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. A 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.

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

First Name*	Middle Initial	Last Name*	Suffix	Date of Birth*
Anita	R.	Martinez		April 25, 1998

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* 321 Oak St.

Apt. Suite, Floor, etc.

Anytown	MA	01234
City/Town*	State*	Zip Code*

Please provide your mailing address, only if different from the address listed above N/A

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

Apt. Suite, Floor, etc.

City/Town*	State*	Zip Code*

Please provide your phone and email

	617-123-4567	
Home Phone	Mobile Phone	Work Phone

rmartinez@internetprovider.com

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

Please provide a secondary contact person or alternative address

Raphael	J.	Martinez	
First Name	Middle Initial	Last Name	Suffix

Street Address, PO Box or c/o 321 Oak St.

Apt. Suite, Floor, etc.

Anytown	MA	01234
City/Town	State	Zip Code

781-789-1234	rmartinez1@otheremail.com
Phone	Email

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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.

N/A _____

Month / Day / Year

N/A **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. (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.

N/A **If yes, did you become homeless in any of the following ways?** (Check all that apply.)

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

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

☐ Displaced by urban renewal or eminent domain

☐ Displaced by condemnation of home or code violations

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

☐ Victim of abuse (domestic violence)

☐ Severe medical emergency

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

Details may include, but are not limited to:

- where you were displaced from and why;
- if you were evicted by your landlord, why you were evicted (e.g., non-payment of rent, condo conversion, etc.);
- if there was a natural disaster, what type of disaster it was; if there was a fire, how did it start;
- if your unit was condemned, what was the reason;
- if you were displaced by public action, what was the nature of that public action;
- if you have a severe medical emergency, how has this impacted your housing situation.

3. Employment & Veteran Status

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

Where is your current place of employment?

Framingham	MA	01701
City/Town	State	Zip Code

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

☐ 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. N/A

Start Date: _____ End Date: _____

Day/Month/Year Day/Month/Year

Please check all that apply, if any. N/A

☐ 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.

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4. Language Access[1]

Do you understand spoken English? ☑ Yes ☐ No

If no, what is your primary spoken language _____

Do you understand written English? ☑ Yes ☐ No

If no, what is your primary written language _____

5. Household Makeup*

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

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

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

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

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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.

	Relationship[1]	Race[2]	Ethnicity[3]	Gender (M/F)	Occupation Status[4]	Social Security Number	Date of Birth	Disabled? (optional)[5]
First: Anita **Last:** Martinez	**Head of Household**	White	Hispanic	F	employed	123-45-6789	Listed on 1st Page of App	Yes
First: **Last:**								
First: **Last:**								
First: **Last:**								
First: **Last:**								
First: **Last:**								
First: **Last:**								
First: **Last:**								

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

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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.

N/A

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.

$ 10,200

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 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

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

☐ Yes ☑ No

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

Please check the applicable box below.

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

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

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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 about 30% of their income in rent to the landlord, and the voucher covers the rest of the rent. 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 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 N/A

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.

City	State	Zip

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:

All meetings with the landlord and/or housing authority need to be 1:1 with an advocate present.

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List of MRVP Project-Based Waitlist Selections* N/A

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.

MRVP Project-Based Waitlist		
☐ Attleboro	☐ Gloucester	☐ Newton
☐ Bedford	☐ Great Barrington	☐ Orange
☐ Bellingham	☐ Holyoke	☐ Peabody
☐ Boston	☐ Ipswich	☐ Springfield
☐ Braintree	☐ Lexington	☐ Stoughton
☐ Brockton	☐ Littleton	☐ Wareham
☐ Cambridge	☐ Lexington	☐ Warren
☐ Canton	☐ Littleton	☐ Westfield
☐ Chelmsford	☐ Lowell	☐ Weymouth
☐ Clinton	☐ Mashpee	☐ Worcester
☐ East Longmeadow	☐ Monson	
☐ Fall River	☐ Nantucket	
☐ Gardner	☐ New Bedford	

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

☑ Yes ☐ No

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

☑ Yes ☐ No

If yes, please enter some additional details:

All meetings with the landlord and/or housing authority need to be 1:1 with an advocate present.

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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 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 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

If yes, please enter some additional details:

All meetings with the housing authority need to be 1:1 with an advocate present.

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:

_____

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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List of Housing Selections for Public Housing*

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

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

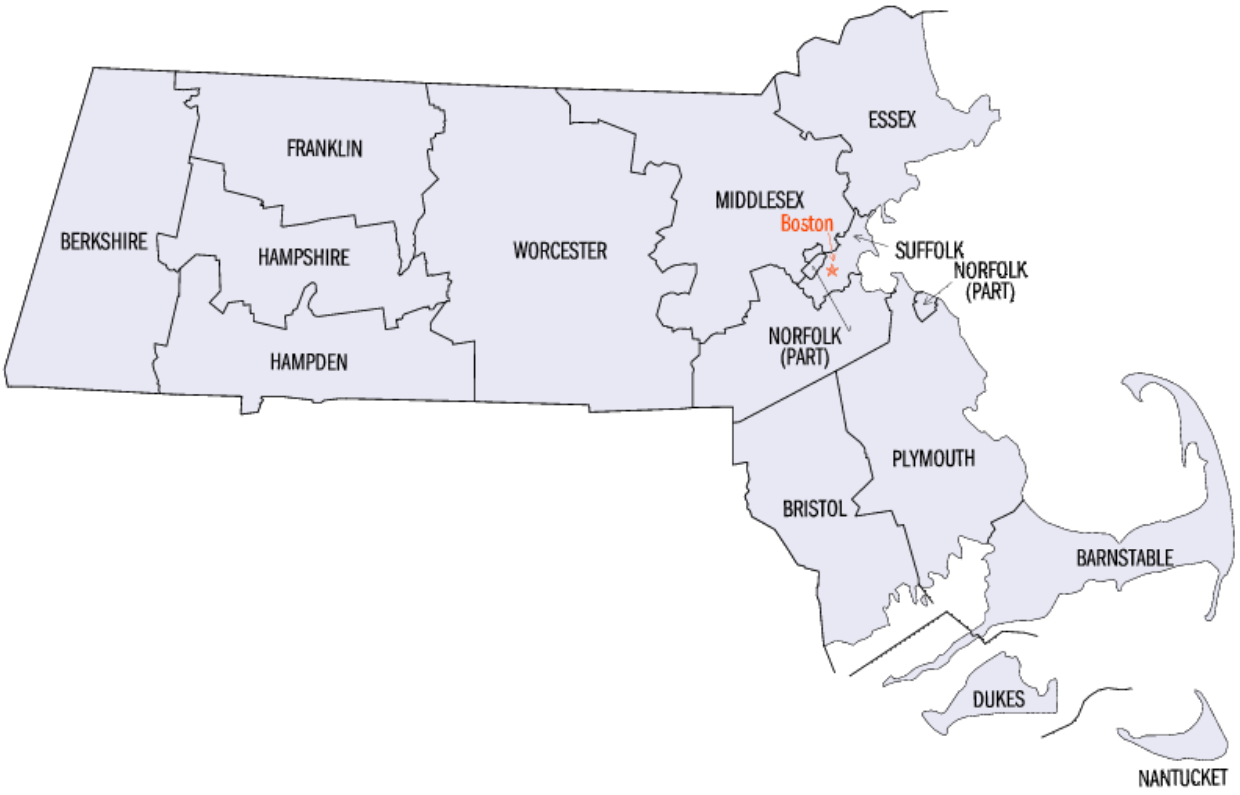
If you refuse to accept an offer of public housing, you will be removed from that public housing waiting list. If you refuse to accept a total of three offers of public housing, you will be removed from public housing waiting lists at all the housing authorities where you applied.

You can add or remove a type of housing or housing authority at any time. This means while submitting your application or after your application has been submitted. Those changes can be made by submitting a request in writing to any housing authority or online at the CHAMP website: **https://www.mass.gov/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	Barnstable	1, 2	☐	2, 3, 4, 5	☐
	Bourne	1, 2	☐	2, 3	☐
	Brewster	1	☐	2, 3	☐
	Chatham	1	☐	2, 3	☐
	Dennis	1, 2	☐	3, 4	☐
	Falmouth	1	☐	2, 3, 4	☐
	Harwich	N/A		2, 3	☐
	Mashpee	1	☐	3	☐
	Orleans	1	☐	2, 3, 4	☐
	Provincetown	1	☐	1, 2, 3	☐
	Sandwich	1	☐	2, 3	☐
	Yarmouth	1	☐	N/A	
Berkshire	Adams	1	☐	2, 3, 4	☐
	Dalton	1, 2	☐	3	☐
	Great Barrington	1	☐	2, 3, 4	☐
	Great Barrington - Sheffield	1	☐	3	☐
	Lee	1	☐	2, 3	☐
	Lenox	1, 2	☐	2, 3	☐
	Pittsfield	1	☐	2, 3	☐
	Stockbridge	1, 2	☐	N/A	
	Williamstown	1	☐	2, 3, 4	☐
Bristol	Acushnet	1	☐	N/A	
	Attleboro	1	☐	1, 2, 3	☐
	Dartmouth	1	☐	N/A	
	Dighton	1	☐	N/A	
	Easton	1	☐	2, 3	☐
	Fairhaven	1	☐	2, 3	☐
	Fall River	1	☐	1, 2, 3	☐
	Mansfield	1, 2	☐	2, 3, 4	☐
	New Bedford	1, 2	☐	1, 2, 3, 4	☐
	North Attleborough	1, 2	☐	2, 3	☐
	Norton	1	☐	2, 3, 4	☐
	Seekonk	1, 2	☐	2, 3	☐
	Somerset	1	☐	N/A	
	Swansea	1	☐	N/A	
	Taunton	1	☐	1, 2, 3, 4	☐
	Westport	1	☐	N/A	

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Housing Location		Elderly/Handicapped		Family Housing	
County	Community	# of bedrooms	Apply	# of bedrooms	Apply
Essex	Amesbury	1	☐	1, 2, 3, 5	☐
	Andover	1	☐	2, 3, 4	☐
	Beverly	1, 2	☐	1, 2, 3	☐
	Danvers	1, 2	☐	2, 3	☐
	Essex	1	☐	N/A	
	Georgetown	1	☐	2, 3	☐
	Gloucester	1	☐	2, 3, 4	☐
	Groveland	N/A		3	☐
	Hamilton	1	☐	2, 3	☐
	Haverhill	1	☐	2, 3, 4	☐
	Ipswich	1	☐	2, 3, 4	☐
	Lawrence	1	☐	1, 2, 3, 4	☐
	Lynn	1	☐	2, 3, 4, 5	☐
	Lynnfield	1	☐	N/A	
	Manchester	1	☐	2, 3	☐
	Marblehead	1	☐	2, 3	☐
	Merrimac	1	☐	2, 3	☐
	Methuen	1	☐	1, 2, 3, 4, 5	☐
	Middleton	1	☐	2, 3	☐
	Nahant	1	☐	2, 3, 4	☐
	Newburyport	1	☐	2, 3	☐
	North Andover	1	☐	2, 3	☐
	Peabody	1	☐	1, 2, 3, 4	☐
	Rockport	1	☐	2, 3, 4	☐
	Rowley	1	☐	2, 3	☐
	Salem	1	☐	1, 2, 3	☐
	Salisbury	1	☐	N/A	
	Saugus	1	☐	2, 3	☐
	Swampscott	1	☐	2, 3	☐
	Topsfield	1	☐	N/A	
	Wenham	1	☐	N/A	
	West Newbury	1	☐	3	☐

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Housing Location		Elderly/Handicapped		Family Housing	
County	Community	# of bedrooms	Apply	# of bedrooms	Apply
Franklin	Franklin County Regional - Bernardston	1	☐	3	☐
	Franklin County Regional - Buckland	N/A		2, 4	☐
	Franklin County Regional - Charlemont	N/A		2, 4	☐
	Franklin County Regional - Gill	1	☐	N/A	
	Franklin County Regional - Northfield	1	☐	2, 3	☐
	Franklin County Regional - Orange	N/A		2, 3, 4	☐
	Greenfield	1	☐	2, 3, 4, 5	☐
	Montague	1, 2	☐	2, 3	☐
	Orange	1	☐	2, 3	☐
Hampden	Agawam	1	☐	2, 3	☐
	Brimfield	1, 2	☐	N/A	
	Chicopee	1	☐	1, 2, 3	☐
	East Longmeadow	1	☐	2, 3	☐
	Holyoke	1	☐	2, 3	☐
	Ludlow	1, 2	☐	2, 3, 4	☐
	Monson	1	☐	2, 3, 4	☐
	Palmer	1	☐	N/A	
	South Hadley	1	☐	2, 3, 4	☐
	Southwick	1	☐	3, 4	☐
	Springfield	1, 2	☐	3	☐
	West Springfield	1	☐	2, 3, 4	☐
	Westfield	1, 2	☐	2, 3, 4	☐
	Wilbraham	1	☐	2, 3	☐
Hampshire	Amherst	1	☐	2, 3	☐
	Belchertown	1	☐	3, 4	☐
	Easthampton	1	☐	2, 3, 4	☐
	Granby	1	☐	2, 3	☐
	Hadley	1	☐	3	☐
	Hampshire County Regional - Cummington	1	☐	N/A	
	Hampshire County Regional - Huntington	1	☐	2, 3	☐
	Hampshire County Regional - South Hadley	N/A		2	☐
	Hatfield	1	☐	N/A	
	Northampton	1, 2	☐	1, 2, 3, 4	☐
	Ware	1	☐	2, 3, 4	☐

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Housing Location		Elderly/Handicapped		Family Housing	
County	Community	# of bedrooms	Apply	# of bedrooms	Apply
Middlesex	Acton	1	☐	2, 3, 4	☐
	Arlington	1	☐	1, 2, 3	☐
	Ashland	1	☐	N/A	
	Ayer	1	☐	2, 3	☐
	Bedford	1	☐	2, 3	☐
	Belmont	1	☐	2, 3	☐
	Billerica	1	☐	2, 3	☐
	Burlington	1, 2	☐	3	☐
	Chelmsford	1	☐	3	☐
	Concord	1	☐	2, 3, 4	☐
	Dracut	1	☐	2, 3, 4	☐
	Everett	1	☐	2, 3	☐
	Framingham	1, 2	☑	1, 2, 3, 4	☐
	Groton	1	☐	3	☐
	Holliston	1	☐	2, 3, 4	☐
	Hopkinton	1	☐	2, 3	☐
	Hudson	1	☐	N/A	
	Lexington	1	☐	3	☐
	Littleton	1	☐	2, 3	☐
	Lowell	1	☐	2, 3, 4, 5	☐
	Malden	1	☐	N/A	
	Marlborough CDA	1	☐	N/A	
	Maynard	1	☐	N/A	
	Medford	1	☐	N/A	
	Melrose	1	☐	2, 3, 5	☐
	Natick	1, 2	☐	2, 3, 4	☐
	Newton	1, 2	☐	1, 2, 3	☐
	North Reading	1	☐	2, 3	☐
	Pepperell	1	☐	2	☐
	Reading	1	☐	2, 3	☐
	Somerville	1	☐	1, 2, 3	☐
	Stoneham	1	☐	2, 3	☐
	Sudbury	1	☐	2, 3, 4	☐
	Tewksbury	1	☐	2, 3, 4	☐
	Tyngsborough	1	☐	2, 3	☐
	Wakefield	1	☐	2	☐
	Waltham	1	☐	1, 2, 3, 4	☐
	Watertown	1	☐	1, 2, 3, 4, 5	☐
	Westford	1	☐	2, 3	☐
	Wilmington	1	☐	3	☐
	Winchester	1	☐	2, 3	☐
	Woburn	1	☐	2, 3	☐

EQUAL HOUSING OPPORTUNITY

Housing Location		Elderly/Handicapped		Family Housing	
County	Community	# of bedrooms	Apply	# of bedrooms	Apply
Nantucket	Nantucket	1	☐	2, 3, 4	☐
Norfolk	Avon	1	☐	N/A	
	Bellingham	1	☐	2, 4	☐
	Braintree	1	☐	3	☐
	Brookline	1, 2, 3	☐	1, 2, 3, 4, 5	☐
	Canton	1	☐	2, 3, 4	☐
	Cohasset	1	☐	N/A	
	Dedham	1	☐	1, 2, 3	☐
	Foxborough	1	☐	1, 2, 3, 4	☐
	Franklin	1	☐	2, 3	☐
	Holbrook	1	☐	3	☐
	Hull	1	☐	2, 3, 4	☐
	Medfield	1, 2	☐	N/A	
	Medway	1	☐	N/A	
	Millis	1	☐	2, 3	☐
	Milton	1	☐	2, 3	☐
	Needham	1	☐	N/A	
	Norfolk	1	☐	2, 3	☐
	Norwood	1	☐	2, 3	☐
	Plainville	1	☐	N/A	
	Quincy	1, 2	☐	2, 3, 4	☐
	Randolph	1	☐	N/A	
	Sharon	1	☐	2	☐
	Stoughton	1	☐	2, 3, 4	☐
	Walpole	1	☐	2, 3	☐
	Wellesley	1	☐	2, 3	☐
	Weymouth	1	☐	1, 2, 3, 4, 5	☐
	Wrentham	1	☐	2, 3, 4	☐

Housing Location		Elderly/Handicapped		Family Housing	
County	Community	# of bedrooms	Apply	# of bedrooms	Apply
Plymouth	Abington	1	☐	3	☐
	Bridgewater	1	☐	2, 3, 4	☐
	Brockton	1	☐	2, 3, 4	☐
	Carver	1	☐	2, 3, 4	☐
	Duxbury	1	☐	2, 3	☐
	East Bridgewater	1	☐	3	☐
	Halifax	1	☐	2, 3, 4	☐
	Hanson	1	☐	N/A	
	Hingham	1	☐	2, 3	☐
	Kingston	1	☐	N/A	
	Marshfield	1	☐	3, 4, 6	☐
	Mattapoisett	1	☐	2, 3	☐
	Middleborough	1	☐	2, 3	☐
	Norwell	1	☐	N/A	
	Pembroke	1	☐	2, 3, 4	☐
	Plymouth	1	☐	2, 3	☐
	Rockland	1	☐	N/A	
	Scituate	1	☐	N/A	
	Wareham	1	☐	N/A	
	West Bridgewater	1	☐	N/A	
	Whitman	1	☐	3, 4	☐
Suffolk	Boston - Archdale	N/A		1, 2, 3, 4, 5, 6	☐
	Boston - Basilica	1	☐	N/A	
	Boston - Beacon (Camden)	N/A		1, 2, 3	☐
	Boston - Fairmount	N/A		2, 3	☐
	Boston - Faneuil	N/A		2, 3, 5	☐
	Boston - Franklin Field	1, 2	☐	2	☐
	Boston - Gallivan Boulevard	N/A		2, 3, 4	☐
	Boston - L Street, Msgr. Powers	1, 2	☐	N/A	
	Boston - Scattered Site Apartments	N/A		1, 2, 3, 4	☐
	Boston - South Street	N/A		1, 2, 3, 4	☐
	Boston - Trinity (East Boston)	N/A		1, 2, 3, 4, 5	☐
	Boston - West Broadway	N/A		1, 2, 3, 4, 5, 6	☐
	Chelsea	1	☐	2, 3, 4	☐
	Revere	1	☐	1, 2, 3, 4	☐
	Winthrop	1	☐	1, 2, 3, 4	☐

EQUAL HOUSING OPPORTUNITY

Housing Location		Elderly/Handicapped		Family Housing	
County	Community	# of bedrooms	Apply	# of bedrooms	Apply
Worcester	Athol	1	☐	1, 2, 3, 4	☐
	Auburn	1	☐	2, 3, 4	☐
	Barre	1	☐	N/A	
	Blackstone	1	☐	N/A	
	Brookfield	N/A		2	☐
	Charlton	1	☐	3	☐
	Clinton	1	☐	2, 3, 4	☐
	Dudley	1	☐	N/A	
	Fitchburg	1, 2	☐	1, 2, 3, 4	☐
	Gardner	1	☐	2, 3, 4	☐
	Grafton	1	☐	2, 3	☐
	Holden	1	☐	3	☐
	Hopedale	1	☐	N/A	
	Lancaster	1	☐	N/A	
	Leicester	1	☐	N/A	
	Leominster	1	☐	2, 3, 4	☐
	Lunenburg	1	☐	2, 3	☐
	Mendon	1	☐	N/A	
	Milford	1	☐	1, 2, 3, 4, 5	☐
	Millbury	1	☐	1, 2, 3, 4	☐
	North Brookfield	1	☐	2	☐
	Northborough	1	☐	2, 3	☐
	Northbridge	1, 2	☐	N/A	
	Oxford	1	☐	2, 3	☐
	Shrewsbury	1	☐	2, 3	☐
	Southborough	1	☐	2, 3	☐
	Southbridge	1	☐	3, 4	☐
	Spencer	1	☐	3, 4	☐
	Sterling	1	☐	N/A	
	Sutton	1	☐	N/A	
	Templeton	1, 2	☐	2, 3	☐
	Upton	1	☐	N/A	
	Uxbridge	1	☐	2, 3	☐
	Warren	1, 2	☐	2, 3	☐
	Webster	1	☐	1, 2, 3	☐
	West Boylston	1	☐	2, 3	☐
	West Brookfield	1	☐	2, 3	☐
	Westborough	1	☐	2, 3	☐
	Winchendon	1	☐	2, 3	☐
	Worcester	1	☐	1, 2, 3, 4	☐

EQUAL HOUSING OPPORTUNITY

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 Local housing Authority (LHA) 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 MRVP, 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 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 agency or online: 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*: Anita Martinez

Signature*: Anita Martinez Date*: 11/30/2023

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Fair Information Practices Act - Statement of Rights

State-Aided 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 authorities, 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 State-Aided 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*: Anita Martinez

Signature*: Anita Martinez Date*: 11/30/2023

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CHAMP

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

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 your:

- 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.

Anita Martinez

Head of Household Printed Name

Anita Martinez

Head of Household Signature*

*If typed, my typed name represents my signature.

11/30/2023

Date

The English version of this Applicant Permission to Release Information is the official version and must be signed.

EQUAL HOUSING OPPORTUNITY