Andover      | Family                            | 2, 3                 |
| <input type="checkbox"/> North Andover      | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> North Andover      | Congregate<br>Elderly/Handicapped | 1                    |
| <input type="checkbox"/> North Attleborough | Family                            | 2, 3                 |
| <input type="checkbox"/> North Attleborough | Elderly/Handicapped               | 1, 2                 |
| <input type="checkbox"/> North Brookfield   | Family                            | 2                    |
| <input type="checkbox"/> North Brookfield   | Elderly/Handicapped               | 1                    |



| <u>Community</u>  | <u>Housing Selection</u> | <u># of Bedrooms</u> |
|---|--------------------------|----------------------|
| <input type="checkbox"/> North Reading Family                   |                          | 2, 3                 |
| <input type="checkbox"/> North Reading Elderly/Handicapped      |                          | 1                    |
| <input type="checkbox"/> Northampton Family                     |                          | 1, 2, 3, 4           |
| <input type="checkbox"/> Northampton Elderly/Handicapped        |                          | 1, 2                 |
| <input type="checkbox"/> Northborough Family                    |                          | 2, 3                 |
| <input type="checkbox"/> Northborough Elderly/Handicapped       |                          | 1                    |
| <input type="checkbox"/> Northbridge Elderly/Handicapped        |                          | 1, 2                 |
| <input type="checkbox"/> Norton Family                          |                          | 2, 3, 4              |
| <input type="checkbox"/> Norton Elderly/Handicapped             |                          | 1                    |
| <input type="checkbox"/> Norwell Elderly/Handicapped            |                          | 1                    |
| <input type="checkbox"/> Norwood Family                         |                          | 2, 3                 |
| <input type="checkbox"/> Norwood Elderly/Handicapped            |                          | 1                    |
| <input type="checkbox"/> Orange Family                          |                          | 2, 3                 |
| <input type="checkbox"/> Orange Elderly/Handicapped             |                          | 1                    |
| <input type="checkbox"/> Orleans Family                         |                          | 2, 3, 4              |
| <input type="checkbox"/> Orleans Elderly/Handicapped            |                          | 1                    |
| <input type="checkbox"/> Oxford Family                          |                          | 2, 3                 |
| <input type="checkbox"/> Oxford Elderly/Handicapped             |                          | 1                    |
| <input type="checkbox"/> Oxford Congregate Elderly/Handicapped  |                          | 1                    |
| <input type="checkbox"/> Palmer Elderly/Handicapped             |                          | 1                    |
| <input type="checkbox"/> Peabody Family                         |                          | 1, 2, 3, 4           |
| <input type="checkbox"/> Peabody Elderly/Handicapped            |                          | 1                    |
| <input type="checkbox"/> Peabody Congregate Elderly/Handicapped |                          | 1                    |
| <input type="checkbox"/> Pembroke Family                        |                          | 2, 3, 4              |
| <input type="checkbox"/> Pembroke Elderly/Handicapped           |                          | 1                    |
| <input type="checkbox"/> Pepperell Family                       |                          | 2                    |
| <input type="checkbox"/> Pepperell Elderly/Handicapped          |                          | 1                    |
| <input type="checkbox"/> Pittsfield Family                      |                          | 2, 3, 4              |
| <input type="checkbox"/> Pittsfield Elderly/Handicapped         |                          | 1                    |
| <input type="checkbox"/> Plainville Elderly/Handicapped         |                          | 1                    |
| <input type="checkbox"/> Plymouth Family                        |                          | 2, 3                 |
| <input type="checkbox"/> Plymouth Elderly/Handicapped           |                          | 1                    |

| <u>Community</u>   | <u>Housing Selection</u> | <u># of Bedrooms</u> |
|--|--------------------------|----------------------|
| <input type="checkbox"/> Provincetown Family                     |                          | 1, 2, 3              |
| <input type="checkbox"/> Provincetown Elderly/Handicapped        |                          | 1                    |
| <input type="checkbox"/> Quincy Family                           |                          | 2, 3, 4              |
| <input type="checkbox"/> Quincy Elderly/Handicapped              |                          | 1, 2                 |
| <input type="checkbox"/> Randolph Elderly/Handicapped            |                          | 1                    |
| <input type="checkbox"/> Raynham Elderly/Handicapped             |                          | 1                    |
| <input type="checkbox"/> Reading Family                          |                          | 2, 3                 |
| <input type="checkbox"/> Reading Elderly/Handicapped             |                          | 1                    |
| <input type="checkbox"/> Revere Family                           |                          | 1, 2, 3, 4           |
| <input type="checkbox"/> Revere Elderly/Handicapped              |                          | 1                    |
| <input type="checkbox"/> Rockland Elderly/Handicapped            |                          | 1                    |
| <input type="checkbox"/> Rockport Family                         |                          | 2, 3, 4              |
| <input type="checkbox"/> Rockport Elderly/Handicapped            |                          | 1                    |
| <input type="checkbox"/> Rowley Family                           |                          | 2, 3                 |
| <input type="checkbox"/> Rowley Elderly/Handicapped              |                          | 1                    |
| <input type="checkbox"/> Salem Family                            |                          | 1, 2, 3              |
| <input type="checkbox"/> Salem Elderly/Handicapped               |                          | 1                    |
| <input type="checkbox"/> Salem Congregate Elderly/Handicapped    |                          | 1, 2                 |
| <input type="checkbox"/> Salisbury Elderly/Handicapped           |                          | 1                    |
| <input type="checkbox"/> Sandwich Family                         |                          | 2, 3                 |
| <input type="checkbox"/> Sandwich Elderly/Handicapped            |                          | 1                    |
| <input type="checkbox"/> Sandwich Congregate Elderly/Handicapped |                          | 1                    |
| <input type="checkbox"/> Saugus Family                           |                          | 2, 3                 |
| <input type="checkbox"/> Saugus Elderly/Handicapped              |                          | 1                    |
| <input type="checkbox"/> Scituate Elderly/Handicapped            |                          | 1                    |
| <input type="checkbox"/> Seekonk Family                          |                          | 2, 3                 |
| <input type="checkbox"/> Seekonk Elderly/Handicapped             |                          | 1, 2                 |
| <input type="checkbox"/> Sharon Family                           |                          | 2                    |
| <input type="checkbox"/> Sharon Elderly/Handicapped              |                          | 1                    |
| <input type="checkbox"/> Shelburne Elderly/Handicapped           |                          | 1, 2                 |



| <u>Community</u>                      | <u>Housing Selection</u>          | <u># of Bedrooms</u> |
|---------------------------------------|-----------------------------------|----------------------|
| <input type="checkbox"/> Shrewsbury   | Family                            | 1, 2, 3              |
| <input type="checkbox"/> Shrewsbury   | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Somerset     | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Somerville   | Family                            | 1, 2, 3              |
| <input type="checkbox"/> Somerville   | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> South Hadley | Family                            | 2, 3, 4              |
| <input type="checkbox"/> South Hadley | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Southborough | Family                            | 2, 3                 |
| <input type="checkbox"/> Southborough | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Southbridge  | Family                            | 3, 4                 |
| <input type="checkbox"/> Southbridge  | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Southwick    | Family                            | 3, 4                 |
| <input type="checkbox"/> Southwick    | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Spencer      | Family                            | 3                    |
| <input type="checkbox"/> Spencer      | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Spencer      | Congregate<br>Elderly/Handicapped | 1                    |
| <input type="checkbox"/> Springfield  | Family                            | 3                    |
| <input type="checkbox"/> Springfield  | Elderly/Handicapped               | 1, 2                 |
| <input type="checkbox"/> Springfield  | Congregate<br>Elderly/Handicapped | 1                    |
| <input type="checkbox"/> Sterling     | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Stockbridge  | Elderly/Handicapped               | 1, 2                 |
| <input type="checkbox"/> Stoneham     | Family                            | 2, 3                 |
| <input type="checkbox"/> Stoneham     | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Stoughton    | Family                            | 2, 3, 4              |
| <input type="checkbox"/> Stoughton    | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Stoughton    | Congregate<br>Elderly/Handicapped | 1                    |
| <input type="checkbox"/> Sudbury      | Family                            | 2, 3, 4              |
| <input type="checkbox"/> Sudbury      | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Sutton       | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Swampscott   | Family                            | 2, 3                 |
| <input type="checkbox"/> Swampscott   | Elderly/Handicapped               | 1                    |

| <u>Community</u>                      | <u>Housing Selection</u>          | <u># of Bedrooms</u> |
|---------------------------------------|-----------------------------------|----------------------|
| <input type="checkbox"/> Swansea      | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Taunton      | Family                            | 1, 2, 3, 4           |
| <input type="checkbox"/> Taunton      | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Templeton    | Family                            | 2, 3                 |
| <input type="checkbox"/> Templeton    | Elderly/Handicapped               | 1, 2                 |
| <input type="checkbox"/> Tewksbury    | Family                            | 2, 3, 4              |
| <input type="checkbox"/> Tewksbury    | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Topsfield    | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Tyngsborough | Family                            | 2, 3                 |
| <input type="checkbox"/> Tyngsborough | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Tyngsborough | Congregate<br>Elderly/Handicapped | 1                    |
| <input type="checkbox"/> Upton        | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Uxbridge     | Family                            | 2, 3                 |
| <input type="checkbox"/> Uxbridge     | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Wakefield    | Family                            | 2                    |
| <input type="checkbox"/> Wakefield    | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Walpole      | Family                            | 2, 3                 |
| <input type="checkbox"/> Walpole      | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Waltham      | Family                            | 1, 2, 3, 4           |
| <input type="checkbox"/> Waltham      | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Waltham      | Congregate<br>Elderly/Handicapped | 1                    |
| <input type="checkbox"/> Ware         | Family                            | 2, 3, 4              |
| <input type="checkbox"/> Ware         | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Wareham      | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Warren       | Family                            | 2, 3                 |
| <input type="checkbox"/> Warren       | Elderly/Handicapped               | 1, 2                 |
| <input type="checkbox"/> Watertown    | Family                            | 1, 2, 3, 4, 5        |
| <input type="checkbox"/> Watertown    | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Webster      | Family                            | 1, 2, 3              |
| <input type="checkbox"/> Webster      | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Wellesley    | Family                            | 2, 3                 |
| <input type="checkbox"/> Wellesley    | Elderly/Handicapped               | 1                    |



| <u>Community</u>                          | <u>Housing Selection</u>          | <u># of Bedrooms</u> |
|---|-----------------------------------|----------------------|
| <input type="checkbox"/> Wenham           | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> West Boylston    | Family                            | 2, 3                 |
| <input type="checkbox"/> West Boylston    | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> West Bridgewater | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> West Brookfield  | Family                            | 2, 3                 |
| <input type="checkbox"/> West Brookfield  | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> West Newbury     | Family                            | 3                    |
| <input type="checkbox"/> West Newbury     | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> West Springfield | Family                            | 2, 3, 4              |
| <input type="checkbox"/> West Springfield | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Westborough      | Family                            | 2, 3                 |
| <input type="checkbox"/> Westborough      | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Westborough      | Congregate<br>Elderly/Handicapped | 1                    |
| <input type="checkbox"/> Westfield        | Family                            | 2, 3, 4              |
| <input type="checkbox"/> Westfield        | Elderly/Handicapped               | 1, 2                 |
| <input type="checkbox"/> Westford         | Family                            | 2, 3                 |
| <input type="checkbox"/> Westford         | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Westport         | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Weymouth         | Family                            | 1, 2, 3, 4, 5        |
| <input type="checkbox"/> Weymouth         | Elderly/Handicapped               | 1                    |

| <u>Community</u>                      | <u>Housing Selection</u>          | <u># of Bedrooms</u> |
|---------------------------------------|-----------------------------------|----------------------|
| <input type="checkbox"/> Whitman      | Family                            | 3, 4                 |
| <input type="checkbox"/> Whitman      | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Wilbraham    | Family                            | 2, 3                 |
| <input type="checkbox"/> Wilbraham    | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Williamstown | Family                            | 2, 3, 4              |
| <input type="checkbox"/> Williamstown | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Wilmington   | Family                            | 1, 3                 |
| <input type="checkbox"/> Wilmington   | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Winchendon   | Family                            | 2, 3                 |
| <input type="checkbox"/> Winchendon   | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Winchendon   | Congregate<br>Elderly/Handicapped | 1                    |
| <input type="checkbox"/> Winchester   | Family                            | 2, 3                 |
| <input type="checkbox"/> Winchester   | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Winthrop     | Family                            | 1, 2, 3, 4           |
| <input type="checkbox"/> Winthrop     | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Woburn       | Family                            | 2, 3                 |
| <input type="checkbox"/> Woburn       | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Worcester    | Family                            | 1, 2, 3, 4           |
| <input type="checkbox"/> Worcester    | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Wrentham     | Family                            | 2, 3, 4              |
| <input type="checkbox"/> Wrentham     | Elderly/Handicapped               | 1                    |
| <input type="checkbox"/> Yarmouth     | Elderly/Handicapped               | 1                    |

