



Chelmsford Housing Authority
10 Wilson Street
Chelmsford, Massachusetts 01824 –3160

DAVID J. HEDISON
Executive Director

Dear Applicant,

Enclosed is the Common Housing Application for Massachusetts Public Housing (CHAMP) for State Aided Public Housing.

Please be certain to complete and sign the application. 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>

◆ **Maximum FY2019 Income Limits for Participation:**

One person: \$52,850 **Two people:** \$60,400 **Three People:** \$67,950 **Four People:** \$75,500

◆ **ELDERLY HOUSING:** Age *60 or older*

◆ **NON-ELDERLY HOUSING:** Handicapped or Disabled *under 60 years of age*

◆ **FAMILY HOUSING:** Families looking to apply for *State Aided Public Housing*

◆ **CONGREGATE:** The Transitional Congregate Housing Program was created to prevent those individuals residing both in the community and in housing from prematurely entering Long Term Care Facilities and also to provide opportunities for those individuals residing in a Long Term Care Setting to return to the community with enhanced supports. After one year in the group congregate, the resident is assisted with moving to an independent apartment within our system. If you have questions about this type of housing, please contact our office.

If you have any questions, please feel free to contact the office at (978) 256-7425x30 to speak with the Housing Coordinator.

AS OF AUGUST 1ST, 2018 ALL OF CHELMSFORD HOUSING AUTHORITY IS SMOKE FREE.

UPDATED 05.8.19



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.

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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 ¹	Racial Designation (Optional) ²	Ethnic Designation (Optional) ³	Gender	Occupation status	Social Security Number	Date of Birth	Disabled (Optional) ⁵
		Head of Household							

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

- Relationship to Household: Head, Spouse/Partner, Brother/Sister, Child/Grandchild, Parent/Grandparent, Niece/Nephew, Cousin, Foster Child, or Other.
- Racial Designation: American Indian, Alaskan Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, White, or Other.
- Ethnic Designation: Hispanic/Latino or Not-Hispanic/Latino.
- Occupation: Employed, Retired, At Home, Student.
- 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.

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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



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

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



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

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



<u>Community</u>	<u>Housing Selection</u>	<u># of Bedrooms</u>
Hampshire County Regional		
⓪ Cumington	Family	2, 3
⓪ Cumington	Elderly/Handicapped	1
⓪ Huntington	Elderly/Handicapped	1
⓪ South Hadley	Family	2
⓪ Hanson	Elderly/Handicapped	1
⓪ Harwich	Family	2, 3
⓪ Hatfield	Elderly/Handicapped	1
⓪ Haverhill	Family	2, 3, 4
⓪ Haverhill	Elderly/Handicapped	1
⓪ Hingham	Family	2, 3
⓪ Hingham	Elderly/Handicapped	1
⓪ Hingham	Congregate Elderly/Handicapped	1
⓪ Holbrook	Family	3
⓪ Holbrook	Elderly/Handicapped	1
⓪ Holden	Family	3
⓪ Holden	Elderly/Handicapped	1
⓪ Holliston	Family	2, 3, 4
⓪ Holliston	Elderly/Handicapped	1
⓪ Holyoke	Family	2, 3
⓪ Holyoke	Elderly/Handicapped	1
⓪ Holyoke	Congregate Elderly/Handicapped	1
⓪ Hopedale	Elderly/Handicapped	1
⓪ Hopkinton	Family	2, 3
⓪ Hopkinton	Elderly/Handicapped	1
⓪ Hudson	Elderly/Handicapped	1
⓪ Hull	Family	2, 3, 4
⓪ Hull	Elderly/Handicapped	1
⓪ Ipswich	Family	2, 3, 4
⓪ Ipswich	Elderly/Handicapped	1
⓪ Kingston	Elderly/Handicapped	1

<u>Community</u>	<u>Housing Selection</u>	<u># of Bedrooms</u>
⓪ Lancaster	Elderly/Handicapped	1
⓪ Lawrence	Family	1, 2, 3, 4
⓪ Lawrence	Elderly/Handicapped	1
⓪ Lee	Family	2, 3
⓪ Lee	Elderly/Handicapped	1
⓪ Leicester	Elderly/Handicapped	1
⓪ Lenox	Family	2, 3
⓪ Lenox	Elderly/Handicapped	1, 2
⓪ Leominster	Family	2, 3, 4
⓪ Leominster	Elderly/Handicapped	1
⓪ Lexington	Family	3
⓪ Lexington	Elderly/Handicapped	1
⓪ Littleton	Family	2, 3
⓪ Littleton	Elderly/Handicapped	1
⓪ Lowell	Family	2, 3, 4, 5
⓪ Lowell	Elderly/Handicapped	1
⓪ Ludlow	Family	2, 3, 4
⓪ Ludlow	Elderly/Handicapped	1, 2
⓪ Lunenburg	Family	2, 3
⓪ Lunenburg	Elderly/Handicapped	1
⓪ Lynn	Family	2, 3, 4, 5
⓪ Lynn	Elderly/Handicapped	1
⓪ Lynn	Congregate Elderly/Handicapped	1
⓪ Lynnfield	Elderly/Handicapped	1
⓪ Malden	Elderly/Handicapped	1
⓪ Manchester	Family	2, 3
⓪ Manchester	Elderly/Handicapped	1
⓪ Mansfield	Family	2, 3, 4
⓪ Mansfield	Elderly/Handicapped	1, 2
⓪ Marblehead	Family	2, 3
⓪ Marblehead	Elderly/Handicapped	1



<u>Community</u>	<u>Housing Selection</u>	<u># of Bedrooms</u>
↻ Marlborough CDA	Elderly/Handicapped	1
↻ Marshfield	Family	3, 4, 6
↻ Marshfield	Elderly/Handicapped	1
↻ Marshfield	Congregate Elderly/Handicapped	1
↻ Mashpee	Family	3
↻ Mashpee	Elderly/Handicapped	1
↻ Mattapoissett	Family	2, 3
↻ Mattapoissett	Elderly/Handicapped	1
↻ Maynard	Elderly/Handicapped	1
↻ Medfield	Elderly/Handicapped	1, 2
↻ Medford	Elderly/Handicapped	1
↻ Medway	Elderly/Handicapped	1
↻ Melrose	Family	2, 3, 5
↻ Melrose	Elderly/Handicapped	1
↻ Mendon	Elderly/Handicapped	1
↻ Merrimac	Family	2, 3
↻ Merrimac	Elderly/Handicapped	1
↻ Methuen	Family	1, 2, 3, 4, 5
↻ Methuen	Elderly/Handicapped	1
↻ Methuen	Congregate Elderly/Handicapped	1
↻ Middleborough	Family	2, 3
↻ Middleborough	Elderly/Handicapped	1
↻ Middleton	Family	2, 3
↻ Middleton	Elderly/Handicapped	1
↻ Milford	Family	1, 2, 3, 4, 5
↻ Milford	Elderly/Handicapped	1
↻ Millbury	Family	1, 2, 3, 4
↻ Millbury	Elderly/Handicapped	1
↻ Millbury	Congregate Elderly/Handicapped	1

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



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

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



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

<u>Communit</u>	<u>Housing Selection</u>	<u># of Bedrooms</u>
↻ Swansea	Elderly/Handicapped	1
↻ Taunton	Family	1, 2, 3, 4
↻ Taunton	Elderly/Handicapped	1
↻ Templeton	Family	2, 3
↻ Templeton	Elderly/Handicapped	1, 2
↻ Tewksbury	Family	2, 3, 4
↻ Tewksbury	Elderly/Handicapped	1
↻ Topsfield	Elderly/Handicapped	1
↻ Tyngsborough	Family	2, 3
↻ Tyngsborough	Elderly/Handicapped	1
↻ Tyngsborough	Congregate Elderly/Handicapped	1
↻ Upton	Elderly/Handicapped	1
↻ Uxbridge	Family	2, 3
↻ Uxbridge	Elderly/Handicapped	1
↻ Wakefield	Family	2
↻ Wakefield	Elderly/Handicapped	1
↻ Walpole	Family	2, 3
↻ Walpole	Elderly/Handicapped	1
↻ Waltham	Family	1, 2, 3, 4
↻ Waltham	Elderly/Handicapped	1
↻ Waltham	Congregate Elderly/Handicapped	1
↻ Ware	Family	2, 3, 4
↻ Ware	Elderly/Handicapped	1
↻ Wareham	Elderly/Handicapped	1
↻ Warren	Family	2, 3
↻ Warren	Elderly/Handicapped	1, 2
↻ Watertown	Family	1, 2, 3, 4, 5
↻ Watertown	Elderly/Handicapped	1
↻ Webster	Family	1, 2, 3
↻ Webster	Elderly/Handicapped	1
↻ Wellesley	Family	2, 3
↻ Wellesley	Elderly/Handicapped	1



<u>Community</u>	<u>Housing Selection</u>	<u># of Bedrooms</u>
⌂ Wenham	Elderly/Handicapped	1
⌂ West Boylston	Family	2, 3
⌂ West Boylston	Elderly/Handicapped	1
⌂ West Bridgewater	Elderly/Handicapped	1
⌂ West Brookfield	Family	2, 3
⌂ West Brookfield	Elderly/Handicapped	1
⌂ West Newbury	Family	3
⌂ West Newbury	Elderly/Handicapped	1
⌂ West Springfield	Family	2, 3, 4
⌂ West Springfield	Elderly/Handicapped	1
⌂ Westborough	Family	2, 3
⌂ Westborough	Elderly/Handicapped	1
⌂ Westborough	Congregate Elderly/Handicapped	1
⌂ Westfield	Family	2, 3, 4
⌂ Westfield	Elderly/Handicapped	1, 2
⌂ Westford	Family	2, 3
⌂ Westford	Elderly/Handicapped	1
⌂ Westport	Elderly/Handicapped	1
⌂ Weymouth	Family	1, 2, 3, 4, 5
⌂ Weymouth	Elderly/Handicapped	1

<u>Community</u>	<u>Housing Selection</u>	<u># of Bedrooms</u>
⌂ Whitman	Family	3, 4
⌂ Whitman	Elderly/Handicapped	1
⌂ Wilbraham	Family	2, 3
⌂ Wilbraham	Elderly/Handicapped	1
⌂ Williamstown	Family	2, 3, 4
⌂ Williamstown	Elderly/Handicapped	1
⌂ Wilmington	Family	1, 3
⌂ Wilmington	Elderly/Handicapped	1
⌂ Winchendon	Family	2, 3
⌂ Winchendon	Elderly/Handicapped	1
⌂ Winchendon	Congregate Elderly/Handicapped	1
⌂ Winchester	Family	2, 3
⌂ Winchester	Elderly/Handicapped	1
⌂ Winthrop	Family	1, 2, 3, 4
⌂ Winthrop	Elderly/Handicapped	1
⌂ Woburn	Family	2, 3
⌂ Woburn	Elderly/Handicapped	1
⌂ Worcester	Family	1, 2, 3, 4
⌂ Worcester	Elderly/Handicapped	1
⌂ Wrentham	Family	2, 3, 4
⌂ Wrentham	Elderly/Handicapped	1
⌂ Yarmouth	Elderly/Handicapped	1

