

CHAMP



Application for State-Aided Public Housing and the Alternative Housing Voucher Program (AHVP)



Apply Online:

You may now apply for the Alternative Housing Voucher Program (AHVP) and State-Aided Public Housing*** online! AHVP is a rental assistance program for non-elderly persons with disabilities and of low income that provides participants with a subsidy to rent an apartment in the private market. State-Aided Public Housing is a housing program consisting of apartments that are owned by Local Housing Authorities (LHAs) which are directly rented to qualified and eligible applicants.

Please use the CHAMP website: <https://www.mass.gov/champ>

Apply On Paper:

If you do not want to apply online, please fill out the following application and mail or hand deliver it to any LHA. To apply for AHVP and/or State-Aided Public Housing* complete the parts of the application shown below.

	1. Contact information	2. Current Housing Situation	3. Employment & Veteran Status	4. Language Access	5. Household makeup	6. Unit Details	7. Public Housing & Selections	8. AHVP & Waitlist Selections	9. Applicant Certification & FIPA Signature
AHVP	✓	✓	✓	✓	✓	✓		✓	✓
Public housing	✓	✓	✓	✓	✓	✓	✓		✓
Both	✓	✓	✓	✓	✓	✓	✓	✓	✓

Please complete all information requested on the application below. Not all questions are required, but you must respond to all questions and do not leave any question blank. Required questions are marked with an asterisk (*). Please write "not applicable (n/a)" or "decline to respond" as appropriate for non-required questions. Incomplete applications may not be fully processed.

Submit the completed application to a housing authority. Your application information will be entered online by that housing authority and your application will be submitted to the LHAs that you selected. If you submit a paper application instead of applying online, you can still use the CHAMP website to make changes or updates to your application, including submitting documents for verification. For Local Housing Authority contact information go to the Department of Housing and Community Development website (www.mass.gov/dhcd) and search for "LHA Contact Listing".

If you need additional space to provide an answer, please attach additional sheets.

*** You are not able to apply to State-Aided Congregate Public Housing (Shared Living) using the CHAMP Application. If you want to apply for State-Aided Congregate Public Housing (Shared Living) you must contact a Local Housing Authority that administers the Congregate Program.



2. Current Housing Situation

Please tell us about your current housing situation. Depending on your current housing situation and your ability to verify your circumstance, you may be placed higher on specific waitlists. Making a false statement or misrepresentation may result in the denial of your application.

Note: You will be required to provide documentation to verify your current housing situation. The types of documents you may need to verify your housing situation may include, but are not limited to, a lease, rent receipts, utility bill, etc.

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

Note: The definition of homeless for state-aided public housing programs 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.
- 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.)
- 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



4. Language Access¹

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 _____

5. Household Makeup*

Please enter the name and personal information of each member of the household who will be living in the unit, starting with the Head of Household. 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. For household members who do not identify as male or female, please identify the gender with which they will share a bedroom.
- 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

[Blank Space – Go to Next Page to Complete Household Make]

¹ Your status with respect to tenant selection procedures will not be affected by your answers to the two Language Access questions.



Is anyone in your household a Board Member or employee, or immediate family member of a Board Member or an employee, of any housing authorities where your household is applying?

If so, this will not necessarily disqualify your application.

Yes No

If yes, please identify the household member and the relationship as well as the housing authority and the person's role at the housing authority.

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

If the estimated annual income is none (\$0.00), please enter 0. Do not leave blank.

\$

Is a change in household composition expected?

Yes No

If yes, what type?

When is this expected to occur?

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7. Alternative Housing Voucher Program (AHVP) Application Questions & Selections

The Alternative Housing Voucher Program (AHVP) provides rental assistance vouchers to low income, non-elderly persons with disabilities. The voucher provides a subsidy that can be used to rent a private market apartment anywhere in Massachusetts.

AHVP Participants receive **one bedroom vouchers** (except for an appropriate reasonable accommodation). For more information on the Alternative Housing Voucher Program you can visit <https://www.mass.gov/service-details/alternative-housing-voucher-program-ahvp> or you can visit the CHAMP website.

After reading the above description, would you like to apply for AHVP?*

- Yes If yes, you must complete all of the questions in this Part 8.
- No If no, please skip this entire Part 8 and continue to Part 9.

If you answered "Yes" above, you must answer the following questions and choose at least one AHVP Waitlist to apply to in the List of AHVP Waitlist Selections below:

AHVP Program Questions*

Are you, or is someone in your household, 59 years old or younger AND a person with a disability?*

- Yes No

Do you or a member of your household have a disability for which you need a reasonable accommodation of an AHVP policy or procedure?*

- Yes No

If yes, please enter some additional details:

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8. Public Housing Questions

State-aided Public Housing is housing managed and operated by Local Housing Authorities (LHA). Available apartments come in various bedroom sizes and there are various types of State-Aided Public Housing available for low-income families, elderly households, and persons with disabilities found throughout Massachusetts. Not all housing authorities manage every type of State-Aided Public Housing and they also may not have every bedroom size available. At the end of Part 7 you must make at least one Housing Selection that corresponds to which LHA and type of public housing you want to apply to.

After reading the above description, would you like to apply for State-Aided Public Housing?*

- Yes If yes, you must complete all of the questions in this Part 7.
 No If no, please skip this entire Part 7 and continue to Part 8.

If you answered "Yes" above, you must answer the following questions and choose at least one Housing Selection in the List of Housing Selections for Public Housing below:

Elderly/Handicapped Housing Questions*

Are you applying for Elderly/Handicapped Housing?*

- Yes No (if applying for Family Housing only)

If you are applying for elderly/handicapped housing, you must indicate which type below*:

- Elderly (at least one household member must be at least 60 years)
 Non-elderly Handicapped (at least one household member is a person who is 59 years old or younger with a disability)

Do you, or does a member of your household have a disability for which you need reasonable accommodation such as grab bars in the bathroom?

- Yes No

If yes, please enter some additional details:

Do you currently have a voucher from the Massachusetts Alternative Housing Voucher Program (AHVP)?

- Yes No



List of Housing Selections for Public Housing*

In order to apply for State-Aided Public Housing, you must check off at least one type of housing at one housing authority where you want to live.

Please mark the check box next to the Housing Selection where you want to apply and live. It is important to only apply for housing in cities or towns where you want to live. Please note that making a Housing Selection does not guarantee an offer of housing.

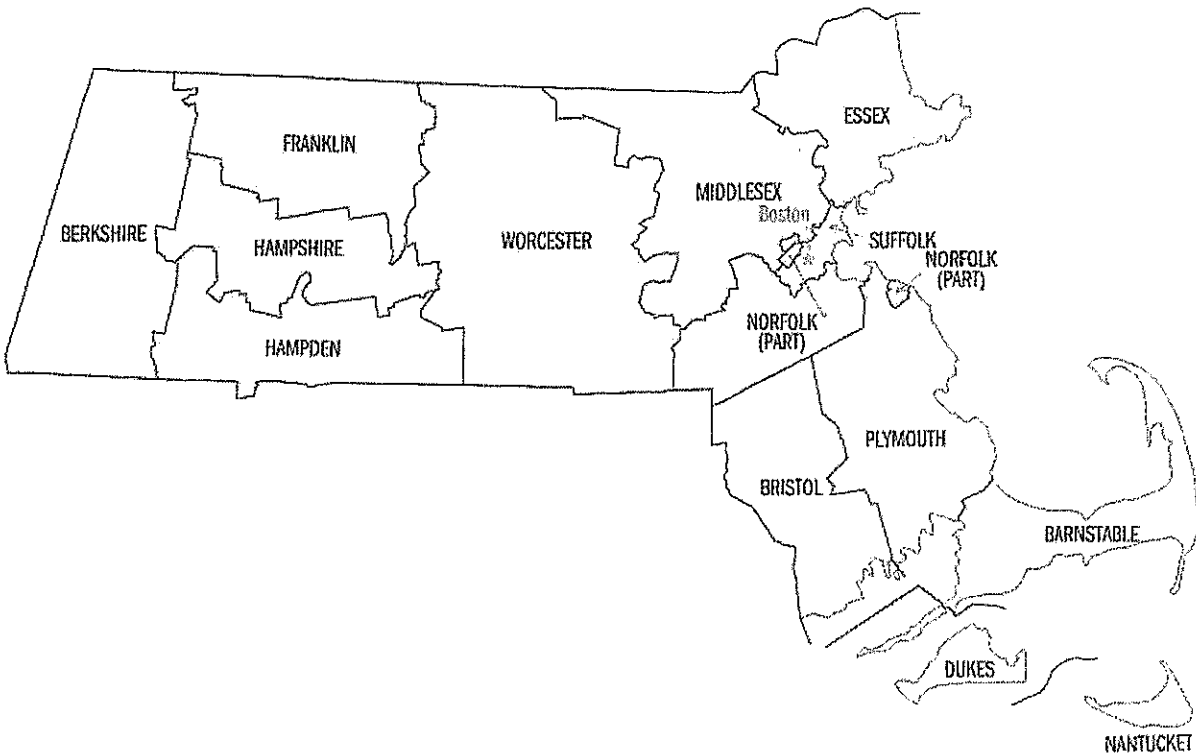
If you refuse to accept an offer of public housing, you will be removed from that public housing waiting list. If you refuse to accept a total of three offers of public housing, you will be removed from public housing waiting lists at all the housing authorities where you applied.

You can add or remove a type of housing or housing authority at any time. This means while submitting your application or after your application has been submitted. Those changes can be made by submitting a request in writing to any housing authority or online at the CHAMP website: <https://www.mass.gov/champ>

You are not able to apply to State-Aided Congregate Public Housing (Shared Living) using the CHAMP Application. If you want to apply for State-Aided Congregate Public Housing (Shared Living) you must contact a Local Housing Authority that administers the Congregate Program.

Public Housing Types Available in CHAMP:

- Family public housing is for households of any age and any size. Household members must be related by blood, marriage, operation of law, or in a stable interdependent relationship.
- Elderly/Handicapped public housing is for households with at least one household member who is at least 60 years old OR is a person who is 59 years old or younger with a disability.



Housing Location		Elderly/Handicapped		Family Housing	
County	Community	# of bedrooms	Apply	# of bedrooms	Apply
Essex	Amesbury	1	<input type="checkbox"/>	1, 2, 3, 5	<input type="checkbox"/>
	Andover	1	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>
	Beverly	1, 2	<input type="checkbox"/>	1, 2, 3	<input type="checkbox"/>
	Danvers	1, 2	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Essex	1	<input type="checkbox"/>	N/A	
	Georgetown	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Gloucester	1	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>
	Groveland	N/A		3	<input type="checkbox"/>
	Hamilton	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Haverhill	1	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>
	Ipswich	1	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>
	Lawrence	1	<input type="checkbox"/>	1, 2, 3, 4	<input type="checkbox"/>
	Lynn	1	<input type="checkbox"/>	2, 3, 4, 5	<input type="checkbox"/>
	Lynnfield	1	<input type="checkbox"/>	N/A	
	Manchester	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Marblehead	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Merrimac	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Methuen	1	<input type="checkbox"/>	1, 2, 3, 4, 5	<input type="checkbox"/>
	Middleton	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Nahant	1	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>
	Newburyport	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	North Andover	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Peabody	1	<input type="checkbox"/>	1, 2, 3, 4	<input type="checkbox"/>
	Rockport	1	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>
	Rowley	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Salem	1	<input type="checkbox"/>	1, 2, 3	<input type="checkbox"/>
	Salisbury	1	<input type="checkbox"/>	N/A	
	Saugus	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
Swampscott	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>	
Topsfield	1	<input type="checkbox"/>	N/A		
Wenham	1	<input type="checkbox"/>	N/A		
West Newbury	1	<input type="checkbox"/>	3	<input type="checkbox"/>	



<u>County</u>	<u>Housing Location</u>		<u>Elderly/Handicapped</u>		<u>Family Housing</u>	
	<u>Community</u>	<u># of bedrooms</u>	<u>Apply</u>	<u># of bedrooms</u>	<u>Apply</u>	
Middlesex	Acton	1	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>	
	Arlington	1	<input type="checkbox"/>	1, 2, 3	<input type="checkbox"/>	
	Ashland	1	<input type="checkbox"/>	N/A		
	Ayer	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>	
	Bedford	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>	
	Belmont	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>	
	Billerica	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>	
	Burlington	1, 2	<input type="checkbox"/>	3	<input type="checkbox"/>	
	Chelmsford	1	<input type="checkbox"/>	3	<input type="checkbox"/>	
	Concord	1	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>	
	Dracut	1	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>	
	Everett	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>	
	Framingham	1, 2	<input type="checkbox"/>	1, 2, 3, 4	<input type="checkbox"/>	
	Groton	1	<input type="checkbox"/>	3	<input type="checkbox"/>	
	Holliston	1	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>	
	Hopkinton	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>	
	Hudson	1	<input type="checkbox"/>	N/A		
	Lexington	1	<input type="checkbox"/>	3	<input type="checkbox"/>	
	Littleton	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>	
	Lowell	1	<input type="checkbox"/>	2, 3, 4, 5	<input type="checkbox"/>	
	Malden	1	<input type="checkbox"/>	N/A		
	Marlborough CDA	1	<input type="checkbox"/>	N/A		
	Maynard	1	<input type="checkbox"/>	N/A		
	Medford	1	<input type="checkbox"/>	N/A		
	Melrose	1	<input type="checkbox"/>	2, 3, 5	<input type="checkbox"/>	
	Natick	1, 2	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>	
	Newton	1, 2	<input type="checkbox"/>	1, 2, 3	<input type="checkbox"/>	
	North Reading	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>	
	Pepperell	1	<input type="checkbox"/>	2	<input type="checkbox"/>	
	Reading	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>	
	Somerville	1	<input type="checkbox"/>	1, 2, 3	<input type="checkbox"/>	
	Stoneham	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>	
	Sudbury	1	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>	
	Tewksbury	1	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>	
Tyngsborough	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>		
Wakefield	1	<input type="checkbox"/>	2	<input type="checkbox"/>		
Waltham	1	<input type="checkbox"/>	1, 2, 3, 4	<input type="checkbox"/>		
Watertown	1	<input type="checkbox"/>	1, 2, 3, 4, 5	<input type="checkbox"/>		
Westford	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>		
Wilmington	1	<input type="checkbox"/>	3	<input type="checkbox"/>		
Winchester	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>		
Woburn	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>		



Housing Location		Elderly/Handicapped		Family Housing	
County	Community	# of bedrooms	Apply	# of bedrooms	Apply
Plymouth	Abington	1	<input type="checkbox"/>	3	<input type="checkbox"/>
	Bridgewater	1	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>
	Brockton	1	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>
	Carver	1	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>
	Duxbury	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	East Bridgewater	1	<input type="checkbox"/>	3	<input type="checkbox"/>
	Halifax	1	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>
	Hanson	1	<input type="checkbox"/>	N/A	
	Hingham	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Kingston	1	<input type="checkbox"/>	N/A	
	Marshfield	1	<input type="checkbox"/>	3, 4, 6	<input type="checkbox"/>
	Mattapoisett	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Middleborough	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Norwell	1	<input type="checkbox"/>	N/A	
	Pembroke	1	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>
	Plymouth	1	<input type="checkbox"/>	2, 3	<input type="checkbox"/>
	Rockland	1	<input type="checkbox"/>	N/A	
	Scituate	1	<input type="checkbox"/>	N/A	
Wareham	1	<input type="checkbox"/>	N/A		
West Bridgewater	1	<input type="checkbox"/>	N/A		
Whitman	1	<input type="checkbox"/>	3, 4	<input type="checkbox"/>	
Suffolk	Boston - Archdale	N/A		1, 2, 3, 4, 5, 6	<input type="checkbox"/>
	Boston - Basilica	1	<input type="checkbox"/>	N/A	
	Boston - Beacon (Camden)	N/A		1, 2, 3	<input type="checkbox"/>
	Boston - Fairmount	N/A		2, 3	<input type="checkbox"/>
	Boston - Faneuil	N/A		2, 3, 5	<input type="checkbox"/>
	Boston - Franklin Field	1, 2	<input type="checkbox"/>	2	<input type="checkbox"/>
	Boston - Gallivan Boulevard	N/A		2, 3, 4	<input type="checkbox"/>
	Boston - L Street, Msgr. Powers	1, 2	<input type="checkbox"/>	N/A	
	Boston - Scattered Site Apartments	N/A		1, 2, 3, 4	<input type="checkbox"/>
	Boston - South Street	N/A		1, 2, 3, 4	<input type="checkbox"/>
	Boston - Trinity (East Boston)	N/A		1, 2, 3, 4, 5	<input type="checkbox"/>
	Boston - West Broadway	N/A		1, 2, 3, 4, 5, 6	<input type="checkbox"/>
	Chelsea	1	<input type="checkbox"/>	2, 3, 4	<input type="checkbox"/>
	Revere	1	<input type="checkbox"/>	1, 2, 3, 4	<input type="checkbox"/>
	Winthrop	1	<input type="checkbox"/>	1, 2, 3, 4	<input type="checkbox"/>



9. Applicant's Certification and Fair Information Practices Act – Statement of Rights*

Review and complete the Applicant's Certification and sign the Fair Information Practices Act – Statement of Rights.

Applicant's Certification*

- I understand that this application is not an offer of housing.
- **For state-aided public housing:**
 - I understand that a housing authority will make no more than one offer of an appropriate public housing unit. If I do not accept that offer, without good cause, my application will be removed from the waiting list for that program at that housing authority;
 - If I reapply for that program at that housing authority, my application will not receive any priorities or preferences that were previously granted or requested on the prior application for a three year period.
 - I understand that if I fail to accept a total of three offers of housing from across all of the programs and housing authorities where I have applied, that my application will be removed from all programs at all housing authorities to which I have applied. I understand that I can reapply, but that all of the dates and times of my applications will be changed to the date of my new application and my application will not receive any priorities or preferences that were granted or requested on the prior application for a three year period.
- **For AHVP:**
 - I understand that AHVP Participants only receive one bedroom vouchers (except for an appropriate reasonable accommodation). I understand that if my household increases and I need a larger apartment where the rent is not affordable with the AHVP one bedroom ceiling rent, I cannot receive any higher amount of rental assistance from the AHVP and should apply for assistance from a different housing program.
 - AHVP is administered locally by participating local housing authorities (LHAs). I understand that I will only be added to the AHVP waitlists which I have selected. While I can only receive one AHVP voucher, I understand that I may be contacted by multiple LHAs at the same time to start the eligibility process. I understand that I am responsible for providing the necessary information and documentation to each and every LHA as requested, regardless of whether I have already provided that information or documentation to another LHA, and that failure to do so may result in the denial of my application.
 - I understand that if I am found ineligible by a particular LHA, I will still remain on the waitlists of the remaining LHAs to which I applied.
 - I understand that if I am found eligible and am issued an AHVP voucher, I will be removed from the waitlists of all AHVP LHAs.
- 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 Public Housing or a notification of a unit approval for AHVP from a housing authority.
- I understand that it is my responsibility to update my application online OR 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.



Fair Information Practices Act - Statement of Rights*

Local Housing Authorities collect information about applicants and tenants for their housing programs as required by law in order to determine eligibility, amount of rent, and correct apartment size. The information collected is used to manage the housing programs, to protect the public's financial interest, and to verify the accuracy of information submitted. Where permitted by law, it may be released to government agencies, other housing authorities, and to civil or criminal investigators and prosecutors. Otherwise, the information will be kept confidential and only used by housing authority staff in the course of their duties.

The Fair Information Practices Act established requirements governing housing authorities' use and disclosure of the information it collects. Applicants may give or withhold their permission when requested by the housing authority to provide information. However, failure to permit the housing authority to obtain the required information may result in delay or ineligibility for programs. The provision of false or incomplete information is a criminal offense, punishable by fines and/or imprisonment.

As an applicant, you have the following rights in regards to the information collected about you:

- No information may be used for any purpose other than those described above without your consent.
- No information may be disclosed to any person other than those described above without your consent. If we receive a legal order to release the information, we will notify you.
- You or your authorized representative have a right to inspect and copy any information collected about you.
- You may ask questions and receive answers from the housing authority about how we collect and use your information.
- You may object to the collection, maintenance, dissemination, use, accuracy, completeness, or type of information we hold about you. If you object, we will investigate your objection and will either correct the problem or make your objection part of the file. If you are dissatisfied, you may appeal to a local housing authority where you have applied and it will notify you in writing of its decision and of your right to appeal to the Department of Housing and Community Development.

I have read and understand this Fair Information Practices Statement of Rights.

Print
name*:

Signature*:

Date*:



- Information related to any priority or preference claims, including homelessness and domestic violence; and
- Reasonable Accommodation Information, including that a reasonable accommodation was requested, granted, or denied and/or any medical information submitted as part of a request for reasonable accommodation.

How will your personal information be kept secure?

The personal information you provide through this release will be securely maintained in accordance with applicable law and regulation, including but not limited to M.G.L. c. 66A, Fair Information Practices Act and 760 CMR 8.00, Privacy and Confidentiality.

Can I have access to my personal information and challenge it if it is not accurate or relevant?

Yes. Under 760 CMR 8.05(1), you, or your authorized representative, may file an objection with the State-Aided Housing Agency or DHCD objecting to the accuracy, completeness, pertinence, timeliness, relevance, use or dissemination of your personal data or the denial of access to your personal data.

What happens if I do not sign this Release Form?

Failure to sign this form may result in the denial of assistance, suspension or termination of housing assistance, or repayment of assistance.

Will I be notified if information obtained because of this release form results in an action being taken against me?

Yes. You will be notified in writing of actions taken against you because of information gained from verification processes, provided an opportunity to contest the actions, and given information on how to do so.

How long does this Release Form last?

The release is effective from the date of signature until you are housed.

Permission to Verify the Information I Have Provided

- I give permission for all individuals, companies, agencies, offices of the state and federal governments, and their designated contractors, subcontractors, and agents to release any information about me and my household members to State-Aided Housing Agencies and/or DHCD to verify the information I provided in my application.
- I also give permission for State-Aided Housing Agencies and/or DHCD to obtain information (by any means, including oral, written, electronic, facsimile or telephonic) about me and my household members to verify the information I provided in my application to determine eligibility and qualification for the housing programs.

