



Common Housing Application for Massachusetts Public Housing (CHAMP)

Application Update/Change Form

In order to make changes or updates to your application for state-aided public housing, please fill out only the information that has changed on the form below and mail or hand deliver it to any local housing authority (LHA).

If you have a disability, you have a right to request a reasonable accommodation with the application process. Contact your local housing authority to make arrangements.

1. Applicant ID Number

Please provide the Applicant ID number associated with your application for state-aided public housing.

2. Contact Information

Name of Applicant/Head of Household

First Name

Middle Initial

Last Name

Suffix

Please provide your residential address

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

Street Address _____

Apt. Suite, Floor, etc. _____

City/Town

State

Zip Code

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



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

Apt. Suite, Floor, etc.

City/Town

State

Zip Code

Please provide your telephone numbers and email address

Home Phone

Mobile Phone

Work Phone

Email address

3. Housing Type

There are different types of state-aided public housing available for low-income families, elderly persons, and persons with disabilities.

Do you want to add an application for another housing program at the same housing authority? Please check the program that you want to add below.

☐ Family

☐ Congregate Elderly

☐ Elderly

☐ Congregate Handicapped

☐ Non-elderly Handicapped

Have your unit size needs changed? Please check the number of bedrooms you need below.*

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9

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

4. Current Housing Situation

Has your housing situation changed? If so, please complete the following:

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



☐ Yes ☐ No

On what day did you become, or will you become, displaced from your primary residence?

Month / Day / Year

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

- ☐ I do not have a place to live or am in a living situation in which there is a significant immediate threat to the life or safety of myself or a household member whose situation would be alleviated by placement in an appropriate unit.
- ☐ I have made reasonable efforts to locate alternative housing.
- ☐ I have not caused or substantially contributed to the unsafe or life threatening situation.
- ☐ I have pursued available ways to prevent or avoid the situation by seeking assistance through the courts or appropriate administrative or enforcement agencies.
- ☐ I have been displaced from a primary residence where I intended to live for an indefinite period of time for at least nine months of the year.

If yes, did you become homeless in any of the following ways?

Check all that apply

- ☐ Displaced by natural forces (i.e. flood, fire, earthquake)
- ☐ Displaced by urban renewal or eminent domain.
- ☐ Displaced by condemnation of home or code violations.
- ☐ No fault loss of housing - such as condominium conversion, owner wants unit for personal or family use, or discharge from nursing home or long-term care facility.
- ☐ Victim of abuse (domestic violence).
- ☐ Severe medical emergency.

4. Employment & Veteran Status

Have you become employed or changed jobs? If so, where is your current place of employment?

City/Town

State

Zip Code



Have you added a member to your household who is a Veteran of the United States Armed Forces? If so, check the appropriate box below.

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

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

Start Date: _____ End Date: _____
Day/Month/Year Day/Month/Year

Please check all that apply

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

5. Accessibility

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

- ☐ Yes ☐ No

If yes, please enter some additional details:

Does your household need a unit that is wheelchair accessible?

- ☐ Yes ☐ No

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

- ☐ Yes ☐ No



6. Household Makeup

Has your household composition changed? If so, please enter the name and personal information of each member of the household who will be living in the unit, starting with the Head of Household.

Please note:

- Responding to the racial and ethnic designation questions is optional. Your status with respect to tenant selection procedures may be affected by this information.
- Gender, relationship to head of household, and date of birth are required to determine your appropriate unit size.
- If provided, the Social Security Number will be used to verify income and assets.
- Responding to the disability question is optional. Your income determination may be affected by this information.

Please provide the names and personal details of Household Members

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

Note: Valid responses to Household Members Personal Details are listed in 1-5 below.

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

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

3 Ethnic Designation: Hispanic/Latino or Not-Hispanic/Latino.

4 Occupation: Employed, Retired, At Home, Student.

5 Disabled: Yes or No



7. Housing Selections

Do you want to add another local housing authority to your application?

Where else would you like to apply? Please list housing authorities.

Applicant's Certification

- I understand that this application is not an offer of housing.
- I understand that a housing authority will make no more than one offer of an appropriate public housing unit. If I do not accept that offer, without good cause, my application will be removed from the waiting list for that program at that housing authority;
- If I reapply for that program at that housing authority, my application will not receive any priorities or preferences that were previously granted or requested on the prior application for a three year period.
- Based on this application, I understand I should not make plans to move or end my present tenancy until I have received a written Unit Offer from a housing authority.
- I understand that it is my responsibility to inform a Housing Authority in writing of any change of address, income, or household composition or any other information regarding my application.
- I authorize housing authorities where I have applied to make inquiries to verify the information I have provided in this application.
- I certify that the information I have given in this application is true and correct. I understand that any false statement or misrepresentation may result in the denial of my application.
- I understand that housing authorities I have applied to will request a Criminal Offender Record Information from the Criminal Justice Information Services and may perform credit checks and other background investigations for all adult members of the household.
- I understand that if I have made any intentionally false or misleading statements when applying for public housing, my application will be disqualified and there may be additional consequences.
- I understand that the online application may be subject to data transmission errors that may make the application incomplete. I understand that DHCD is not responsible for these errors.
- By using this application, I agree to all of these conditions.

Signed under the pains and penalties of perjury,

Print name:



Signature: _____ Date: _____

