



**STANDARD Application for Congregate
(Shared Living) State-Aided
Elderly/Handicapped Public Housing**

This box is for Office Use Only	
Date of Receipt:	_____
Time of Receipt:	_____
Control Number:	_____
Barrier free:	_____
First Floor:	_____
Elderly/ Handicapped:	_____
Race and/or Ethnicity:	_____
Priority /Preference Category:	_____
Language:	_____

Incomplete applications will not be processed. Please complete all information requested on the application. If a question is not applicable, please write N/A. **Make sure you sign the last page.** If you need additional space to provide an answer, please attach an additional sheet(s). Once completed please mail or hand deliver to local housing authorities where you want to apply. Please note that this Application is for Congregate Housing (Shared Living) only. If you are interested in other types of State-Aided Housing Assistance you can apply online at www.mass.gov/champ or submit a CHAMP Paper Application to this housing authority (LHA).

1. Name of Applicant: _____

Residential Address: _____ Apt No: _____
If you are homeless, provide the address from which you became Homeless

City / Town: _____ State _____ Zip: _____

Home Phone: _____ - - _____ Mobile Phone: _____ - - _____

Best # to Reach Applicant: _____ - - _____

Mailing Address: _____ Apt No: _____

City / Town: _____ State: _____ Zip: _____

Email address: _____

2. Other than yourself, do you want someone else to receive written correspondence from this LHA regarding your Application? (If yes, complete the below contact form)

Name of Contact: _____

Email address: _____

Mailing Address: _____ Apt No: _____

City / Town: _____ State: _____ Zip: _____

3. This application is for Congregate Elderly/Handicapped Housing only. Congregate housing is shared/group housing where a tenant lives with other residents as roommates who together share common spaces, such as a kitchen, living area, and bathroom. **This type of housing is best suited for applicants who are interested in living with roommates in a shared or group environment.**



4. Are you interested in living in shared/group housing where you will live with roommates?

Yes
application

No (Note: If you select No you should stop filling out this application. This application is **ONLY** for shared/group housing in which you live with roommates.)

If you are interested in other types of State-Aided Housing Assistance you can apply online at www.mass.gov/champ or submit a CHAMP Paper Application to this housing authority.

Note: To be eligible for Congregate Elderly/Handicapped housing you must meet program income requirements and be at least 60 years old or be a person with one or more physical or mental impairments whose impairment has been over a long and continued duration, and who has been unable to locate appropriate suitable housing on the private market.

5. If you want to apply for a Housing Situation Priority you must select one of the categories below:

Note: To be eligible for Housing Situation Priority Status you must have either completed the review process conducted by the Multi-disciplinary Assessment Team (MAT) associated with this Local Housing Authority and received a recommendation or you must be Homeless due to Public Action. The term “Homeless” is defined by state regulations as: an applicant who is without a place to live or who is in a living situation in which there is a significant, immediate and direct threat of life or safety that would be alleviated by placement in an appropriate unit, who has not caused or substantially contributed to the situation, who has made reasonable efforts to prevent or avoid the situation and to locate alternative housing, and who is displaced from is/her Primary Residence for one of the following reasons. Please check the reason that applies to your situation.

Completed the LHA-MAT Review Process and Received MAT Recommendation (contact this housing authority to begin the LHA-MAT review process)

Displaced by Public Action (i.e. Urban renewal, eminent domain)

Displaced by Public Action (i.e. Condemnation of home, code violations)

If you have selected one of the above Housing Situation Priority categories in this section, you must complete a **CONGREGATE HOUSING (SHARED LIVING) APPLICATION FOR HOUSING SITUATION PRIORITY** in addition to this Standard Application. All Housing Situation Priority Applications must be accompanied by third party written documentation.

6. **Local Preference:** In addition to receiving local preference for the City or Town where you principally reside or from which you became Homeless, you may receive Local Preference based on where you are employed. Please answer the following:

Provide the name of your employer: _____

Mailing Address: _____

City / Town: _____ State: _____ Zip: _____

Provide the dates of employment: Start: _____ End: _____

7. Veteran Preference:

Please check all that apply, if any.

- 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

- 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.

If you wish to apply for Veteran Preference, list the dates of U.S. military service. Include service dates for service in the U.S. Army, Marine Corps, Coast Guard, Air Force or National Guard.

Service Date: From: _____ To: _____

A Copy of the Veteran's Department of Defense Form DD214 must be submitted with this application.

8. Language Access

Do you understand spoken English? Yes No If no, what is your primary spoken language?

Do you understand written English? Yes No If no, what is your primary written language

9. Do you have any special needs due to a disability or need a reasonable accommodation such as grab bars?
 Yes No

Please Specify: _____

10. Do you need a wheelchair accessible unit? Yes No

11. Does anyone in your household own a car? Yes No

Make of car: _____ Year: _____ Reg. Number: _____

Make of car: _____ Year: _____ Reg. Number: _____



12. Members of household to live in unit, including **Head of Household:**
 (Congregate Housing is suitable for households with a maximum of 2 people)

First & Last Name	Relationship To Head of Household	Date of Birth	Social Security Number ¹	Racial Designation ²	Ethnic Designation ³	Gender ⁴	Occupation ⁵
	Head						

1. **Social Security Number** will be used to verify income, assets, and criminal record information.
2. **Racial Designation:** American Indian or Alaska Native; Black or African American; Native Hawaiian or Other Pacific Islander, White; Other. **(Specify)**
3. **Ethnic Designation:** Hispanic/Latino or Not Hispanic/Latino. **(Specify)**
Note: Responding to the Racial Designation and Ethnic Designation questions is optional. Your status with respect to tenant selection procedures may be affected by this information. "Minority" does not include "White" unless there is also a designation of another race or "Hispanic/Latino".
4. **Gender** is required to determine your appropriate unit. For applicants who do not identify as male or female, please identify the gender with which they will share a unit. **(Specify)**
5. **Occupation:** Employed, At Home, Handicapped, Student **(Specify)**

13. Is a change in the household composition expected? yes no
 If yes, what type? _____ If yes, when? _____



APPLICANT’S CERTIFICATION FOR CONGREGATE HOUSING APPLICATION:

I understand that this Application For Congregate Housing is not an offer of housing. I understand that the Housing Authority will make no more than one offer of an appropriate Congregate Housing unit. If I do not accept that offer, my application will be removed from the Congregate waiting list; and, if I reapply, my Application for Congregate Housing will not receive any priority or preference that was granted on my prior Application for Congregate Housing for a three (3) year period.

Based on this Application for Congregate Housing I understand I should not make plans to move or end my present tenancy until I have received a written **Unit Offer** for Congregate Housing from the Housing Authority. I understand that it is my responsibility to inform the Housing Authority in writing of any change of addresses, income, or household composition. I authorize the Housing Authority to make inquiries to verify the information I have provided in this application for Congregate Housing. I certify that the information I have given in this Application for Congregate Housing is true and correct. I understand that any false statement or misrepresentation may result in the denial of my application for Congregate Housing. **I understand that the Housing Authority will request Criminal Offender Record Information from the Criminal History Systems Board and check the Sex Offender Registry and landlord references for all applicants.**

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY; I understand that a photocopy of this Application for Congregate Housing and a photocopy of this signature is as valid as the original.

Applicant’s Signature: _____

Date: _____

Reviewer’s Signature: _____

Date: _____





**Supplemental Application for
Congregate (Shared Living) State-Aided
Elderly/Handicapped Public Housing**

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Date of Receipt:	_____
Time of Receipt:	_____
Control Number:	_____
Barrier free:	_____
First Floor:	_____
Elderly/ Handicapped:	_____
Race and/or Ethnicity:	_____
Priority /Preference Category:	_____
Language:	_____

Please complete all information requested on the application. If a question is not applicable, please write **N/A**. Make sure you sign the last page. If you need additional space to provide an answer, please attach an additional sheet(s). Once completed please mail or hand deliver to the local housing authority at which you have applied.

- 1. Income Before Deductions:** Estimate the Gross Income anticipated for EACH household member who may be living in the shared congregate unit with you from all sources for the next 12 months. Specify all sources.

Household Member Name	Income Type* (Please choose from list below)	Name & Address of Employer or Source of Income	Gross Income for Next 12 Months
			\$
			\$
			\$
			\$
			\$

Total Gross Income: \$ _____

*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.



2. Expenses:

Un-reimbursed Medical Expenses:	\$
Alimony of Child Support Payments:	\$
Health Insurance:	\$
Other (i.e. expense for care of sick children, or sick incapacitated person if necessary for employment)	\$

3. Assets: Do you own any real estate? yes no

If yes, please provide the address: _____

List below the assets of everyone to live in the unit. Include **all** bank accounts, stocks and bonds, trusts, real estate, etc. **DO NOT** include clothing, furniture or cars. Use additional paper if necessary.

Household Member	Asset Type	Asset Value or Current Balance	Name of Financial Institution	Account No.
		\$		
		\$		

4. Have you sold, transferred or given away any real property or assets in the last three (3) years? yes no

If yes: Date of sale / transfer: Month _____ Day _____ Year _____
 Amount of the sale / transfer: _____
 Value of the sale / transfer: _____

5. References: List two references. These should not be relatives or household members.

(1) Name _____ Telephone No. _____
 Address: _____ City _____ State _____ Zip _____

(2) Name _____ Telephone No. _____
 Address: _____ City _____ State _____ Zip _____



6. List Addresses for each Adult Household Member for the Last Five Years in Reverse Order. Please list primary lease holder (head of household) if someone other than yourself. (Use additional sheet if necessary)

(1)	Name of Primary Leaseholder:	_____			
	Address:	_____	Apt # _____	Date From: _____	To: _____
	City	_____	State _____	Zip _____	
	Landlord Name	_____		Telephone No.	_____
	Landlord Address:	_____	City _____	State _____	Zip _____
	Did this landlord bring any court action against the leaseholder or you? (check one) <input type="checkbox"/> yes <input type="checkbox"/> no				
	Did this landlord return your security deposit? (check one) <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a				

(2)	Name of Primary Leaseholder:	_____			
	Address:	_____	Apt # _____	Date From: _____	To: _____
	City	_____	State _____	Zip _____	
	Landlord Name	_____		Telephone No.	_____
	Landlord Address:	_____	City _____	State _____	Zip _____
	Did this landlord bring any court action against the leaseholder or you? (check one) <input type="checkbox"/> yes <input type="checkbox"/> no				
	Did this landlord return your security deposit? (check one) <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a				

(3)	Name of Primary Leaseholder:	_____			
	Address:	_____	Apt # _____	Date From: _____	To: _____
	City	_____	State _____	Zip _____	
	Landlord Name	_____		Telephone No.	_____
	Landlord Address:	_____	City _____	State _____	Zip _____
	Did this landlord bring any court action against the leaseholder or you? (check one) <input type="checkbox"/> yes <input type="checkbox"/> no				
	Did this landlord return your security deposit? (check one) <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a				



7. Have you, or any member of your household ever received housing or housing assistance from this or any other housing agency? (check one) yes no

If yes, Name of Head of Household at that time: _____

Relation to Applicant: _____

Name of Housing Agency: _____

Date Moved Out: _____

Reason Moved Out: _____

When you moved out, were you in compliance with the lease and other program requirements?
(check one) yes no

If No, Please Explain: _____

8. Are you a Board Member, employee, or a member of the immediate family of an employee of a board member of this housing Authority? yes no If so, this will not necessarily disqualify your application.

If Yes, Please

Explain: _____

9. Do you have any pets? yes no If so, how many?

Please describe:

10. **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:

11. 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

APPLICANT’S CERTIFICATION FOR CONGREGATE HOUSING APPLICATION:

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Based on this Application for Congregate Housing I understand I should not make plans to move or end my present tenancy until I have received a written **Unit Offer** for Congregate Housing from the Housing Authority. I understand that it is my responsibility to inform the Housing Authority in writing of any change of addresses, income, or household composition. I authorize the Housing Authority to make inquiries to verify the information I have provided in this application for Congregate Housing. I certify that the information I have given in this Application for Congregate Housing is true and correct. I understand that any false statement or misrepresentation may result in the denial of my application for Congregate Housing. **I understand that the Housing Authority will request Criminal Offender Record Information from the Criminal History Systems Board and check the Sex Offender Registry and landlord references for all applicants.**

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY; I understand that a photocopy of this Application for Congregate Housing and a photocopy of this signature is as valid as the original.

Applicant’s Signature: _____

Date: _____

Reviewer’s Signature: _____

Date: _____





Application for Congregate (Shared Living) Housing Situation Priority

This box is for Office Use Only	
Date of Receipt:	_____
Time of Receipt:	_____
Control Number:	_____
Barrier free:	_____
First Floor:	_____
Elderly/ Handicapped:	_____
Race and/or Ethnicity:	_____
Priority /Preference Category:	_____
Language:	_____

Please complete all information requested on the application. If a question is not applicable, please write **N/A**. **Make sure you sign the last page.** If you need additional space to provide an answer, please attach an additional sheet(s). Once completed please mail or hand deliver to the local housing authority at which you have applied.

Incomplete applications will not be processed. Please complete all information requested on the application. If a question is not applicable, please write N/A. Make sure you sign the last page.

Name of Applicant: _____

Residential Address: _____ **Apt No:** _____
If you are homeless, provide the address from which you became Homeless

City / Town: _____ **State** _____ **Zip:** _____

Home Phone: _____ - _____ - _____ **Mobile Phone:** _____ - _____ - _____

Best # to Reach Applicant: _____ - _____ - _____

Mailing Address: _____ **Apt No:** _____

City / Town: _____ **State:** _____ **Zip:** _____

Email address: _____

This Congregate Housing (Shared Living) Application for Housing Situation Priority **must include written verification by a third party as to the Priority status that you are claiming.** The Housing Authority will not accept this application without third party verification, and a completed Standard Application.

In order to be found eligible for a Housing Situation Priority on the Congregate Housing (Shared Living) waitlist at this housing authority, you must either **A) have satisfactorily completed the Multi-disciplinary Assessment Team (MAT) Review process for the Congregate program at this housing authority or B) you must be a "Homeless Applicant" as defined below AND qualify for either Priority 2 or 3 as defined below.**

All applicants claiming Priority 1 must attach proof that they have completed the MAT Review Process. This process can be initiated by asking the LHA for a referral to the Congregate Coordinator for the LHA. All applicants who are claiming Homelessness under Priority 2 or Priority 3 must attach proof of homelessness. Acceptable Verification documentation includes letters from social workers, shelters, social service agencies, or code enforcement agencies that confirm that you meet the definition of "Homeless Applicant" below.

1. Check off the Priority category that you believe applies to your Housing Situation:

Priority 1: Completed the MAT Review Process conducted by the Provider associated with this Local Housing Authority. *You do not have to meet the definition of Homeless Applicant to qualify for Priority 1.*

If you have checked off Priority 1, you must attach proof of that you have completed the MAT Review Process such as a letter from the MAT/Congregate Coordinator. You also need to provide the name and contact information for the person who coordinated your MAT Review Process. A MAT review coordinator email or letter to the Housing Authority will also suffice.

Name of MAT Contact: _____

Phone Number: _____ **Email:** _____

Priority 2: Displaced by Public Action such as the building of a low rent public housing project, a public slum clearance, urban renewal project or other public improvement.

If you have checked off Priority 2, you must attach proof of Displacement by Public Action such as Relocation Notice, letter from Urban Renewal or other government agency documenting for public works project.

Priority 3: Displacement due to enforcement of minimum standards of fitness for human habitation established by Article 2 of the State Sanitary Code or local ordinances.

If you have checked off Priority 3, you must attach proof of Displacement due to State Sanitary Code enforcement such as a copy of the complaint listing code violations, placard, notices or letter from Board of Health documenting condemnation.

Applications for Housing Situation Priority Submitted without Required Documentation WILL BE DENIED

2. Do you meet each of the requirements of the definition of “Homeless Applicant” below **AND** does your current housing situation match either of situations outlined under Priority 2 or Priority 3 as listed above?

Definition of Homeless Applicant

An Applicant who:

- (a) is without a place to live or is in a living situation in which there is a significant, immediate, and is a direct threat to the life or safety of the applicant or a household member which situation would be alleviated by placement in a unit of appropriate size, and
- (c) has made reasonable efforts to locate alternative housing, and
- (d) has not caused or substantially contributed to the safety or life-threatening situation, and
- (e) has pursued available ways to prevent or avoid the situation by seeking assistance through the courts or appropriate administrative or enforcement agencies, and

(f) is displaced from the residence in which the applicant household lived at least nine (9) months of the year.

Yes No

If **YES**, describe how you meet **each** of the above requirements:

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

Day _____ Month _____ Year _____

4. **Local Preference, Housing Situation Priority Applicants:**

If you are homeless and applying for a Housing Situation Priority on Congregate Housing waitlists at this housing authority, you may choose to be considered a resident from the city/town from which you were displaced or a resident in the city/town in which you are temporarily housed.

Please provide the name of the community you choose to be declared a resident for the purposes of tenant selection.

If you have filled out this section, you must attach proof of residency in either the city/town from which you were displaced or proof of your current residency in the city/town in which you are temporarily housed.

5. **Veteran Preference:**

Please check all that apply, if any.

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

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.

If you wish to apply for Veteran Preference, list the dates of U.S. military service. Include service dates for service in the U.S. Army, Marine Corps, Coast Guard, Air Force or National Guard.

Service Date: From: _____ To: _____

A Copy of the Veteran's Department of Defense Form DD214 must be submitted with this application.

APPLICANT'S CERTIFICATION:

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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 Congregate Housing from the Housing Authority. I understand that it is my responsibility to inform the Housing Authority in writing of any change of addresses, income, or household composition. I authorize the Housing Authority to make inquiries to verify the information I have provided in this application for Congregate Housing. I certify that the information I have given in this application for Congregate Housing is true and correct. I understand that any false statement or misrepresentation may result in the denial of my application for Congregate Housing. **I understand that the Housing Authority will request Criminal Offender Record Information from the Department of Criminal Justice Information Services and will check the Sex Offender Registry and landlord references for all applicants.**

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY. I understand a photocopy of this application and a photocopy of this signature is as valid as the original.

Applicant's Signature

Date

Reviewer's Signature

Date