



CHA's mission is to develop and manage safe, good quality, affordable housing for low-income individuals and families in a manner which promotes citizenship, community and self-reliance.

Rec.:

Proc.

### HOUSEHOLD INFORMATION CHANGE FORM

Applicants are responsible for notifying CHA, in writing, if any information changes related to household composition, contact information, income and/or selection preferences. Household Information Change Forms may be submitted in person or mailed to:

**Cambridge Housing Authority—Attn: Admissions  
675 Massachusetts Avenue, 2nd Floor  
Cambridge, MA 02139**

If you have questions regarding the application process, please contact CHA's Public Housing Admissions Office at 617-864-3020.

***Please print neatly in ink or type into form.***

#### 1. HEAD OF HOUSEHOLD (Required)

Last Name:	First Name:	Middle Initial:	Social Security Number (SSN):
			X X X - X X -



**ENTER INFORMATION BELOW ONLY IF IT REPRESENTS A CHANGE FROM YOUR LAST APPLICATION OR UPDATE. PLEASE NOTE THAT CHANGES THAT LEAD TO A CHANGE IN PREFERENCE OR REQUIRED BEDROOM SIZE MAY AFFECT YOUR PLACEMENT ON THE WAITING LIST.**

#### 2. NEW ADDRESS

Address, including Apt. number -  
This should be the best place for  
CHA to reach you by mail:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### 3. HOUSEHOLD INFORMATION (Complete only if there is a change)

First Name	Middle Initial	Last Name	SSN ###-##-####	Relationship to Head of Household	Date of Birth mm/dd/yyyy	Gender (M or F)	Add or Remove
1.			- -		/ /		
2.			- -		/ /		
3.			- -		/ /		

#### 4. INCOME INFORMATION (Complete only if there is a change)

Full Name	Income	Frequency of Pay (do not use hourly)	Source of Income (Describe if Other)
	\$		<input type="checkbox"/> Wages <input type="checkbox"/> Pension <input type="checkbox"/> S.S. <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> TAFDC <input type="checkbox"/> EAEADC <input type="checkbox"/> Child Support <input type="checkbox"/> Unemployment <input type="checkbox"/> Other: _____
	\$		<input type="checkbox"/> Wages <input type="checkbox"/> Pension <input type="checkbox"/> S.S. <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> TAFDC <input type="checkbox"/> EAEADC <input type="checkbox"/> Child Support <input type="checkbox"/> Unemployment <input type="checkbox"/> Other: _____



Name of Head of Household: \_\_\_\_\_

### 5. SELECTION PREFERENCE

Check ALL of the following situation(s) that apply to your household (*Please note that when your name reaches the top of any waiting list, you will be required to provide verification of the preference(s) selected*):

- Cambridge Resident** – You are **permanently** living in Cambridge on the date that you submit this form (this includes Congregate Housing and Single Room Occupancy [SRO] Cambridge residents) and at the time of screening and lease-up. ▼

Address \_\_\_\_\_ Cambridge MA  
City State Zip Code

- Cambridge Shelter or Transitional Facility** – You are living in a Cambridge shelter or transitional facility or you were living in a Cambridge shelter or transitional facility and were relocated by the Department of Transitional Assistance (DTA) or other service provider to a facility outside of Cambridge. ▼

Name of Shelter or Facility \_\_\_\_\_ Address \_\_\_\_\_ Cambridge MA  
City State Zip Code

- Employment in Cambridge** – You are not a resident of Cambridge; however, you are employed or about to be employed in Cambridge on the date that you submit this form and at the time of screening and lease-up. ▼

Name of Employer \_\_\_\_\_ Employer's Address \_\_\_\_\_ Cambridge MA  
City State Zip Code

- Veteran's Status:** Is someone in your household a veteran or the surviving spouse, parent or other dependent of a veteran with a service connected death?  Yes  No

- None of the Above Apply**

### 6. ADDITIONAL CHANGES

Please use the space below to make any changes not listed elsewhere on this form. ▼

### 7. NOTICE OF NONDISCRIMINATION

The Cambridge Housing Authority does not discriminate on the basis of race, religion, sex, color, national origin, age, disability or familial status. We provide equal access to persons with disabilities to our programs, services and activities.

### 8. APPLICATION CERTIFICATION

***I understand that this form is not an offer of housing. Based on this form, I understand that I should not make any plans to move or end my present tenancy. I understand that it is my responsibility to inform the Housing Authority of any change of address, income, reasonable accommodation, development selection and/or family composition or my application will be withdrawn. I certify that the information I have given on this document is true and correct. I understand that any false statement or misrepresentations are criminal offenses punishable under state and federal laws. I also understand that providing false statements or information are grounds for rejection of my application or termination of tenancy or program participation.***

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

