



Common Housing Application for Massachusetts Public Housing (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 have a disability, you have a right to request a reasonable accommodation with the application process. Contact your local housing authority to make arrangements.

Contact Information

Name and Date of Birth of Applicant/Head of Household

First Name	Middle Initial	Last Name	Suffix
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Date of Birth: _____

Please provide your mailing address

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

Apt. Suite, Floor, etc. _____

City/Town	State	Zip Code
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Please provide your phone numbers and email address

Home Phone	Mobile Phone	Work Phone
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Email address



1. 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 you or any one in 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 you or any household member 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)

2. Previous Housing

Please list the previous residences for each adult household member for the last 5 years in reverse order.

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 previous 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.

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		
<input type="checkbox"/> Check box if this landlord brought any court action against the leaseholder or a member of your household.		
<input type="checkbox"/> 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.



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:

3. 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:



4. Personal References

Please provide your first reference

_____	_____	_____	_____
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			

Please provide your second personal reference

_____	_____	_____	_____
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			

5. Additional 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.



Are there any pets in your household?

Yes No

If yes, how many? _____ Please describe: _____

Does anyone in your household own a car?

Yes No

Make of Car Year License Plate Number

State where registered:

Applicant's Certification

- I understand that this application is not an offer of housing. 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 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 it is my responsibility to inform a Housing Authority in writing of any change of address, income, 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.

Signed under the pains and penalties of perjury,

Print name: _____

Signature: _____ Date: _____



CHAMP - 09/18/2018

