



Common Housing Application for Massachusetts Public Housing (CHAMP)

Application Update/Change Form Household Makeup & Income

In order to make changes or updates to the Household Makeup and/or Income 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: <https://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. Household Makeup

Has your household composition changed? If so, please enter the name and personal information of each member of your household that you are **Removing** from or **Adding** to your Household Makeup. **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.



I want to **REMOVE** the following member(s) from my household makeup:

| 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 |
|------------|-----------|--|--|--|--------|--------------------------------|------------------------|---------------|----------------------------------|
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

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

I want to **ADD** the following member(s) to my household makeup:

| First Name | Last Name | Relationship to Head of Household ⁵ | Racial Designation (Optional) ⁶ | Ethnic Designation (Optional) ⁷ | Gender | Occupation status ⁸ | Social Security Number | Date of Birth | Disabled (Optional) ⁵ |
|------------|-----------|--|--|--|--------|--------------------------------|------------------------|---------------|----------------------------------|
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

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

IF YOU ARE NOT CERTAIN OF YOUR HOUSEHOLD MAKEUP IN YOUR CURRENT APPLICATION, PLEASE REVIEW YOUR HOUSEHOLD MAKEUP AT: <https://www.mass.gov/applyforpublichousing> OR CONTACT A LOCAL HOUSING AUTHORITY

2. Household Income

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

\$

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

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

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

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

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

5 Disabled: Yes or No



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://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:

