

Contact Information

Common Housing Application for Massachusetts Public Housing (CHAMP) –

Supplemental Application: Income and History

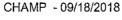
Please fill out the following application, sign the Applicant's Certification, and mail or hand deliver it to the local housing authority (LHA) that has requested it. Note that a housing authority may ask you to update this information if it determines that the information is too old.

All information is required. If you need additional space to provide an answer, please attach additional sheets.

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.

	of Applicant/Head of Househ		
First Name	Middle Initial	Last Name	Suffix
Date of Birth:			
Please provide your mail	ing address		
Street Address, P.O. Box			
Apt. Suite, Floor, etc.			
City/Town	State	Zip	Code
Please provide your pho	ne numbers and email addre	ess	
Home Phone	Mobile Phone	Work Phone	
Email address			







1. Financial Information

In order to determine your eligibility for housing and how much your rent will be, the housing authority must have detailed information about the gross income, assets, and deductions for your entire household anticipated for the next 12 months. This information must be current (no more than 90 days old) at the time when you sign a lease for an apartment.

Will	you or an	one in your household have any type of income over the next 12 months?
	Yes	□ No
•	s, please ouctions.	nter the details of all income sources. Income should be gross annual income before

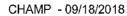
	Household Member	Income Type* (Please choose from list below)	Gross Income over the next 12 months	Name and Address of Employer or Income Source
1.			\$	Name: Address:
				Name:
2.			\$	Address:
				Name:
3.			\$	Address:
				Name:
4.			\$	Address:
				Name:
5.			\$	Address:
				Name:
6.			\$	Address:
¥1	o Type: Wages/Salary Net Income from B		District Ossisle	TAEDO - Dublis Assistance MA

*Income Type: Wages/Salary, Net Income from Business or Profession, Disability, Social Security, TAFDC or Public Assistance, VA
Disability, Unemployment, Pension, Alimony or Child Support, Proceeds from the sale of an investment (stocks, bonds, etc.), Income from an investment (dividends or interest from stocks, checking/savings accounts, etc.) Annuity Income, Trust Income or Other.



estate				,,	,
□ Y					
If yes	, please describe all househol Household Member	Type of Asset* (Please choose from list below)	Value of Asset/ Current Balance	Financial Institution	Account No.
1.			\$		
2.			\$		
3.			\$		
4.			\$		
5.			\$		
	of Asset*: Bank accounts, real e	state, stocks, bond	ds, mutual funds, anr	nuity, trust, other.	
	Household Member	Type of Asset	Value	Address of	Real Estate
1.		Real estate	\$		
2.		Real estate	\$		
	you or a household membe est three (3) years?	r sold, transferr	ed or given away	any real prope	erty or assets
∃ Y					
f yes	, please provide some additior	nal details			
\$		\$			
Amo	unt of Sale/Transfer	Value of Asset	Date of S	ale/Transfer (m	ım/dd/yyyy)







Do you have any household expense	s?	
□ Yes □ No		
lf yes, please provide total amount of ar	nnual household expens	es.
\$	\$	
Un-reimbursed Medical Expenses	Alimony and/or Cl	nild Support
\$	\$	
Health Insurance Premiums		penses for care of sick children or an son, if necessary for employment)
2. Previous Housing		
Please list the previous residences for reverse order.	or each adult househol	d member for the last 5 years in
Please identify the leaseholder if someothe person who has the tenancy agreem there is not enough room in the spaces of the spac	nent with the landlord. A below.	head of household. The leaseholder is attach an additional sheet of paper if
Leasehold	ler Information for Resid	ence #1
First Name	Last Name	
Street Address		
Apt. Suite, Floor, etc.	· · · · · · · · · · · · · · · · · · ·	·
City/Town	State	Zip Code
Phone number	Move in Date	Move out Date
Landlord	Information for Resider	ice:#1
First Name	Last Name	sunas samusi 1838 lavidi markunan pina a 54 jada saututa tidi Svidusta (i) Lasta (



Street Address

City/Town	State	Zip Code
Phone number		
☐ Check box if this landlord brought	any court action against the le	aseholder or a member of your house
☐ Check this box if this landlord retu	rned the security deposit to the	e leaseholder.
Please describe your previous r	esidence #2	
	eholder Information for Res	dence #2
First Name	Last Name	
Street Address		
Apt. Suite, Floor, etc.		
City/Town	State	Zip Code
Phone number	Move in Date	Move out Date
La	ndlord Information for Resid	
First Name	Last Name	
Street Address		
Apt. Suite, Floor, etc.		
City/Town	State	Zip Code
Phone number		



Please describe your previous residence #3

teas	eholder Information for Resid	ence #3
First Name	Last Name	
Street Address		
Apt. Suite, Floor, etc.		
City/Town	State	Zip Code
Phone number	Move in Date	Move out Date
T Hone number	ino jo in Dato	
in in the second se	ndlord Information for Resider	nce #3
First Name	Last Name	arramatudi Marabat obrasiler arrama Papasai di Guleri Halla Raji Nazio i romani kan di Ha
Street Address		
Apt. Suite, Floor, etc.		
City/Town	State	Zip Code
Phone number		
☐ Check box if this landlord brought a	any court action against the leas	eholder or a member of your household.
☐ Check this box if this landlord retur		
Please describe your previous re	esidence #4	
Lease	eholder Information for Resid	ence #4
First Name	Last Name	n er jare made als laste as en
Street Address		
Apt. Suite, Floor, etc.	·	
		7:- 01.
City/Town	State	Zip Code
Phone number	Move in Date	Move out Date

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Lai	ndlord Information for Reside	nçe #4
First Name	Last Name	
Street Address		The second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a section in the second section in the section is a section in the section in the section is a section in the section in the section is a section in the section in the section is a section in the section in the section is a section in the section in the section in the section is a section in the section in the section in the section is a section in the section in the section in the section is a section in the section in the section in the section is a section in the section in the section in the section is a section in the section in th
Apt. Suite, Floor, etc.		
O'L IT	01.1	
City/Town	State	Zip Code
Phone number		
☐ Check box if this landlord brought a	any court action against the leas	eholder or a member of your household.
☐ Check this box if this landlord retur	ned the security deposit to the le	easeholder.
Please describe your previous re	esidence #5	
Lease	eholder Information for Resid	ence #5
First Name	Last Name	Year meete ikki baadan oo daa halla oo dalka oo del baadan oo dalka ah baada saa saa saa saa saa saa saa saa s
Street Address		
Apt. Suite, Floor, etc.		
City/Town	State	Zip Code
Phone number	Move in Date	Move out Date
Lar	dlord Information for Reside	nce #5
First Name	Last Name	COLORES CATALON REPORT PARA PROPERTIES NO PROPERTIES DE COLORES DE COLORES DE COLORES DE COLORES DE COLORES DE
Street Address		
Apt. Suite, Floor, etc.		
City/Town	State	Zip Code
Phone number		
Check box if this landlord brought a	ny court action against the leas	eholder or a member of your household.
Check this box if this landlord return		-

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□ Yes □ No	
Name of Head of Household at that time	Relationship to Applicant
Name of Housing Agency	
Do you still live at this residence?	If no, move out date:
□ Yes □ No	
Please enter some additional details about your	r reason for moving out:
When you moved out, were you in compliance v	with the lease and other program requirements?
□ Yes □ No	
If no, please explain:	
3. Criminal Record	
Have you or any member of your househo	ld who will live in the unit ever been convicted of a
Have you or any member of your househo crime?	ld who will live in the unit ever been convicted of a
crime?	ld who will live in the unit ever been convicted of a
Have you or any member of your househo crime? ☐ Yes ☐ No	ld who will live in the unit ever been convicted of a
Have you or any member of your househo crime? ☐ Yes ☐ No If yes, please explain:	Id who will live in the unit ever been convicted of a
Have you or any member of your househo crime? ☐ Yes ☐ No If yes, please explain: Do you or any member of your household	





4. Personal References

Please provide your first reference

First Name	Middle Initial	Last Name	Suffix
Street Address, P.O. Box or c/o			
Apt. Suite, Floor, etc.			***************************************
City/Town	State	Zip Co	ode
Phone Number			
Please provide your second perso	onal reference		
First Name	Middle Initial	Last Name	Suffix
Street Address, P.O. Box or c/o			
Apt. Suite, Floor, etc.			
,			
City/Town	State	Zip Co	ode
Phone Number			
5. Additional Information			
s anyone in your household a Bo Board Member or an employee, o			
f so, this will not necessarily disqualify	y your application.		
□ Yes □ No			
f yes, please identify the household more represents role at the housing authority.	nember and the relatio	nship as well as the housing au	uthority and the



Are there any pets in your house	nold?			
□ Yes □ No				
If yes, how many?	Please describe:			
Does anyone in your household own a car?				
□ Yes □ No				
Make of Car	Year License Plate Number			
	State where registered:			
Applicant's Certification				
understand I should not may written Unit Offer from a homore than one offer of an a good cause, my application authority; If I reapply for that program priorities or preferences that three year period. I understand that it is my readdress, income, household I authorize housing authorith have provided in this applic. I certify that the information any false statement or mismulation from the Crimin other background investigate.	have given in this application is true and correct. I understand that presentation may result in the denial of my application. thorities I have applied to will request a Criminal Offender Record I Justice Information Services and may perform credit checks and ons for all adult members of the household. ade any intentionally false or misleading statements when applying ation will be disqualified and there may be additional			
Signature:	Date:			





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