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|  | Common Housing Application for Massachusetts Public Housing (CHAMP) Application Update/Change Form  |
|  | Head of Household Contact Information |

**In order to make changes or updates to the Contact Information 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.**

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## 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please provide your residential address:**

If you are currently homeless, please provide your shelter’s address OR the address of your last residence. This address will be used to determine your local resident preference.

|  |  |
| --- | --- |
| Street Address  |  |
| Apt. Suite, Floor, etc. |  |
|  |  |  |  |  |
| City/Town |  | State |  | Zip Code |

**Please provide your mailing address, only if different from the address listed above**

|  |  |
| --- | --- |
| Street Address, P.O. Box or c/o |  |
| Apt. Suite, Floor, etc. |  |
|  |  |  |  |  |
| City/Town |  | State |  | Zip Code |

**Please provide your telephone numbers and email address**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Home Phone** | **Mobile Phone** | **Work Phone** |
|  |
| **Email address** |

# 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,

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| --- | --- | --- | --- | --- |
| Print name: |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signature: |  | Date: |  |  |