



# Common Housing Application for Massachusetts Public Housing (CHAMP) –

## Application for State-Aided Public Housing

**You may now apply for state-aided public housing online! Please use the Common Housing Application for Massachusetts Public Housing (CHAMP) website:**

<https://www.mass.gov/applyforpublichousing>

**If you do not want to apply online, please fill out the following application and mail or hand deliver it to a local housing authority (LHA).** If you are applying to more than one housing authority, please indicate on the Housing Selections list the housing authorities where you would like to apply and the program you are applying for, family, elderly/handicapped. Submit the completed application to a housing authority. The 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.

It is important to only apply for housing at cities or towns where you want to live. If you fail to accept an offer of housing, you will be removed from that waiting list. If you refuse to accept a total of three offers of housing, you will be removed from waiting lists at all the housing authorities where you applied.

Please complete all information requested on the application below. Incomplete applications may not be fully processed. If a question is not applicable, please write n/a. All questions must be answered, but please pay particular attention to the asterisked (\*) fields. If these asterisked questions are left blank, your application will be incomplete and cannot be fully processed.

Please make sure you sign the Applicant's Certification AND the Fair Information Practices Act - Statement of Rights at the end of the application.

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.**

### 1. Contact Information

#### Name of Applicant/ Head of Household

_____	_____	_____	_____
First Name*	Middle Initial	Last Name*	Suffix

#### Please provide your residential address

If you are currently homeless, please provide your shelter's address OR the address of your last residence. This address will be used to determine your local resident preference.

Street Address\* \_\_\_\_\_

Apt. Suite, Floor, etc. \_\_\_\_\_

_____	_____	_____
City/Town*	State*	Zip Code*



**Please provide your mailing address, only if different from the address listed above**

Street Address, P.O. Box or  
c/o\*

Apt. Suite, Floor, etc.

City/Town\*

State\*

Zip Code\*

**Please provide your phone and email**

Home Phone

Mobile Phone

Work Phone

Email address

**Please provide a secondary contact person or alternative address**

First Name

Middle Initial

Last Name

Suffix

Street Address, P.O. Box or c/o

Apt. Suite, Floor, etc.

City/Town

State

Zip Code

Phone

Email

## 2. Housing Type

There are different state-aided public housing programs available for low-income families, elderly persons, and persons with disabilities. Not all housing authorities administer every program.

You can apply for housing in these programs at any local housing authority by selecting them at the end of this application, but it's important to remember that if you do not accept housing that is offered, your application may be removed from one or more waitlists. Family housing is for households of any age and any size. Household members must be related by blood, marriage, operation of law, or a stable interdependent relationship. To be eligible for elderly/handicapped public housing, at least one household member must be at least 60 years old **or** be a person with a disability who meets certain eligibility criteria.



**A. Are you applying for Elderly/Handicapped Housing?\***

Elderly/Handicapped Program

☐ Yes      ☐ No

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

☐ Elderly  
☐ Non-elderly Handicapped

**B. Apartment size**

**How many bedrooms do you believe you need?\* (\*\*)**

☐ 1    ☐ 2    ☐ 3    ☐ 4    ☐ 5    ☐ 6    ☐ 7    ☐ 8    ☐ 9

\*\*Note that not all of these apartment sizes may be available.

**3. Current Housing Situation**

Please tell us about your current housing situation. The information you provide will be verified to determine the priority of your application. Making a false statement or misrepresentation may result in the denial of your application.

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

☐ Yes      ☐ No

**Are you requesting a transfer to move from one apartment to another within the same housing authority?**

☐ Yes      ☐ No

If yes, housing authority where you currently live:

\_\_\_\_\_

If yes, reason for transfer request (check one)

☐ Apartment too small for household

☐ Apartment too big for household

☐ Medical reasons

☐ other (specify)\_\_\_\_\_

If yes, please provide some additional details about your transfer requests:

\_\_\_\_\_  
\_\_\_\_\_



---

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

- ☐ 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 must 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

- ☐ Displaced by natural forces (i.e. 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 some additional details about your housing situation: \_\_\_\_\_

---

---



#### 4. Employment & Veteran Status

You may receive local resident preference based on where you are employed in addition to where you live. For some programs, you may also receive a preference for Veterans of the U.S. Military and some members of their families.

##### Where is your current place of employment?

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

##### Are you 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

- ☐ 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.

#### 5. Accessibility

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

- ☐ Yes ☐ No

If yes, please enter some additional details:

---

---

---

##### Does your household need a unit that is wheelchair accessible?

- ☐ Yes ☐ No



**Do you need a unit that does not require you or any member of your household to climb stairs?\***

**If you answer 'yes' to this question, you will not be placed on waiting lists for any apartments that require you to climb stairs.**

**Please check the applicable box below.**

- ☐ Yes, I need a unit that does not require me or any member of my household to climb stairs.
- ☐ No, I and all members of my household can live in a unit with stairs.

**[Blank Space – Go to Next Page]**



## 6. 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.

**Please provide the names and personal details of Household Members**

First Name	Last Name	Relationship to Head of Household <sup>1</sup>	Racial Designation (Optional) <sup>2</sup>	Ethnic Designation (Optional) <sup>3</sup>	Gender	Occupation status <sup>4</sup>	Social Security Number	Date of Birth	Disabled (Optional) <sup>5</sup>
		Head of Household							

**Note: Valid responses to Household Members Personal Details are listed in 1-5 below. Optional questions need no response.**

1. Relationship to Household: Head, Spouse/Partner, Brother/Sister, Child/Grandchild, Parent/Grandparent, Niece/Nephew, Cousin, Foster Child, or Other.

2. Racial Designation: American Indian, Alaskan Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, White, or Other.

3. Ethnic Designation: Hispanic/Latino or Not-Hispanic/Latino.

4. Occupation: Employed, Retired, At Home, Student.

5. Disabled: Yes or No



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

\$ \_\_\_\_\_

**Is a change in household composition expected?\***

☐ Yes      ☐ No

\_\_\_\_\_  
If yes, what type?

\_\_\_\_\_  
When is this expected to occur?

## **7. Housing Selections**

On the attached list, please check off at least one program at one housing authority where you want to live. Use the following pages 11 thru 18 to indicate your housing selections. You can add or remove programs or housing authorities to your application at any time, including after submission. Those changes can be made at any housing authority or online at the Common Housing Application for Massachusetts Public Housing (CHAMP) <https://www.mass.gov/applyforpublichousing>

If you fail to accept three offers of housing, you will be removed from all waiting lists at the housing authorities where you applied.

**[Blank Space – Go to Next Page]**





## Applicant's Certification

- I understand that this application is not an offer of 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.
- 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 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.-
- I understand that housing authorities I have applied to will request a Criminal Offender Record Information from the Criminal Justice Information Services and may perform credit checks and other background investigations for all adult members of the household.
- 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\*:

---



## 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\*:

---



## List of Housing Selections

Please mark the check box next to the Housing Selection where you want to apply and live.

<u>Community</u>	<u>Housing Selection</u>	<u># of Bedrooms</u>
<input type="checkbox"/> Abington	Family	3
<input type="checkbox"/> Abington	Elderly/Handicapped	1
<input type="checkbox"/> Acton	Family	2, 3, 4
<input type="checkbox"/> Acton	Elderly/Handicapped	1
<input type="checkbox"/> Acushnet	Elderly/Handicapped	1
<input type="checkbox"/> Adams	Family	1, 2, 3, 4
<input type="checkbox"/> Adams	Elderly/Handicapped	1
<input type="checkbox"/> Agawam	Family	2, 3
<input type="checkbox"/> Agawam	Elderly/Handicapped	1
<input type="checkbox"/> Agawam	Congregate Elderly/Handicapped	1
<input type="checkbox"/> Amesbury	Family	1, 2, 3, 5
<input type="checkbox"/> Amesbury	Elderly/Handicapped	1
<input type="checkbox"/> Amherst	Family	2, 3
<input type="checkbox"/> Amherst	Elderly/Handicapped	1
<input type="checkbox"/> Andover	Family	2, 3, 4
<input type="checkbox"/> Andover	Elderly/Handicapped	1
<input type="checkbox"/> Arlington	Family	1, 2, 3
<input type="checkbox"/> Arlington	Elderly/Handicapped	1
<input type="checkbox"/> Ashland	Elderly/Handicapped	1
<input type="checkbox"/> Athol	Family	2, 3
<input type="checkbox"/> Athol	Elderly/Handicapped	1
<input type="checkbox"/> Attleboro	Family	1, 2, 3
<input type="checkbox"/> Attleboro	Elderly/Handicapped	1
<input type="checkbox"/> Auburn	Family	2, 3, 4
<input type="checkbox"/> Auburn	Elderly/Handicapped	1
<input type="checkbox"/> Avon	Elderly/Handicapped	1
<input type="checkbox"/> Ayer	Family	2, 3
<input type="checkbox"/> Ayer	Elderly/Handicapped	1
<input type="checkbox"/> Ayer	Congregate Elderly/Handicapped	1

<u>Community</u>	<u>Housing Selection</u>	<u># of Bedrooms</u>
<input type="checkbox"/> Barnstable	Family	2, 3, 4, 5
<input type="checkbox"/> Barnstable	Elderly/Handicapped	1, 2
<input type="checkbox"/> Barnstable	Congregate Elderly/Handicapped	1
<input type="checkbox"/> Barre	Elderly/Handicapped	1
<input type="checkbox"/> Bedford	Family	2, 3
<input type="checkbox"/> Bedford	Elderly/Handicapped	1
<input type="checkbox"/> Belchertown	Family	3, 4
<input type="checkbox"/> Belchertown	Elderly/Handicapped	1
<input type="checkbox"/> Bellingham	Family	2, 4
<input type="checkbox"/> Bellingham	Elderly/Handicapped	1
<input type="checkbox"/> Belmont	Family	2, 3
<input type="checkbox"/> Belmont	Elderly/Handicapped	1
<input type="checkbox"/> Beverly	Family	1, 2, 3
<input type="checkbox"/> Beverly	Elderly/Handicapped	1, 2
<input type="checkbox"/> Beverly	Congregate Elderly/Handicapped	1
<input type="checkbox"/> Billerica	Family	2, 3
<input type="checkbox"/> Billerica	Elderly/Handicapped	1
<input type="checkbox"/> Blackstone	Elderly/Handicapped	1
<input type="checkbox"/> Boston	Family	1, 2, 3, 4, 5, 6
<input type="checkbox"/> Boston	Elderly/Handicapped	1, 2
<input type="checkbox"/> Boston - Beacon (Camden)	Family	1, 2, 3
<input type="checkbox"/> Boston - Trinity (East Boston)	Family	1, 2, 3, 4, 5
<input type="checkbox"/> Bourne	Family	2, 3
<input type="checkbox"/> Bourne	Elderly/Handicapped	1, 2



<b>Community</b>	<b>Housing Selection</b>	<b># of Bedrooms</b>
<input type="checkbox"/> Braintree	Family	3
<input type="checkbox"/> Braintree	Elderly/Handicapped	1
<input type="checkbox"/> Braintree	Congregate Elderly/Handicapped	1
<input type="checkbox"/> Brewster	Family	2, 3
<input type="checkbox"/> Brewster	Elderly/Handicapped	1
<input type="checkbox"/> Bridgewater	Family	2, 3, 4
<input type="checkbox"/> Bridgewater	Elderly/Handicapped	1
<input type="checkbox"/> Bridgewater	Congregate Elderly/Handicapped	1
<input type="checkbox"/> Brimfield	Elderly/Handicapped	1, 2
<input type="checkbox"/> Brockton	Family	2, 3, 4
<input type="checkbox"/> Brockton	Elderly/Handicapped	1
<input type="checkbox"/> Brockton	Congregate Elderly/Handicapped	1
<input type="checkbox"/> Brookfield	Family	2
<input type="checkbox"/> Brookline	Family	1, 2, 3, 4, 5
<input type="checkbox"/> Brookline	Elderly/Handicapped	1, 2, 3
<input type="checkbox"/> Burlington	Family	3
<input type="checkbox"/> Burlington	Elderly/Handicapped	1, 2
<input type="checkbox"/> Canton	Family	2, 3, 4
<input type="checkbox"/> Canton	Elderly/Handicapped	1
<input type="checkbox"/> Carver	Family	2, 3, 4
<input type="checkbox"/> Carver	Elderly/Handicapped	1
<input type="checkbox"/> Charlton	Family	3
<input type="checkbox"/> Charlton	Elderly/Handicapped	1
<input type="checkbox"/> Chatham	Family	2, 3
<input type="checkbox"/> Chatham	Elderly/Handicapped	1
<input type="checkbox"/> Chatham	Congregate Elderly/Handicapped	1
<input type="checkbox"/> Chelmsford	Family	3
<input type="checkbox"/> Chelmsford	Elderly/Handicapped	1
<input type="checkbox"/> Chelmsford	Congregate Elderly/Handicapped	1
<input type="checkbox"/> Chelsea	Family	2, 3, 4
<input type="checkbox"/> Chelsea	Elderly/Handicapped	1

<b>Community</b>	<b>Housing Selection</b>	<b># of Bedrooms</b>
<input type="checkbox"/> Chicopee	Family	1, 2, 3
<input type="checkbox"/> Chicopee	Elderly/Handicapped	1
<input type="checkbox"/> Clinton	Family	2, 3, 4
<input type="checkbox"/> Clinton	Elderly/Handicapped	1
<input type="checkbox"/> Cohasset	Elderly/Handicapped	1
<input type="checkbox"/> Concord	Family	2, 3, 4
<input type="checkbox"/> Concord	Elderly/Handicapped	1
<input type="checkbox"/> Dalton	Family	3
<input type="checkbox"/> Dalton	Elderly/Handicapped	1, 2
<input type="checkbox"/> Danvers	Family	2, 3
<input type="checkbox"/> Danvers	Elderly/Handicapped	1, 2
<input type="checkbox"/> Dartmouth	Elderly/Handicapped	1
<input type="checkbox"/> Dedham	Family	1, 2, 3
<input type="checkbox"/> Dedham	Elderly/Handicapped	1
<input type="checkbox"/> Dennis	Family	3, 4
<input type="checkbox"/> Dennis	Elderly/Handicapped	1, 2
<input type="checkbox"/> Dighton	Elderly/Handicapped	1
<input type="checkbox"/> Dracut	Family	2, 3, 4
<input type="checkbox"/> Dracut	Elderly/Handicapped	1
<input type="checkbox"/> Dracut	Congregate Elderly/Handicapped	1
<input type="checkbox"/> Dudley	Elderly/Handicapped	1
<input type="checkbox"/> Duxbury	Family	2, 3
<input type="checkbox"/> Duxbury	Elderly/Handicapped	1
<input type="checkbox"/> East Bridgewater	Family	3
<input type="checkbox"/> East Bridgewater	Elderly/Handicapped	1
<input type="checkbox"/> East Longmeadow	Family	2, 3
<input type="checkbox"/> East Longmeadow	Elderly/Handicapped	1
<input type="checkbox"/> East Longmeadow	Congregate Elderly/Handicapped	1, 2



<b>Community</b>	<b>Housing Selection</b>	<b># of Bedrooms</b>
<input type="checkbox"/> Easthampton	Family	2, 3, 4
<input type="checkbox"/> Easthampton	Elderly/Handicapped	1
<input type="checkbox"/> Easton	Family	2, 3
<input type="checkbox"/> Easton	Elderly/Handicapped	1
<input type="checkbox"/> Essex	Elderly/Handicapped	1
<input type="checkbox"/> Everett	Family	2, 3
<input type="checkbox"/> Everett	Elderly/Handicapped	1
<input type="checkbox"/> Fairhaven	Family	2, 3
<input type="checkbox"/> Fairhaven	Elderly/Handicapped	1
<input type="checkbox"/> Fall River	Family	1, 2, 3
<input type="checkbox"/> Fall River	Elderly/Handicapped	1
<input type="checkbox"/> Falmouth	Family	2, 3, 4
<input type="checkbox"/> Falmouth	Elderly/Handicapped	1
<input type="checkbox"/> Fitchburg	Family	1, 2, 3, 4
<input type="checkbox"/> Fitchburg	Elderly/Handicapped	1, 2
<input type="checkbox"/> Fitchburg	Congregate Elderly/Handicapped	1
<input type="checkbox"/> Foxborough	Family	1, 2, 3, 4
<input type="checkbox"/> Foxborough	Elderly/Handicapped	1
<input type="checkbox"/> Framingham	Family	1, 2, 3, 4
<input type="checkbox"/> Framingham	Elderly/Handicapped	1, 2
<b>Franklin County Regional</b>		
<input type="checkbox"/> Bernardston	Family	3
<input type="checkbox"/> Bernardston	Elderly/Handicapped	1
<input type="checkbox"/> Buckland	Family	2, 4
<input type="checkbox"/> Charlemont	Family	2, 4
<input type="checkbox"/> Gill	Elderly/Handicapped	1
<input type="checkbox"/> Northfield	Family	2, 3
<input type="checkbox"/> Northfield	Elderly/Handicapped	1
<input type="checkbox"/> Orange	Family	2, 3, 4
<input type="checkbox"/> Turners Falls	Congregate Elderly/Handicapped	1
<input type="checkbox"/> Franklin	Family	2, 3
<input type="checkbox"/> Franklin	Elderly/Handicapped	1
<input type="checkbox"/> Franklin	Congregate Elderly/Handicapped	1

<b>Community</b>	<b>Housing Selection</b>	<b># of Bedrooms</b>
<input type="checkbox"/> Gardner	Family	2, 3, 4
<input type="checkbox"/> Gardner	Elderly/Handicapped	1
<input type="checkbox"/> Gardner	Congregate Elderly/Handicapped	1
<input type="checkbox"/> Georgetown	Family	2, 3
<input type="checkbox"/> Georgetown	Elderly/Handicapped	1
<input type="checkbox"/> Gloucester	Family	2, 3, 4
<input type="checkbox"/> Gloucester	Elderly/Handicapped	1
<input type="checkbox"/> Grafton	Family	2, 3
<input type="checkbox"/> Grafton	Elderly/Handicapped	1
<input type="checkbox"/> Granby	Family	2, 3
<input type="checkbox"/> Granby	Elderly/Handicapped	1
<input type="checkbox"/> Great Barrington	Family	2, 3, 4
<input type="checkbox"/> Great Barrington	Elderly/Handicapped	1
<input type="checkbox"/> Great Barrington - Sheffield	Family	3
<input type="checkbox"/> Great Barrington - Sheffield	Elderly/Handicapped	1
<input type="checkbox"/> Greenfield	Family	2, 3, 4, 5
<input type="checkbox"/> Greenfield	Elderly/Handicapped	1
<input type="checkbox"/> Greenfield	Congregate Elderly/Handicapped	1
<input type="checkbox"/> Groton	Family	3
<input type="checkbox"/> Groton	Elderly/Handicapped	1
<input type="checkbox"/> Groveland	Family	3
<input type="checkbox"/> Hadley	Family	3
<input type="checkbox"/> Hadley	Elderly/Handicapped	1
<input type="checkbox"/> Halifax	Family	2, 3, 4
<input type="checkbox"/> Halifax	Elderly/Handicapped	1
<input type="checkbox"/> Hamilton	Family	2, 3
<input type="checkbox"/> Hamilton	Elderly/Handicapped	1



<u>Community</u>	<u>Housing Selection</u>	<u># of Bedrooms</u>
Hampshire County Regional		
<input type="checkbox"/> Cummington	Family	2, 3
<input type="checkbox"/> Cummington	Elderly/Handicapped	1
<input type="checkbox"/> Huntington	Elderly/Handicapped	1
<input type="checkbox"/> South Hadley	Family	2
<input type="checkbox"/> Hanson	Elderly/Handicapped	1
<input type="checkbox"/> Harwich	Family	2, 3
<input type="checkbox"/> Hatfield	Elderly/Handicapped	1
<input type="checkbox"/> Haverhill	Family	2, 3, 4
<input type="checkbox"/> Haverhill	Elderly/Handicapped	1
<input type="checkbox"/> Hingham	Family	2, 3
<input type="checkbox"/> Hingham	Elderly/Handicapped	1
<input type="checkbox"/> Hingham	Congregate Elderly/Handicapped	1
<input type="checkbox"/> Holbrook	Family	3
<input type="checkbox"/> Holbrook	Elderly/Handicapped	1
<input type="checkbox"/> Holden	Family	3
<input type="checkbox"/> Holden	Elderly/Handicapped	1
<input type="checkbox"/> Holliston	Family	2, 3, 4
<input type="checkbox"/> Holliston	Elderly/Handicapped	1
<input type="checkbox"/> Holyoke	Family	2, 3
<input type="checkbox"/> Holyoke	Elderly/Handicapped	1
<input type="checkbox"/> Holyoke	Congregate Elderly/Handicapped	1
<input type="checkbox"/> Hopedale	Elderly/Handicapped	1
<input type="checkbox"/> Hopkinton	Family	2, 3
<input type="checkbox"/> Hopkinton	Elderly/Handicapped	1
<input type="checkbox"/> Hudson	Elderly/Handicapped	1
<input type="checkbox"/> Hull	Family	2, 3, 4
<input type="checkbox"/> Hull	Elderly/Handicapped	1
<input type="checkbox"/> Ipswich	Family	2, 3, 4
<input type="checkbox"/> Ipswich	Elderly/Handicapped	1
<input type="checkbox"/> Kingston	Elderly/Handicapped	1

<u>Community</u>	<u>Housing Selection</u>	<u># of Bedrooms</u>
<input type="checkbox"/> Lancaster	Elderly/Handicapped	1
<input type="checkbox"/> Lawrence	Family	1, 2, 3, 4
<input type="checkbox"/> Lawrence	Elderly/Handicapped	1
<input type="checkbox"/> Lee	Family	2, 3
<input type="checkbox"/> Lee	Elderly/Handicapped	1
<input type="checkbox"/> Leicester	Elderly/Handicapped	1
<input type="checkbox"/> Lenox	Family	2, 3
<input type="checkbox"/> Lenox	Elderly/Handicapped	1, 2
<input type="checkbox"/> Leominster	Family	2, 3, 4
<input type="checkbox"/> Leominster	Elderly/Handicapped	1
<input type="checkbox"/> Lexington	Family	3
<input type="checkbox"/> Lexington	Elderly/Handicapped	1
<input type="checkbox"/> Littleton	Family	2, 3
<input type="checkbox"/> Littleton	Elderly/Handicapped	1
<input type="checkbox"/> Lowell	Family	2, 3, 4, 5
<input type="checkbox"/> Lowell	Elderly/Handicapped	1
<input type="checkbox"/> Ludlow	Family	2, 3, 4
<input type="checkbox"/> Ludlow	Elderly/Handicapped	1, 2
<input type="checkbox"/> Lunenburg	Family	2, 3
<input type="checkbox"/> Lunenburg	Elderly/Handicapped	1
<input type="checkbox"/> Lynn	Family	2, 3, 4, 5
<input type="checkbox"/> Lynn	Elderly/Handicapped	1
<input type="checkbox"/> Lynn	Congregate Elderly/Handicapped	1
<input type="checkbox"/> Lynnfield	Elderly/Handicapped	1
<input type="checkbox"/> Malden	Elderly/Handicapped	1
<input type="checkbox"/> Manchester	Family	2, 3
<input type="checkbox"/> Manchester	Elderly/Handicapped	1
<input type="checkbox"/> Mansfield	Family	2, 3, 4
<input type="checkbox"/> Mansfield	Elderly/Handicapped	1, 2
<input type="checkbox"/> Marblehead	Family	2, 3
<input type="checkbox"/> Marblehead	Elderly/Handicapped	1



<b>Community</b>	<b>Housing Selection</b>	<b># of Bedrooms</b>
<input type="checkbox"/> Marlborough CDA	Elderly/Handicapped	1
<input type="checkbox"/> Marshfield	Family	3, 4, 6
<input type="checkbox"/> Marshfield	Elderly/Handicapped	1
<input type="checkbox"/> Marshfield	Congregate Elderly/Handicapped	1
<input type="checkbox"/> Mashpee	Family	3
<input type="checkbox"/> Mashpee	Elderly/Handicapped	1
<input type="checkbox"/> Mattapoisett	Family	2, 3
<input type="checkbox"/> Mattapoisett	Elderly/Handicapped	1
<input type="checkbox"/> Maynard	Elderly/Handicapped	1
<input type="checkbox"/> Medfield	Elderly/Handicapped	1, 2
<input type="checkbox"/> Medford	Elderly/Handicapped	1
<input type="checkbox"/> Medway	Elderly/Handicapped	1
<input type="checkbox"/> Melrose	Family	2, 3, 5
<input type="checkbox"/> Melrose	Elderly/Handicapped	1
<input type="checkbox"/> Mendon	Elderly/Handicapped	1
<input type="checkbox"/> Merrimac	Family	2, 3
<input type="checkbox"/> Merrimac	Elderly/Handicapped	1
<input type="checkbox"/> Methuen	Family	1, 2, 3, 4, 5
<input type="checkbox"/> Methuen	Elderly/Handicapped	1
<input type="checkbox"/> Methuen	Congregate Elderly/Handicapped	1
<input type="checkbox"/> Middleborough	Family	2, 3
<input type="checkbox"/> Middleborough	Elderly/Handicapped	1
<input type="checkbox"/> Middleton	Family	2, 3
<input type="checkbox"/> Middleton	Elderly/Handicapped	1
<input type="checkbox"/> Milford	Family	1, 2, 3, 4, 5
<input type="checkbox"/> Milford	Elderly/Handicapped	1
<input type="checkbox"/> Millbury	Family	1, 2, 3, 4
<input type="checkbox"/> Millbury	Elderly/Handicapped	1
<input type="checkbox"/> Millbury	Congregate Elderly/Handicapped	1

<b>Community</b>	<b>Housing Selection</b>	<b># of Bedrooms</b>
<input type="checkbox"/> Millis	Family	2, 3
<input type="checkbox"/> Millis	Elderly/Handicapped	1
<input type="checkbox"/> Milton	Family	2, 3
<input type="checkbox"/> Milton	Elderly/Handicapped	1
<input type="checkbox"/> Monson	Family	2, 3, 4
<input type="checkbox"/> Monson	Elderly/Handicapped	1
<input type="checkbox"/> Montague	Family	2, 3
<input type="checkbox"/> Montague	Elderly/Handicapped	1, 2
<input type="checkbox"/> Nahant	Family	2, 3, 4
<input type="checkbox"/> Nahant	Elderly/Handicapped	1
<input type="checkbox"/> Nantucket	Family	2, 3, 4
<input type="checkbox"/> Nantucket	Elderly/Handicapped	1
<input type="checkbox"/> Natick	Family	2, 3, 4
<input type="checkbox"/> Natick	Elderly/Handicapped	1, 2
<input type="checkbox"/> Needham	Elderly/Handicapped	1
<input type="checkbox"/> New Bedford	Family	1, 2, 3, 4
<input type="checkbox"/> New Bedford	Elderly/Handicapped	1, 2
<input type="checkbox"/> Newburyport	Family	2, 3
<input type="checkbox"/> Newburyport	Elderly/Handicapped	1
<input type="checkbox"/> Newton	Family	1, 2, 3
<input type="checkbox"/> Newton	Elderly/Handicapped	1, 2
<input type="checkbox"/> Norfolk	Family	2, 3
<input type="checkbox"/> Norfolk	Elderly/Handicapped	1
<input type="checkbox"/> North Andover	Family	2, 3
<input type="checkbox"/> North Andover	Elderly/Handicapped	1
<input type="checkbox"/> North Andover	Congregate Elderly/Handicapped	1
<input type="checkbox"/> North Attleborough	Family	2, 3
<input type="checkbox"/> North Attleborough	Elderly/Handicapped	1, 2
<input type="checkbox"/> North Brookfield	Family	2
<input type="checkbox"/> North Brookfield	Elderly/Handicapped	1





<u>Community</u>	<u>Housing Selection</u>	<u># of Bedrooms</u>
<input type="checkbox"/> North Reading	Family	2, 3
<input type="checkbox"/> North Reading	Elderly/Handicapped	1
<input type="checkbox"/> Northampton	Family	1, 2, 3, 4
<input type="checkbox"/> Northampton	Elderly/Handicapped	1, 2
<input type="checkbox"/> Northborough	Family	2, 3
<input type="checkbox"/> Northborough	Elderly/Handicapped	1
<input type="checkbox"/> Northbridge	Elderly/Handicapped	1, 2
<input type="checkbox"/> Norton	Family	2, 3, 4
<input type="checkbox"/> Norton	Elderly/Handicapped	1
<input type="checkbox"/> Norwell	Elderly/Handicapped	1
<input type="checkbox"/> Norwood	Family	2, 3
<input type="checkbox"/> Norwood	Elderly/Handicapped	1
<input type="checkbox"/> Orange	Family	2, 3
<input type="checkbox"/> Orange	Elderly/Handicapped	1
<input type="checkbox"/> Orleans	Family	2, 3, 4
<input type="checkbox"/> Orleans	Elderly/Handicapped	1
<input type="checkbox"/> Oxford	Family	2, 3
<input type="checkbox"/> Oxford	Elderly/Handicapped	1
<input type="checkbox"/> Oxford	Congregate	1
<input type="checkbox"/> Oxford	Elderly/Handicapped	
<input type="checkbox"/> Palmer	Elderly/Handicapped	1
<input type="checkbox"/> Peabody	Family	1, 2, 3, 4
<input type="checkbox"/> Peabody	Elderly/Handicapped	1
<input type="checkbox"/> Peabody	Congregate	1
<input type="checkbox"/> Peabody	Elderly/Handicapped	
<input type="checkbox"/> Pembroke	Family	2, 3, 4
<input type="checkbox"/> Pembroke	Elderly/Handicapped	1
<input type="checkbox"/> Pepperell	Family	2
<input type="checkbox"/> Pepperell	Elderly/Handicapped	1
<input type="checkbox"/> Pittsfield	Family	2, 3, 4
<input type="checkbox"/> Pittsfield	Elderly/Handicapped	1
<input type="checkbox"/> Plainville	Elderly/Handicapped	1
<input type="checkbox"/> Plymouth	Family	2, 3
<input type="checkbox"/> Plymouth	Elderly/Handicapped	1

<u>Community</u>	<u>Housing Selection</u>	<u># of Bedrooms</u>
<input type="checkbox"/> Provincetown	Family	1, 2, 3
<input type="checkbox"/> Provincetown	Elderly/Handicapped	1
<input type="checkbox"/> Quincy	Family	2, 3, 4
<input type="checkbox"/> Quincy	Elderly/Handicapped	1, 2
<input type="checkbox"/> Randolph	Elderly/Handicapped	1
<input type="checkbox"/> Raynham	Elderly/Handicapped	1
<input type="checkbox"/> Reading	Family	2, 3
<input type="checkbox"/> Reading	Elderly/Handicapped	1
<input type="checkbox"/> Revere	Family	1, 2, 3, 4
<input type="checkbox"/> Revere	Elderly/Handicapped	1
<input type="checkbox"/> Rockland	Elderly/Handicapped	1
<input type="checkbox"/> Rockport	Family	2, 3, 4
<input type="checkbox"/> Rockport	Elderly/Handicapped	1
<input type="checkbox"/> Rowley	Family	2, 3
<input type="checkbox"/> Rowley	Elderly/Handicapped	1
<input type="checkbox"/> Salem	Family	1, 2, 3
<input type="checkbox"/> Salem	Elderly/Handicapped	1
<input type="checkbox"/> Salem	Congregate	1, 2
<input type="checkbox"/> Salem	Elderly/Handicapped	
<input type="checkbox"/> Salisbury	Elderly/Handicapped	1
<input type="checkbox"/> Sandwich	Family	2, 3
<input type="checkbox"/> Sandwich	Elderly/Handicapped	1
<input type="checkbox"/> Sandwich	Congregate	1
<input type="checkbox"/> Sandwich	Elderly/Handicapped	
<input type="checkbox"/> Saugus	Family	2, 3
<input type="checkbox"/> Saugus	Elderly/Handicapped	1
<input type="checkbox"/> Scituate	Elderly/Handicapped	1
<input type="checkbox"/> Seekonk	Family	2, 3
<input type="checkbox"/> Seekonk	Elderly/Handicapped	1, 2
<input type="checkbox"/> Sharon	Family	2
<input type="checkbox"/> Sharon	Elderly/Handicapped	1
<input type="checkbox"/> Shelburne	Elderly/Handicapped	1, 2





<b>Community</b>	<b>Housing Selection</b>	<b># of Bedrooms</b>
<input type="checkbox"/> Shrewsbury	Family	1, 2, 3
<input type="checkbox"/> Shrewsbury	Elderly/Handicapped	1
<input type="checkbox"/> Somerset	Elderly/Handicapped	1
<input type="checkbox"/> Somerville	Family	1, 2, 3
<input type="checkbox"/> Somerville	Elderly/Handicapped	1
<input type="checkbox"/> South Hadley	Family	2, 3, 4
<input type="checkbox"/> South Hadley	Elderly/Handicapped	1
<input type="checkbox"/> Southborough	Family	2, 3
<input type="checkbox"/> Southborough	Elderly/Handicapped	1
<input type="checkbox"/> Southbridge	Family	3, 4
<input type="checkbox"/> Southbridge	Elderly/Handicapped	1
<input type="checkbox"/> Southwick	Family	3, 4
<input type="checkbox"/> Southwick	Elderly/Handicapped	1
<input type="checkbox"/> Spencer	Family	3
<input type="checkbox"/> Spencer	Elderly/Handicapped	1
<input type="checkbox"/> Spencer	Congregate Elderly/Handicapped	1
<input type="checkbox"/> Springfield	Family	3
<input type="checkbox"/> Springfield	Elderly/Handicapped	1, 2
<input type="checkbox"/> Springfield	Congregate Elderly/Handicapped	1
<input type="checkbox"/> Sterling	Elderly/Handicapped	1
<input type="checkbox"/> Stockbridge	Elderly/Handicapped	1, 2
<input type="checkbox"/> Stoneham	Family	2, 3
<input type="checkbox"/> Stoneham	Elderly/Handicapped	1
<input type="checkbox"/> Stoughton	Family	2, 3, 4
<input type="checkbox"/> Stoughton	Elderly/Handicapped	1
<input type="checkbox"/> Stoughton	Congregate Elderly/Handicapped	1
<input type="checkbox"/> Sudbury	Family	2, 3, 4
<input type="checkbox"/> Sudbury	Elderly/Handicapped	1
<input type="checkbox"/> Sutton	Elderly/Handicapped	1
<input type="checkbox"/> Swampscott	Family	2, 3
<input type="checkbox"/> Swampscott	Elderly/Handicapped	1

<b>Community</b>	<b>Housing Selection</b>	<b># of Bedrooms</b>
<input type="checkbox"/> Swansea	Elderly/Handicapped	1
<input type="checkbox"/> Taunton	Family	1, 2, 3, 4
<input type="checkbox"/> Taunton	Elderly/Handicapped	1
<input type="checkbox"/> Templeton	Family	2, 3
<input type="checkbox"/> Templeton	Elderly/Handicapped	1, 2
<input type="checkbox"/> Tewksbury	Family	2, 3, 4
<input type="checkbox"/> Tewksbury	Elderly/Handicapped	1
<input type="checkbox"/> Topsfield	Elderly/Handicapped	1
<input type="checkbox"/> Tyngsborough	Family	2, 3
<input type="checkbox"/> Tyngsborough	Elderly/Handicapped	1
<input type="checkbox"/> Tyngsborough	Congregate Elderly/Handicapped	1
<input type="checkbox"/> Upton	Elderly/Handicapped	1
<input type="checkbox"/> Uxbridge	Family	2, 3
<input type="checkbox"/> Uxbridge	Elderly/Handicapped	1
<input type="checkbox"/> Wakefield	Family	2
<input type="checkbox"/> Wakefield	Elderly/Handicapped	1
<input type="checkbox"/> Walpole	Family	2, 3
<input type="checkbox"/> Walpole	Elderly/Handicapped	1
<input type="checkbox"/> Waltham	Family	1, 2, 3, 4
<input type="checkbox"/> Waltham	Elderly/Handicapped	1
<input type="checkbox"/> Waltham	Congregate Elderly/Handicapped	1
<input type="checkbox"/> Ware	Family	2, 3, 4
<input type="checkbox"/> Ware	Elderly/Handicapped	1
<input type="checkbox"/> Wareham	Elderly/Handicapped	1
<input type="checkbox"/> Warren	Family	2, 3
<input type="checkbox"/> Warren	Elderly/Handicapped	1, 2
<input type="checkbox"/> Watertown	Family	1, 2, 3, 4, 5
<input type="checkbox"/> Watertown	Elderly/Handicapped	1
<input type="checkbox"/> Webster	Family	1, 2, 3
<input type="checkbox"/> Webster	Elderly/Handicapped	1
<input type="checkbox"/> Wellesley	Family	2, 3
<input type="checkbox"/> Wellesley	Elderly/Handicapped	1



<b>Community</b>	<b>Housing Selection</b>	<b># of Bedrooms</b>
<input type="checkbox"/> Wenham	Elderly/Handicapped	1
<input type="checkbox"/> West Boylston	Family	2, 3
<input type="checkbox"/> West Boylston	Elderly/Handicapped	1
<input type="checkbox"/> West Bridgewater	Elderly/Handicapped	1
<input type="checkbox"/> West Brookfield	Family	2, 3
<input type="checkbox"/> West Brookfield	Elderly/Handicapped	1
<input type="checkbox"/> West Newbury	Family	3
<input type="checkbox"/> West Newbury	Elderly/Handicapped	1
<input type="checkbox"/> West Springfield	Family	2, 3, 4
<input type="checkbox"/> West Springfield	Elderly/Handicapped	1
<input type="checkbox"/> Westborough	Family	2, 3
<input type="checkbox"/> Westborough	Elderly/Handicapped	1
<input type="checkbox"/> Westborough	Congregate Elderly/Handicapped	1
<input type="checkbox"/> Westfield	Family	2, 3, 4
<input type="checkbox"/> Westfield	Elderly/Handicapped	1, 2
<input type="checkbox"/> Westford	Family	2, 3
<input type="checkbox"/> Westford	Elderly/Handicapped	1
<input type="checkbox"/> Westport	Elderly/Handicapped	1
<input type="checkbox"/> Weymouth	Family	1, 2, 3, 4, 5
<input type="checkbox"/> Weymouth	Elderly/Handicapped	1

<b>Community</b>	<b>Housing Selection</b>	<b># of Bedrooms</b>
<input type="checkbox"/> Whitman	Family	3, 4
<input type="checkbox"/> Whitman	Elderly/Handicapped	1
<input type="checkbox"/> Wilbraham	Family	2, 3
<input type="checkbox"/> Wilbraham	Elderly/Handicapped	1
<input type="checkbox"/> Williamstown	Family	2, 3, 4
<input type="checkbox"/> Williamstown	Elderly/Handicapped	1
<input type="checkbox"/> Wilmington	Family	1, 3
<input type="checkbox"/> Wilmington	Elderly/Handicapped	1
<input type="checkbox"/> Winchendon	Family	2, 3
<input type="checkbox"/> Winchendon	Elderly/Handicapped	1
<input type="checkbox"/> Winchendon	Congregate Elderly/Handicapped	1
<input type="checkbox"/> Winchester	Family	2, 3
<input type="checkbox"/> Winchester	Elderly/Handicapped	1
<input type="checkbox"/> Winthrop	Family	1, 2, 3, 4
<input type="checkbox"/> Winthrop	Elderly/Handicapped	1
<input type="checkbox"/> Woburn	Family	2, 3
<input type="checkbox"/> Woburn	Elderly/Handicapped	1
<input type="checkbox"/> Worcester	Family	1, 2, 3, 4
<input type="checkbox"/> Worcester	Elderly/Handicapped	1
<input type="checkbox"/> Wrentham	Family	2, 3, 4
<input type="checkbox"/> Wrentham	Elderly/Handicapped	1
<input type="checkbox"/> Yarmouth	Elderly/Handicapped	1

