

Are you now homeless or in imminent danger of becoming homeless?

Note: The definition of homeless for state-aided public housing programs, MRVP, and AHVP is not the same as the definition used by homeless shelters and other subsidy programs.

- Yes No

On what day did you become, or will you become, displaced from your primary residence? A primary residence is a home occupied by your household for no less than nine months of the year, and that was not intended to be a temporary residence.

Month / Day / Year

If yes, please check ALL of the following statements that apply to you.

- I do not have a place to live; OR, I am living in a situation that is a significant immediate threat to the life or safety to me or to a household member. Placement in an appropriate unit would remedy my living situation.
- I have not caused or substantially contributed to the unsafe or life threatening situation. (Applicants claiming Abusive Situation Priority do not need to demonstrate that they did not contribute to the unsafe or life-threatening situation.)
- I have tried to avoid or prevent the situation. I have done this by seeking assistance through the courts or appropriate administrative or enforcement agencies. (Note: You should also check this box if there was no available way to prevent or avoid the situation, such as a natural disaster. Applicants claiming Abusive Situation Priority do not need to demonstrate that they tried to avoid or prevent the Abusive situation.)
- I have been displaced or am about to be displaced from my primary residence (Note: Primary residence means that this is a home occupied by your household for no less than nine months of the year, and that was not intended to be a temporary residence.)
- I have made reasonable efforts to find alternative housing.

If yes, did you become homeless in any of the following ways? (Check all that apply.)

Note: You will be required to provide documentation to verify your claim below.

The types of documents you may need to verify the reason you became homeless may include, but are not limited to, an official fire report, an official order of condemnation, a judgment for eviction, medical documentation of severe medical condition, police reports, medical reports, etc.

- Displaced by natural forces (e.g., flood, fire, earthquake)
- Displaced by urban renewal or eminent domain
- Displaced by condemnation of home or code violations
- No fault loss of housing - such as condominium conversion, owner wants unit for personal or family use, or discharge from nursing home or long-term care facility
- Victim of abuse (domestic violence)
- Severe medical emergency

Please provide additional details about your housing situation. Use and attach additional sheets of paper if necessary. (Required if Yes) *

Details may include, but are not limited to:

- where you were displaced from and why;
- if you were evicted by your landlord, why you were evicted (e.g., non-payment of rent, condo conversion, etc.);
- if there was a natural disaster, what type of disaster it was; if there was a fire, how did it start;
- if your unit was condemned, what was the reason;
- if you were displaced by public action, what was the nature of that public action;
- if you have a severe medical emergency, how has this impacted your housing situation.

2. Employment & Veteran Status

Have you become employed or changed jobs? If so, where is your current place of employment?

City/Town	State	Zip Code
-----------	-------	----------

Are you or a household member a Veteran of the United States Armed Forces?

- 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.

Please enter the dates of service of the Veteran in your household.

Start Date: _____ End Date: _____
Day/Month/Year Day/Month/Year

Please check all that apply, if any.

- 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.

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 Programs (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/champ>.
- I understand that the online application may be subject to data transmission errors that may make the application incomplete. I understand that EOHLC 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:
