



CHAMP



Supplemental Application – Income and History

Please fill out the following application, sign the Applicant’s Certification, and mail or hand deliver it to the Local Housing Authority (LHA) that has requested it. Note that a housing authority may ask you to update this information if it determines that the information is too old.

All information is required. If you need additional space to provide an answer, please attach additional sheets. If you would prefer, you can fill out this information online and upload supporting documentation. To create a CHAMP Account or to login to your existing CHAMP account please use the CHAMP website: <https://www.mass.gov/applyforpublichousing>. 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.

Important Instructions for Applicants:

1. Please fill out any missing sections or fix any outdated or incorrect information and we will update your application in CHAMP. Without accurate information we may not be able to process your application.
2. You must either return this to the Housing Authority that sent it to you or access your CHAMP Account online at <https://www.mass.gov/applyforpublichousing> to update it.

Contact Information

Name of Applicant/Head of Household

_____	_____	_____	_____
First Name	Middle Initial	Last Name	Suffix

Date of Birth of Applicant/Head of Household: _____

Mailing address on file:

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

Apt. Suite, Floor, etc.

--- Fill In Your Current Mailing Address if different from above:

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

Apt. Suite, Floor, etc.

Residential Address on file:



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

Apt. Suite, Floor, etc.

City/Town

State

Zip Code

--- Fill In Your Current Residential Address if different from above:

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

Apt. Suite, Floor, etc.

City/Town

State

Zip Code

Please provide or correct your phone numbers and email addresses on file

Home Phone

Mobile Phone

Work Phone

Email address

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Household Makeup:

Please provide the names and personal details of all Household Members, or correct the information already on file (printed below).
 Please Note: If provided, the Social Security Number will be used to verify income and assets.

		/ / / / / / / /							
First:	Head of Household							Listed on 1 ST Page of App	
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, White, or Other.
3. Ethnic Designation: Hispanic/Latino or Not-Hispanic/Latino.
4. Occupation: Employed, Retired, At Home, Student.
5. Disabled: Yes or No.

Financial Information

In order to determine your eligibility for housing and how much your rent will be, the housing authority must have detailed information about the gross income, assets, and deductions for your entire household anticipated for the next 12 months. This information must be current (no more than 90 days old) at the time when you sign a lease for an apartment.

Will your household have any type of income over the next 12 months?

Yes No

If yes, please enter the details of all income sources. Income should be gross annual income before deductions.

	Household Member	Income Type* (Please choose from list below)	Gross Income over the next 12 months	Name and Address of Employer or Income Source
1.			\$	Name: Address:
2.			\$	Name: Address:
3.			\$	Name: Address:
4.			\$	Name: Address:
5.			\$	Name: Address:
6.			\$	Name: Address:

*Income Type: Wages/Salary, Net Income from Business or Profession, Disability, Social Security, TAFDC or Public Assistance, VA Disability, Unemployment, Pension, Alimony or Child Support, Proceeds from the sale of an investment (stocks, bonds, etc.), Income from an investment (dividends or interest from stocks, checking/savings accounts, etc.) Annuity Income, Trust Income or Other.

Do any household members have any assets like stocks, bonds, trusts, bank accounts, or real estate?

Yes No

If yes, please describe all household assets.



	Household Member	Type of Asset* (Please choose from list below)	Value of Asset/ Current Balance	Financial Institution	Account No.
1.			\$		
2.			\$		
3.			\$		
4.			\$		
5.			\$		

Type of Asset*: Bank accounts, real estate, stocks, bonds, mutual funds, annuity, trust, other.

If Real Estate:

	Household Member	Type of Asset	Value	Address of Real Estate
1.		Real estate	\$	
2.		Real estate	\$	

Have you or a household member sold, transferred or given away any real property or assets in the last three (3) years?

Yes No

If yes, please provide some additional details

\$

\$

Amount of Sale/Transfer

Value of Asset

Date of Sale/Transfer (mm/dd/yyyy)

Do you have any household expenses?

Yes No

If yes, please provide total amount of annual household expenses.

\$

\$

Un-reimbursed Medical Expenses

Alimony and/or Child Support

\$

\$

Health Insurance Premiums

Other (such as expenses for care of sick children or an incapacitated person, if necessary for employment)



Criminal Record*

Have you or any member of your household who will live in the unit ever been convicted of a crime?

Yes No

If yes, please explain:

Do you or any member of your household who will live in the unit have any criminal matters pending?

Yes No

If yes, please explain:

***APPLICANTS WITH SEALED RECORDS PLEASE READ BELOW.**

Applicants with sealed records: You are not required to list convictions that are included in a record that has been sealed.

An applicant for employment or for housing or an occupational or professional license with a sealed record on file with the commissioner of probation may answer 'no record' with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. An applicant for employment or for housing or an occupational or professional license with a sealed record on file with the commissioner of probation may answer 'no record' to an inquiry herein relative to prior arrests or criminal court appearances. In addition, any applicant for employment may answer 'no record' with respect to any inquiry relative to prior arrests, court appearances and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution. An applicant for employment, housing or an occupational or professional license with a sealed record on file with the commissioner of probation may answer 'no record' with respect to an inquiry herein relative to prior arrests or criminal court appearances.

Rental History

Do you owe any previous property owner money for damages or unpaid rent?

Yes No

If yes, please explain:

Have you ever been evicted from a rental unit for cause?

Yes No

If yes, please explain:



Previous Housing

Please list the previous residences for each adult household member (including their current residence) for the last 5 years in reverse order. Please use additional sheets of paper if needed,

Please identify the leaseholder if someone other than applicant head of household. The leaseholder is the person who has the tenancy agreement with the landlord. Attach an additional sheet of paper if there is not enough room in the spaces below.

Please describe your **current** residence #1:

Leaseholder Information for Residence #1

First Name	Last Name	
Street Address		
Apt. Suite, Floor, etc.		
City/Town	State	Zip Code
Phone number	Move in Date	Move out Date

Landlord Information for Residence #1

First Name	Last Name	
Street Address		
Apt. Suite, Floor, etc.		
City/Town	State	Zip Code
Phone number		

Check box if this landlord brought any court action against the leaseholder or a member of your household.

Check this box if this landlord returned the security deposit to the leaseholder.

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Please describe your previous residence #2

Leaseholder Information for Residence #2

First Name	Last Name	
Street Address		
Apt. Suite, Floor, etc.		
City/Town	State	Zip Code
Phone number	Move in Date	Move out Date

Landlord Information for Residence #2

First Name	Last Name	
Street Address		
Apt. Suite, Floor, etc.		
City/Town	State	Zip Code
Phone number		

- Check box if this landlord brought any court action against the leaseholder or a member of your household.
- Check this box if this landlord returned the security deposit to the leaseholder.

Please describe your previous residence #3

Leaseholder Information for Residence #3

First Name	Last Name	
Street Address		
Apt. Suite, Floor, etc.		
City/Town	State	Zip Code
Phone number	Move in Date	Move out Date



Landlord Information for Residence #3

First Name _____ Last Name _____

Street Address _____

Apt. Suite, Floor, etc. _____

City/Town _____ State _____ Zip Code _____

Phone number _____

- Check box if this landlord brought any court action against the leaseholder or a member of your household.
- Check this box if this landlord returned the security deposit to the leaseholder.

Please describe your previous residence #4

Leaseholder Information for Residence #4

First Name _____ Last Name _____

Street Address _____

Apt. Suite, Floor, etc. _____

City/Town _____ State _____ Zip Code _____

Phone number _____ Move in Date _____ Move out Date _____

Landlord Information for Residence #4

First Name _____ Last Name _____

Street Address _____

Apt. Suite, Floor, etc. _____

City/Town _____ State _____ Zip Code _____

Phone number _____

- Check box if this landlord brought any court action against the leaseholder or a member of your household.
- Check this box if this landlord returned the security deposit to the leaseholder.



Please describe your previous residence #5

Leaseholder Information for Residence #5

First Name	Last Name	
Street Address		
Apt. Suite, Floor, etc.		
City/Town	State	Zip Code
Phone number	Move in Date	Move out Date

Landlord Information for Residence #5

First Name	Last Name	
Street Address		
Apt. Suite, Floor, etc.		
City/Town	State	Zip Code
Phone number		

- Check box if this landlord brought any court action against the leaseholder or a member of your household.
- Check this box if this landlord returned the security deposit to the leaseholder.

Personal References

Please provide your first reference, this should not be a household member or relative.

First Name	Middle Initial	Last Name	Suffix
Street Address, P.O. Box or c/o			
And Apt. Suite, Floor, etc.			
City/Town	State	Zip Code	
Phone Number			



Please provide your second reference, this should not be a household member or relative.

_____	_____	_____	_____
First Name	Middle Initial	Last Name	Suffix
Street Address, P.O. Box or c/o			
Apt. Suite, Floor, etc.			

_____	_____	_____	
City/Town	State	Zip Code	

Phone Number			

Additional Household Information

Is anyone in your household a Board Member or employee, or immediate family member of a Board Member or an employee, of any housing authorities 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 authority and the person's role at the housing authority.

Have you or any member of your household ever received housing assistance from a housing authority or any other housing agency?

Yes No

_____	_____
Name of Head of Household at that time	Relationship to Applicant

Name of Housing Agency	

Do you still live at this residence? If no, move out date: _____

Yes No

Please enter some additional details about your reason for moving out:



When you moved out, were you in compliance with the lease and other program requirements?

Yes No

If no, please explain:

Do you or a member of your household have a disability for which you need a reasonable accommodation of an AHVP policy or procedure? (only required if you have applied for AHVP)

Yes No

If yes, please enter some additional details:

Are there any pets in your household? (only required if you applied for Public Housing)

Yes No

If yes, how many? _____ Please describe: _____

Does anyone in your household own a car? (only required if you applied for Public Housing)

Yes No

Make of Car	Year	State where registered	License Plate Number
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Applicant's Certification*

- I understand that this application is not an offer of housing.
- **For state-aided public housing:**
 - I understand that a housing authority will make no more than one offer of an appropriate public housing unit. If I do not accept that offer, without good cause, my application will be removed from the waiting list for that program at that housing authority;
 - If I reapply for that program at that housing authority, my application will not receive any priorities or preferences that were previously granted or requested on the prior application for a three year period.
 - I understand that if I fail to accept a total of three offers of housing from across all of the programs and housing authorities where I have applied, that my application will be removed from all programs at all housing authorities to which I have applied. I understand that I can reapply, but that all of the dates and times of my applications will be changed to the date of my new application and my application will not receive any priorities or preferences that were granted or requested on the prior application for a three year period.
- **For AHVP:**
 - I understand that AHVP Participants only receive one bedroom vouchers (except for an appropriate reasonable accommodation). I understand that if my household increases and I need a larger apartment where the rent is not affordable with the AHVP one bedroom ceiling rent, I cannot receive any higher amount of rental assistance from the AHVP and should apply for assistance from a different housing program.
 - AHVP is administered locally by participating local housing authorities (LHAs). I understand that I will only be added to the AHVP waitlists which I have selected. While I can only receive one AHVP voucher, I understand that I may be contacted by multiple LHAs at the same time to start the eligibility process. I understand that I am responsible for providing the necessary information and documentation to each and every LHA as requested, regardless of whether I have already provided that information or documentation to another LHA, and that failure to do so may result in the denial of my application.
 - I understand that if I am found ineligible by a particular LHA, I will still remain on the waitlists of the remaining LHAs to which I applied.
 - I understand that if I am found eligible and am issued an AHVP voucher, I will be removed from the waitlists of all AHVP LHAs.
- 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 or a notification of a unit approval for AHVP from a housing authority.
- I understand that it is my responsibility to update my application online OR inform a Housing Authority in writing of any change of address, income, or household composition or any other information regarding my application.
- I authorize housing authorities where I have applied to make inquiries to verify the information I have provided in this application.
- I certify that the information I have given in this application is true and correct. I understand that any false statement or misrepresentation may result in the denial of my application.
- I understand that housing authorities I have applied to will request a Criminal Offender Record Information from the Criminal Justice Information Services and may perform credit checks and other background investigations for all adult members of the household.
- I understand that if I have made any intentionally false or misleading statements when applying for public housing, my application will be disqualified and there may be additional consequences.



Applicant's Certification continued

- 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 authority or online: <https://www.mass.gov/applyforpublichousing>
- I understand that the online application may be subject to data transmission errors that may make the application incomplete. I understand that DHCD is not responsible for these errors.
- By using this application, I agree to all of these conditions.

Signed under the pains and penalties of perjury,

Print name*:

Signature*:

Date*:

