dhcd Massachusetts

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 ☐ 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 of 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 of 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: _____