

## Berkshire Housing Services

To request a translator to assist with this application, please contact Berkshire Housing Services at 413 499 1630.

English, Chinese, Haitian Creole, Khmer, Portuguese, Russian, Spanish and Vietnamese.

Pou mande yon tradiktè pou ede avèk aplikasyon sa a, tanpri kontakte Berkshire Sèvis Lojman nan 413 499 1630.

### **Haitian Creole**

ដើម្បីស្នើសុំអ្នកបកប្រែជួយកម្មវិធីនេះ

សូមទំនាក់ទំនងមកកាន់សេវាកម្មលំនៅដ្ឋាន Berkshire នៅ 413 499 1630។

### **Khmer**

Para solicitar um tradutor para ajudar com este aplicativo, entre em contato com a Berkshire Housing Services pelo telefone 413 499 1630.

### **Portuguese Brazil**

Para solicitar um tradutor para ajudar nesta aplicação, contacte os Serviços de Habitação da Berkshire pelo telefone 413 499 1630.

### **Portuguese Portugal**

要請求翻譯人員協助此申請，請致電413 499 1630與伯克希爾住房服務部聯繫。

### **Cantonese**

要请求翻译人员协助此申请，请致电413 499 1630与伯克希尔住房服务部联系。

### **Chinese Simple**

Pour demander un traducteur pour vous aider avec cette application, veuillez contacter Berkshire Housing Services au 413 499 1630.

### **French**

Um einen Übersetzer anzufordern, der Sie bei diesem Antrag unterstützt, wenden Sie sich bitte an Berkshire Housing Services unter 413 499 1630.

**German**

Чтобы запросить переводчика для помощи с этим заявлением, пожалуйста, свяжитесь с Berkshire Housing Services по телефону 413 499 1630.

**Russian**

Aby poprosić tłumacza o pomoc w tej aplikacji, skontaktuj się z Berkshire Housing Services pod numerem 413 499 1630.

**Polish**

Para solicitar un traductor que lo ayude con esta solicitud, comuníquese con Berkshire Housing Services al 413 499 1630.

**Spanish**

Щоб попросити перекладача допомогти з цією заявкою, будь ласка, зв'яжіться з Berkshire Housing Services за номером 413 499 1630.

**Ukrainian**

Để yêu cầu người phiên dịch hỗ trợ ứng dụng này, vui lòng liên hệ với Berkshire Housing Services theo số 413 499 1630.

**Vietnamese**

# Berkshire Housing

## I Speak Statements

- |  |  |
|--|--|
| <input type="checkbox"/> Unë flas <b>shqip</b> (Albanian)  | <input type="checkbox"/> N̄ a po <b>Klào</b> Win. (Kru)                            |
| <input type="checkbox"/> አማርኛ እናገራለሁ (Amharic)   | <input type="checkbox"/> ຂ້າພະເຈົ້າເວົ້າ ພາສາລາວ. (Lao)                            |
| <input type="checkbox"/> انا اتكلم اللغة العربية. (Arabic)   | <input type="checkbox"/> Yie gorngv <b>Mienh</b> waac. (Mien)                      |
| <input type="checkbox"/> Ես խոսում եմ <b>հայերեն</b> (Armenian)  | <input type="checkbox"/> म <b>नेपाली</b> बोल्छु (Nepali)                           |
| <input type="checkbox"/> আমি বাংলা ভাষী। (Bengali)   | <input type="checkbox"/> Mówię <b>po polsku</b> . (Polish)                         |
| <input type="checkbox"/> Ja govorim <b>bosanski jezik</b> (Bosnian)  | <input type="checkbox"/> Eu falo <b>Portugês</b> . (Portuguese)                    |
| <input type="checkbox"/> ကျွန်တော်ပြန်ဟောကားပြောသည်။ (Burmese)   | <input type="checkbox"/> ਇ ਸੁਪੇਆਕ ਪੰਜਾਬੀ (Punjabi)                                 |
| <input type="checkbox"/> 我说中文 (Chinese Simplified)   | <input type="checkbox"/> Cunosc limba <b>Română</b> . (Romanian)                   |
| <input type="checkbox"/> 我說中文 (Chinese Traditional)  | <input type="checkbox"/> Я говорю <b>по-русски</b> . (Russian)                     |
| <input type="checkbox"/> Ja govorim <b>hrvatski</b> . (Croatian)   | <input type="checkbox"/> Ou te tautala <b>faaSamoa</b> . (Samoan)                  |
| <input type="checkbox"/> اینجانب به زبان فارسی صحبت می کنم (Farsi)   | <input type="checkbox"/> Govorim <b>srpski</b> . (Serbian)                         |
| <input type="checkbox"/> Je parle <b>français</b> . (French)   | <input type="checkbox"/> Waxaan ku hadlaa <b>Somali</b> . (Somali)                 |
| <input type="checkbox"/> Je parle le <b>Français haïtien</b> (French Creole)   | <input type="checkbox"/> Yo hablo <b>español</b> . (Spanish)                       |
| <input type="checkbox"/> Μιλάω <b>ελληνικά</b> . (Greek)   | <input type="checkbox"/> أتحدث <b>السودانية</b> (لغوي سوداني) (Sudanese)           |
| <input type="checkbox"/> ཧྭ གུ་ཤར་ལཱི ཡོལུ ལྷུ (Gujarati)  | <input type="checkbox"/> Marunong po akong magsalita ng <b>Tagalog</b> . (Tagalog) |
| <input type="checkbox"/> Mwen pale <b>Kreyòl</b> . (Haitian Creole)  | <input type="checkbox"/> ข้าพเจ้าพูด ภาษาไทย (Thai)                                |
| <input type="checkbox"/> मैं <b>हिंदी</b> बोलता हूँ (Hindi)  | <input type="checkbox"/> ኣካ ትግርኛ ይዘረብ እየ. (Tigrinya)                               |
| <input type="checkbox"/> Kuv hais <b>lus hmoob</b> . (Hmong)   | <input type="checkbox"/> Я розмовляю <b>українською</b> . (Ukrainian)              |
| <input type="checkbox"/> Ana m a sụ <b>Igbo</b> (Igbo)   | <input type="checkbox"/> میں اردو بولتا/ بولتی ہوں . (Urdu)                        |
| <input type="checkbox"/> Parlo <b>Italiano</b> (Italian)   | <input type="checkbox"/> Tôi nói tiếng <b>Việt</b> . (Vietnamese)                  |
| <input type="checkbox"/> 私は日本語を話します (Japanese)   | <input type="checkbox"/> ך ף ארע ן ן ן (Yiddish)                                   |
| <input type="checkbox"/> Mi chat <b>Jamiekan langwjjj</b> (Jamaican Creole)  | <input type="checkbox"/> Mo gbọ <b>Yoruba</b> (Yoruba)                             |
| <input type="checkbox"/> y k t <b>ꨀꨁꨂꨃꨄꨅꨆꨇꨈꨉꨊꨋꨌꨍꨎꨏꨐꨑꨒꨓꨔꨕꨖꨗꨘꨙꨚꨛꨜꨝꨞꨟꨠꨡꨢꨣꨤꨥꨦꨧꨨꨩꨪꨫꨬꨭꨮꨯꨰꨱꨲꨳꨴꨵꨶ꨷꨸꨹꨺꨻꨼꨽꨾꨿ꩀꩁꩂꩃꩄꩅꩆꩇꩈꩉꩊꩋꩌꩍ꩎꩏꩐꩑꩒꩓꩔꩕꩖꩗꩘꩙꩚꩛꩜꩝꩞꩟ꩠꩡꩢꩣꩤꩥꩦꩧꩨꩩꩪꩫꩬꩭꩮꩯꩰꩱꩲꩳꩴꩵꩶ꩷꩸꩹ꩺꩻꩼꩽꩾꩿꪀꪁꪂꪃꪄꪅꪆꪇꪈꪉꪊꪋꪌꪍꪎꪏꪐꪑꪒꪓꪔꪕꪖꪗꪘꪙꪚꪛꪜꪝꪞꪟꪠꪡꪢꪣꪤꪥꪦꪧꪨꪩꪪꪫꪬꪭꪮꪯꪰꪱꪴꪲꪳꪵꪶꪷꪸꪹꪺꪻꪼꪽꪾ꪿ꫀ꫁ꫂ꫃꫄꫅꫆꫇꫈꫉꫊꫋꫌꫍꫎꫏꫐꫑꫒꫓꫔꫕꫖꫗꫘꫙꫚ꫛꫜꫝ꫞꫟ꫠꫡꫢꫣꫤꫥꫦꫧꫨꫩꫪꫫꫬꫭꫮꫯ꫰꫱ꫲꫳꫴꫵ꫶꫷꫸꫹꫺꫻꫼꫽꫾꫿꬀ꬁꬂꬃꬄꬅꬆ꬇꬈ꬉꬊꬋꬌꬍꬎ꬏꬐ꬑꬒꬓꬔꬕꬖ꬗꬘꬙꬚꬛꬜꬝꬞꬟ꬠꬡꬢꬣꬤꬥꬦ꬧ꬨꬩꬪꬫꬬꬭꬮ꬯ꬰꬱꬲꬳꬴꬵꬶꬷꬸꬹꬺꬻꬼꬽꬾꬿꭀꭁꭂꭃꭄꭅꭆꭇꭈꭉꭊꭋꭌꭍꭎꭏꭐꭑꭒꭓꭔꭕꭖꭗꭘꭙꭚ꭛ꭜꭝꭞꭟꭠꭡꭢꭣꭤꭥꭦꭧꭨꭩ꭪꭫꭬꭭꭮꭯ꭰꭱꭲꭳꭴꭵꭶꭷꭸꭹꭺꭻꭼꭽꭾꭿꮀꮁꮂꮃꮄꮅꮆꮇꮈꮉꮊꮋꮌꮍꮎꮏꮐꮑꮒꮓꮔꮕꮖꮗꮘꮙꮚꮛꮜꮝꮞꮟꮠꮡꮢꮣꮤꮥꮦꮧꮨꮩꮪꮫꮬꮭꮮꮯꮰꮱꮲꮳꮴꮵꮶꮷꮸꮹꮺꮻꮼꮽꮾꮿꯀꯁꯂꯃꯄꯅꯆꯇꯈꯉꯊꯋꯌꯍꯎꯏꯐꯑꯒꯓꯔꯕꯖꯗꯘꯙꯚꯛꯜꯝꯞꯟꯠꯡꯢꯣꯤꯥꯦꯧꯨꯩꯪ꯫꯬꯭꯮꯯꯰꯱꯲꯳꯴꯵꯶꯷꯸꯹꯺꯻꯼꯽꯾꯿가각갂갃간갅갆갇갈갉갊갋갌갍갎갏감갑값갓갔강갖갗갘같갚갛개객갞갟갠갡갢갣갤갥갦갧갨갩갪갫갬갭갮갯갰갱갲갳갴갵갶갷갸갹갺갻갼갽갾갿걀걁걂걃걄걅걆걇걈걉걊걋걌걍걎걏걐걑걒걓걔걕걖걗걘걙걚걛걜걝걞걟걠걡걢걣걤걥걦걧걨걩걪걫걬걭걮걯거걱걲걳건걵걶걷걸걹걺걻걼걽걾걿검겁겂것겄겅겆겇겈겉겊겋게겍겎겏겐겑겒겓겔겕겖겗겘겙겚겛겜겝겞겟겠겡겢겣겤겥겦겧겨격겪겫견겭겮겯결겱겲겳겴겵겶겷겸겹겺겻겼경겾겿곀곁곂곃계곅곆곇곈곉곊곋곌곍곎곏곐곑곒곓곔곕곖곗곘곙곚곛곜곝곞곟고곡곢곣곤곥곦곧골곩곪곫곬곭곮곯곰곱곲곳곴공곶곷곸곹곺곻과곽곾곿관괁괂괃괄괅괆괇괈괉괊괋괌괍괎괏괐광괒괓괔괕괖괗괘괙괚괛괜괝괞괟괠괡괢괣괤괥괦괧괨괩괪괫괬괭괮괯괰괱괲괳괴괵괶괷괸괹괺괻괼괽괾괿굀굁굂굃굄굅굆굇굈굉굊굋굌굍굎굏교굑굒굓굔굕굖굗굘굙굚굛굜굝굞굟굠굡굢굣굤굥굦굧굨굩굪굫구국굮굯군굱굲굳굴굵굶굷굸굹굺굻굼굽굾굿궀궁궂궃궄궅궆궇궈궉궊궋권궍궎궏궐궑궒궓궔궕궖궗궘궙궚궛궜궝궞궟궠궡궢궣궤궥궦궧궨궩궪궫궬궭궮궯궰궱궲궳궴궵궶궷궸궹궺궻궼궽궾궿귀귁귂귃귄귅귆귇귈귉귊귋귌귍귎귏귐귑귒귓귔귕귖귗귘귙귚귛규귝귞귟균귡귢귣귤귥귦귧귨귩귪귫귬귭귮귯귰귱귲귳귴귵귶귷그극귺귻근귽귾귿글긁긂긃긄긅긆긇금급긊긋긌긍긎긏긐긑긒긓긔긕긖긗긘긙긚긛긜긝긞긟긠긡긢긣긤긥긦긧긨긩긪긫긬긭긮긯기긱긲긳긴긵긶긷길긹긺긻긼긽긾긿김깁깂깃깄깅깆깇깈깉깊깋까깍깎깏깐깑깒깓깔깕깖깗깘깙깚깛깜깝깞깟깠깡깢깣깤깥깦깧깨깩깪깫깬깭깮깯깰깱깲깳깴깵깶깷깸깹깺깻깼깽깾깿꺀꺁꺂꺃꺄꺅꺆꺇꺈꺉꺊꺋꺌꺍꺎꺏꺐꺑꺒꺓꺔꺕꺖꺗꺘꺙꺚꺛꺜꺝꺞꺟꺠꺡꺢꺣꺤꺥꺦꺧꺨꺩꺪꺫꺬꺭꺮꺯꺰꺱꺲꺳꺴꺵꺶꺷꺸꺹꺺꺻꺼꺽꺾꺿껀껁껂껃껄껅껆껇껈껉껊껋껌껍껎껏껐껑껒껓껔껕껖껗께껙껚껛껜껝껞껟껠껡껢껣껤껥껦껧껨껩껪껫껬껭껮껯껰껱껲껳껴껵껶껷껸껹껺껻껼껽껾껿꼀꼁꼂꼃꼄꼅꼆꼇꼈꼉꼊꼋꼌꼍꼎꼏꼐꼑꼒꼓꼔꼕꼖꼗꼘꼙꼚꼛꼜꼝꼞꼟꼠꼡꼢꼣꼤꼥꼦꼧꼨꼩꼪꼫꼬꼭꼮꼯꼰꼱꼲꼳꼴꼵꼶꼷꼸꼹꼺꼻꼼꼽꼾꼿꽀꽁꽂꽃꽄꽅꽆꽇꽈꽉꽊꽋꽌꽍꽎꽏꽐꽑꽒꽓꽔꽕꽖꽗꽘꽙꽚꽛꽜꽝꽞꽟꽠꽡꽢꽣꽤꽥꽦꽧꽨꽩꽪꽫꽬꽭꽮꽯꽰꽱꽲꽳꽴꽵꽶꽷꽸꽹꽺꽻꽼꽽꽾꽿꾀꾁꾂꾃꾄꾅꾆꾇꾈꾉꾊꾋꾌꾍꾎꾏꾐꾑꾒꾓꾔꾕꾖꾗꾘꾙꾚꾛꾜꾝꾞꾟꾠꾡꾢꾣꾤꾥꾦꾧꾨꾩꾪꾫꾬꾭꾮꾯꾰꾱꾲꾳꾴꾵꾶꾷꾸꾹꾺꾻꾼꾽꾾꾿꿀꿁꿂꿃꿄꿅꿆꿇꿈꿉꿊꿋꿌꿍꿎꿏꿐꿑꿒꿓꿔꿕꿖꿗꿘꿙꿚꿛꿜꿝꿞꿟꿠꿡꿢꿣꿤꿥꿦꿧꿨꿩꿪꿫꿬꿭꿮꿯꿰꿱꿲꿳꿴꿵꿶꿷꿸꿹꿺꿻꿼꿽꿾꿿</b> |  |

BERKSHIRE HOUSING SERVICES, INC.  
Christian Hill Commons Application  
1 Fenn Street, 3<sup>rd</sup> Floor  
P.O. Box 1180  
PITTSFIELD, MASSACHUSETTS 01202-1180  
**413-499-4887**  
**413-445-7633 (FAX)**

**SMOKE FREE  
PROPERTY**

The agent will provide help in reviewing this document. If necessary, persons with disabilities may ask for this application in large print or other alternative formats.

Please indicate bedroom size:

One bedroom \_\_\_\_      Four Bedroom \_\_\_\_\_  
Two bedroom \_\_\_\_      Hearing/Visual Adapted Unit  
Three Bedroom \_\_\_\_      Yes \_\_ No\_\_

1) Applicant \_\_\_\_\_ MAILING ADDRESS, IF DIFFERENT:  
STREET \_\_\_\_\_  
CITY \_\_\_\_\_  
STATE \_\_\_\_\_  
ZIP \_\_\_\_\_  
TEL. # \_\_\_\_\_ BUS. TEL. # \_\_\_\_\_

2) **Racial and Ethnic Designation** (Optional Section: Information will be used for fair housing programs only, as required by State and Federal Laws).

Race: White (not of Hispanic Origin) \_\_\_\_\_ American Indian/Alaskan Native \_\_\_\_\_  
Asian or Pacific Islander Black (Not of Hispanic Origin) \_\_\_\_\_  
Hispanic \_\_\_\_\_

Note: Upon request to the Agent, you have a right to receive a Tenant Selection Plan (with Program Description Insert) which summarizes the tenant application process, eligibility and screening requirements, for occupancy in this property.

3) **Rental History (please provide a minimum of 5 years rental history)**

**Current Landlord:** \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_ Monthly Rent: \_\_\_\_\_  
\_\_\_\_\_ Utilities Included \_\_\_\_\_

Dates of occupancy: From \_\_\_\_\_ to \_\_\_\_\_

Why do you want to leave this address?

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

**Previous Address:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Previous Landlord:** \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 \_\_\_\_\_

Date of occupancy: From \_\_\_\_\_ to \_\_\_\_\_  
 Why did you leave this address?

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

**Previous Address:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Previous Landlord:** \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 \_\_\_\_\_

Date of occupancy: From \_\_\_\_\_ to \_\_\_\_\_  
 Why did you leave this address?

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

**4) Members of Household:** Please list everyone who will occupy the apartment. **INCLUDE Yourself.**

Full Name	Social Security Number	Date of Birth	Relationship to Head of Household	Sex	Full Time Student Yes or No (indicate below )

Is a change in household expected?  Yes  No

If yes, what type of change: \_\_\_\_\_  
 \_\_\_\_\_

5) **Income.** Please list all money to be earned or received in the next twelve months by each household member; including full time students, such as Welfare, wages, social security / SSI, pension, TANF, public assistance, unemployment, disability benefits, child support, alimony, annuities, dividends, income from rental property, military pay, scholarships or other grants. **If you are collecting benefits under another social security number, please list the claim number here:** \_\_\_\_\_.

Household Member	Type of Income/Frequency	Source	Gross monthly income ( before taxes)

6) All assets of any family member must be reported. Assets include: checking accounts, savings accounts, Certificates of Deposit, Money Markets, Stocks, Bonds, Real Estate holdings, and Life Insurance policies. : IF YOU HAVE NO ASSETS, COMPLETE PAGE 5.

Provide name of banks or any applicable companies and approximate value/amount of asset.

Household Member	Type of Asset		

Have you sold any property or disposed of any assets for less than fair market value in the last two years?  Yes  No

<u>Type of Asset</u>	<u>Date of Disposal</u>	<u>Fair Market Value</u>	<u>Amount Received</u>
_____	_____	_____	_____
_____	_____	_____	_____

7) Does any member of the household have any accessibility or reasonable accommodation request or changes in a unit or development or alternate ways we need to communicate with you? \_\_\_Yes\_\_\_ No If yes, please explain \_\_\_\_\_

8) **Note: If you are unable to furnish a landlord reference or other housing reference, please furnish character references. They must have known you for one (1) year or more and not related to you.**

Name of Character Reference \_\_\_\_\_  
 Telephone \_\_\_\_\_ Address \_\_\_\_\_

Name of Character Reference \_\_\_\_\_  
 Telephone \_\_\_\_\_ Address \_\_\_\_\_

- 9) **Expenses:** Do you pay for child care for any children under the age of 13, a care attendant or any equipment for a handicapped household member, which enables you or another family member to work or go to school?  Yes  No

If yes, please fill in the type of expense and the amount you expect to spend on this care in the next twelve months: \_\_\_\_\_

Do you pay for any medical expenses that are not covered by insurance? This includes insurance premiums.  Yes  No

If yes, please list amount: \_\_\_\_\_

- 10) Have you or any member of your household ever been a recipient of any state or federal housing assistance program?  Yes  No

If yes, name of head of household at that time: \_\_\_\_\_

Relation to present applicant: \_\_\_\_\_

Name of Housing Authority or Agency: \_\_\_\_\_

Address of subsidized Unit: \_\_\_\_\_

City, State: \_\_\_\_\_

Date Moved Out: \_\_\_\_\_

Reason for Moving: \_\_\_\_\_

Did you leave as a tenant in good standing:  Yes  No

If no, please explain: \_\_\_\_\_

If you answered yes to question 10, has your assistance ever been terminated for fraud, non-payment of rent or failure to cooperate with recertification procedures?  Yes  No

If yes, explain: \_\_\_\_\_

- 11) Have you or any member of your household ever been arrested or convicted of a crime? Are any household members required to register as a sex offender under Massachusetts state law or any other state law?  Yes  No

If yes, list the names of the persons and registration requirements. (Place and length of time registration is required. \_\_\_\_\_)

**NOTE: A failure to respond fully to these questions may result in rejection or denial of this application.**

- 12) Have you ever been displaced from your home? Yes\_\_\_\_ No\_\_\_\_ If so, please describe\_\_\_\_\_

- 13) Does your present apartment contain health code violations? Yes\_\_\_\_ No\_\_\_\_ If so, please describe\_\_\_\_\_

Apartments are financed by the Massachusetts Housing Finance Agency and are rented without regard to race, color, religion, sex or national origin, handicap or familial status. Federal law prohibits the discrimination against individuals with handicaps. Upon request, reasonable accommodations will be made to rules, policies, practices and services making them accessible and permit assistive animals when they provide tenants with equal housing opportunities.

I/we understand that this application is not an offer of housing. I/we understand that it is my responsibility to notify Berkshire Housing in writing of any change of address, income or family composition. By signing this application I/we are giving permission for Berkshire Housing staff to verify any information in this application, perform a credit and criminal record check. All information is regarded as confidential in nature. Additional information will be provided if requested. I/we understand that any false statements or misrepresentation are punishable by State and Federal laws. I /we certify that the information provided on this application is true and accurate, to the best of my knowledge and belief. I / We understand that if I/we am contacted regarding these programs and I/we do not respond, my name will be removed from the waiting list. I /we certify that the information provided on this application is true and accurate, to the best of my knowledge and belief. I/we certify that we have received a notice from the management agent describing the right to reasonable accommodations for persons with disabilities.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE





# 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](http://www.mass.gov/eohlc).

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

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

## 1. Contact Information

Name and Date of Birth of Applicant/Head of Household \_\_\_\_\_ Date of Birth\*

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

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

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

\_\_\_\_\_  
Suffix



**Please provide your primary residential address**

If you are currently homeless, please provide your shelter’s address OR the address of your last primary residence. This address will be used to determine where you have local resident preference.

Street Address\* \_\_\_\_\_

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

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

**Please provide your mailing address, only if different from the address listed above**

Street Address, 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 note: you may receive digital notices at this email address) \_\_\_\_\_

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

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

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

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

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

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



## 2. Current Housing Situation

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

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

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

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

- Yes       No

**On what day did you become, or will you become, displaced from your primary residence?** A primary residence is a home occupied by your household for no less than nine months of the year, and that was not intended to be a temporary residence.

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

**If yes, please check ALL of the following statements that apply to you.**

- I do not have a place to live; OR, I am living in a situation that is a significant immediate threat to the life or safety 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.

**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



**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?**

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City/Town

State

Zip Code

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

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

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

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Day/Month/Year Day/Month/Year

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

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



#### 4. Language Access<sup>1</sup>

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]**

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<sup>1</sup> Your status with respect to tenant selection procedures will not be affected by your answers to the two Language Access questions.



**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.

					Gender (M/F)	Occupation Status <sup>4</sup>	Social Security Number	Date of Birth	Disabled? (optional) <sup>5</sup>
First:	Head of Household							Listed on 1st Page of App	
Last:									
First:									
Last:									
First:									
Last:									
First:									
Last:									
First:									
Last:									
First:									
Last:									
First:									
Last:									

<sup>1</sup> Relationship to Household: Head, Spouse/Partner, Brother/Sister, Child/Grandchild, Parent/Grandparent, Niece/Nephew, Cousin, Foster Child, or Other.

<sup>2</sup> Racial Designation: American Indian, Alaskan Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, or White.

<sup>3</sup> Ethnic Designation: Hispanic/Latino or Not-Hispanic/Latino.

<sup>4</sup> Occupation: Employed, Retired, At Home, Student.

<sup>5</sup> Disabled: Yes or No.



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

If so, this will not necessarily disqualify your application.

- Yes       No

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

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

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

\$

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

- Yes       No

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If yes, what type?

When is this expected to occur?

**[Blank Space – Go to Next Page]**



## 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](http://www.mass.gov/mrvp) or you can visit the CHAMP website.

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

Yes If yes, you must complete the questions in this Part 7 and **you will be placed on all MRVP mobile voucher waitlists.** (*LHAs will add all MRVP Mobile Waitlists*)

To apply to specific MRVP Project-Based Waitlists you will need to select them individually.

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

### MRVP Program Questions

#### Where do your children attend school?

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

\_\_\_\_\_

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:

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

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

<u>MRVP Project-Based Waitlist</u>		
<input type="checkbox"/> Attleboro	<input type="checkbox"/> Gloucester	<input type="checkbox"/> Newton
<input type="checkbox"/> Bedford	<input type="checkbox"/> Great Barrington	<input type="checkbox"/> Orange
<input type="checkbox"/> Bellingham	<input type="checkbox"/> Holyoke	<input type="checkbox"/> Peabody
<input type="checkbox"/> Boston	<input type="checkbox"/> Ipswich	<input type="checkbox"/> Springfield
<input type="checkbox"/> Braintree	<input type="checkbox"/> Lexington	<input type="checkbox"/> Stoughton
<input type="checkbox"/> Brockton	<input type="checkbox"/> Littleton	<input type="checkbox"/> Wareham
<input type="checkbox"/> Cambridge	<input type="checkbox"/> Lexington	<input type="checkbox"/> Warren
<input type="checkbox"/> Canton	<input type="checkbox"/> Littleton	<input type="checkbox"/> Westfield
<input type="checkbox"/> Chelmsford	<input type="checkbox"/> Lowell	<input type="checkbox"/> Weymouth
<input type="checkbox"/> Clinton	<input type="checkbox"/> Mashpee	<input type="checkbox"/> Worcester
<input type="checkbox"/> East Longmeadow	<input type="checkbox"/> Monson	
<input type="checkbox"/> Fall River	<input type="checkbox"/> Nantucket	
<input type="checkbox"/> Gardner	<input type="checkbox"/> 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:

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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:

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

- Yes       No

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

- Yes       No

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

\_\_\_\_\_

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.

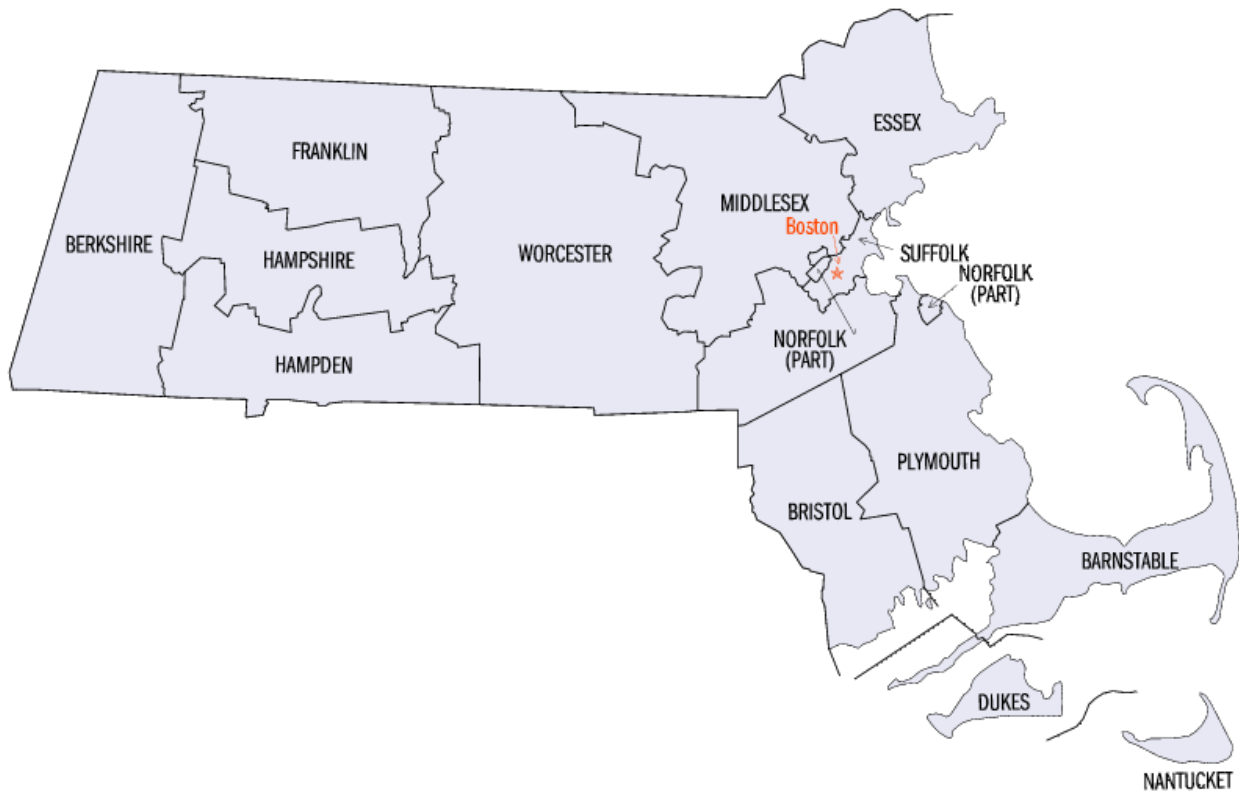
If you refuse to accept an offer of public housing, you will be removed from that public housing waiting list. If you refuse to accept a total of three offers of public housing, you will be removed from public housing waiting lists at all the housing authorities where you applied.

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	<input type="checkbox"/>	2, 3, 4, 5	<input type="checkbox"/>
	Bourne	1, 2	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Brewster	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Chatham	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Dennis	1, 2	<input type="checkbox"/>	3, 4	<input type="checkbox"/>
	Falmouth	1	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>
	Harwich	N/A		2, 3	<input type="checkbox"/>
	Mashpee	1	<input type="checkbox"/>	3	<input type="checkbox"/>
	Orleans	1	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>
	Provincetown	1	<input type="checkbox"/>	1, 2, 3	<input type="checkbox"/>
	Sandwich	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Yarmouth	1	<input type="checkbox"/>	N/A	
Berkshire	Adams	1	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>
	Dalton	1, 2	<input type="checkbox"/>	3	<input type="checkbox"/>
	Great Barrington	1	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>
	Great Barrington - Sheffield	1	<input type="checkbox"/>	3	<input type="checkbox"/>
	Lee	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Lenox	1, 2	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Pittsfield	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Stockbridge	1, 2	<input type="checkbox"/>	N/A	
	Williamstown	1	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>
Bristol	Acushnet	1	<input type="checkbox"/>	N/A	
	Attleboro	1	<input type="checkbox"/>	1, 2, 3	<input type="checkbox"/>
	Dartmouth	1	<input type="checkbox"/>	N/A	
	Dighton	1	<input type="checkbox"/>	N/A	
	Easton	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Fairhaven	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Fall River	1	<input type="checkbox"/>	1, 2, 3	<input type="checkbox"/>
	Mansfield	1, 2	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>
	New Bedford	1, 2	<input type="checkbox"/>	1, 2, 3, 4	<input type="checkbox"/>
	North Attleborough	1, 2	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Norton	1	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>
	Seekonk	1, 2	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Somerset	1	<input type="checkbox"/>	N/A	
	Swansea	1	<input type="checkbox"/>	N/A	
	Taunton	1	<input type="checkbox"/>	1, 2, 3, 4	<input type="checkbox"/>
Westport	1	<input type="checkbox"/>	N/A		



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





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



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



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



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



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



## 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](http://www.mass.gov/champ)
- I understand that the online application may be subject to data transmission errors that may make the application incomplete. I understand that EOHLC is not responsible for these errors.
- By using this application, I agree to all of these conditions.

Signed under the pains and penalties of perjury,

Print  
name\*:

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Signature\*:

Date\*:

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## Fair Information Practices Act - Statement of Rights

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\*:

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Signature\*:

Date\*:

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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.

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**Head of Household Printed Name**

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**Head of Household Signature\***

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

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**Date**

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

- 14) Is your present apartment too small for your family Yes \_\_\_ no\_\_\_
- 15) Does your current housing cause accessibility or other problems for any household member who has a disability? Yes\_\_\_ No\_\_\_ If so, please describe\_\_\_\_\_
- 16) Have you or any member of your household suffered actual or threats of physical violence by a spouse or other member of the household? If so, please provide details\_\_\_\_\_
- 17) How did you hear of this apartment complex? \_\_\_\_\_
- 18) Pets are allowed at these developments in accordance with Berkshire Housing Services, Inc.'s Pet Policy. If you have or will have a pet please check box:  
 Please send me a copy of the Pet Policy.
- 19) Do you own a car? \_\_\_ Yes \_\_\_ No  
 If yes, please indicate year and model \_\_\_\_\_

**PERSON TO NOTIFY IN CASE OF AN EMERGENCY:**

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone Number \_\_\_\_\_

**NO ASSET CERTIFICATION**

**PLEASE COMPLETE THIS ONLY IF YOU HAVE NO ASSETS. OTHERWISE PLEASE COMPLETE THE REQUIRED ASSET SECTION ON PAGE 3.**

This will certify that I have no assets of any kind. If I do acquire any assets such as savings, checking, stocks, bonds, real estate or any other assets I will notify Berkshire Housing Services, Inc. immediately.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE