



Common Housing Application for Massachusetts Public Housing (CHAMP)

Application Update/Change Form Housing Type & Accessibility Needs

In order to make changes or updates to the **Housing Type and/or Accessibility Needs** section of your application for state-aided public housing, **please fill out the form below** and mail or hand deliver it to any local housing authority (LHA). The information will be entered online by the LHA.

If you would prefer to update your application online, please use the Common Housing Application for Massachusetts Public Housing (CHAMP) website: www.mass.gov/applyforpublichousing

Even if you originally submitted a paper application, you can still use the website to make changes or updates to your application instead of going to an LHA in person.

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.

PLEASE PROVIDE YOUR: Applicant ID Number

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

Contact Information***(Must be provided for your update to be processed)

Name of Applicant/Head of Household

_____	_____	_____	_____
First Name	Middle Initial	Last Name	Suffix

Date of Birth: _____

1. Housing Type

There are different state-aided public housing programs available for low-income families, elderly persons, and persons with disabilities. Not all housing authorities administer every program.

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



Household members must be related by blood, marriage, operation of law, or a stable interdependent relationship. To be eligible for elderly/handicapped public housing, at least one household member must be at least 60 years old or be a person with a disability who meets certain eligibility criteria.

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

Elderly/Handicapped Program

- Yes No

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

- Elderly
 Non-elderly Handicapped

B. Apartment size

How many bedrooms do you believe you need?* (**)

- 1 2 3 4 5 6 7 8 9

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

2. 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 any member of your household 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.



Applicant's Certification

- 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 if I have made any intentionally false or misleading statements when applying for public housing, my application will be disqualified and there may be additional consequences.
- I understand that my application information will be transferred to the **Common Housing Application for Massachusetts Public Housing (CHAMP)**. When more than one application I have submitted has conflicting information, for example different addresses, the application information with the newer date will be used. I understand that I may update all information either at one housing authority or online: <https://publichousingapplication.ocd.state.ma.us>.
- 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:

