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|  | 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.**

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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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## 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** fromor **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]](#footnote-1) | **Racial Designation (Optional)**[[2]](#footnote-2) | **Ethnic Designation (Optional)**[[3]](#footnote-3) | **Gender** | **Occupation status**[[4]](#footnote-4) | **Social Security Number** | **Date of Birth** | Disabled  **(Optional)**5 |
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**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]](#footnote-5) | **Racial Designation (Optional)**[[6]](#footnote-6) | **Ethnic Designation (Optional)**[[7]](#footnote-7) | **Gender** | **Occupation status**[[8]](#footnote-8) | **Social Security Number** | **Date of Birth** | Disabled  **(Optional)**5 |
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**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**

## Household Income

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

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# 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: |  |  |

1. **Relationship to Household: Head, Spouse/Partner, Brother/Sister, Child/Grandchild, Parent/Grandparent, Niece/Nephew, Cousin, Foster Child, or Other.** [↑](#footnote-ref-1)
2. **Racial Designation: American Indian, Alaskan Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, White, or Other.** [↑](#footnote-ref-2)
3. **Ethnic Designation: Hispanic/Latino or Not-Hispanic/Latino.** [↑](#footnote-ref-3)
4. **Occupation: Employed, Retired, At Home, Student.**

   **5 Disabled: Yes or No** [↑](#footnote-ref-4)
5. **Relationship to Household: Head, Spouse/Partner, Brother/Sister, Child/Grandchild, Parent/Grandparent, Niece/Nephew, Cousin, Foster Child, or Other.** [↑](#footnote-ref-5)
6. **Racial Designation: American Indian, Alaskan Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, White, or Other.** [↑](#footnote-ref-6)
7. **Ethnic Designation: Hispanic/Latino or Not-Hispanic/Latino.** [↑](#footnote-ref-7)
8. **Occupation: Employed, Retired, At Home, Student.**

   **5 Disabled: Yes or No** [↑](#footnote-ref-8)