



This is an important notice. Please have it translated.  
 Este é um aviso importante. Queira mandá-lo traduzir.  
 Este es un aviso importante. Sirvase mandarlo traducir.  
 ĐÂY LÀ MỘT BẢN THÔNG CÁO QUAN TRỌNG  
 XIN VUI LÒNG CHO DỊCH LẠI THÔNG CÁO ẤY  
 Ceci est important. Veuillez faire traduire.  
 本通知很重要。請將其譯成中文。  
 នេះគឺជាជំពូកដ៏សំខាន់ សូមមេត្តាបកប្រែជូនផង  
 Это очень важное сообщение. Пожалуйста переведите



## 2025 Project-Based MRVP Waitlist Application



**Waiting List Selection (check off your property selection(s) and circle unit size desired):**

	Development Name	Location	Preference or Priority	Age Restricted	Number of Units by BR Size			
					Studio	1BR	2BR	3BR
	Helena Crocker	60 Littleton Rd, Westford	N/A	62+	4	4		
	The Richardson	86 Richardson Rd, N. Chelmsford	N/A	55+		8		
	Chelmsford Woods Residences	267 Littleton Rd, Chelmsford	N/A	No		1	1	3
	The Elms <sup>1</sup>	105 Stow Rd, Harvard	Homeless or At-Risk of	No		1	2	

### 30% AMI MAXIMUM INCOME LIMITS BY HOUSEHOLD SIZE

Area	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Middlesex, Lowell	\$28,750	\$32,850	\$36,950	\$41,050	\$44,350	\$47,650	\$50,950	\$54,200
Eastern Worcester	\$33,850	\$38,650	\$43,500	\$48,300	\$52,200	\$56,050	\$59,900	\$63,800

### 50% AMI MAXIMUM INCOME LIMITS BY HOUSEHOLD SIZE

Area	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Middlesex, Lowell	\$47,950	\$54,800	\$61,650	\$68,450	\$73,950	\$79,450	\$84,900	\$90,400
Eastern Worcester	\$56,350	\$64,400	\$72,450	\$80,500	\$86,900	\$93,350	\$99,800	\$106,250

The chart above shows the 2025 maximum income allowable for each household size to be admitted into the specified housing program. These income limits are subject to change annually.

**PLEASE NOTE: ALL CHELMSFORD HOUSING AUTHORITY PROPERTIES ARE ENTIRELY SMOKE-FREE**

<sup>1</sup> The Elms is located in Harvard, MA and as such is subject to use of the Eastern Worcester County Income Limits.



**1. APPLICANT REQUIREMENTS FOR WAITING LIST PROCESSING:**

- The entire household's income must be below the maximum allowable.
- The household must be of an appropriate size.

**2. VITAL DOCUMENTATION: Where possible, all adult household members must provide each of the following:**

☐ **Government Issued Photo Identification**

- *Driver's license (any state and/or country)*
- *State ID card (any state)*
- *Passport (United States or foreign)*
- *Blind Access and Senior CharlieCards, Transportation Access Pass, and any other MBTA transportation ID card that is government-issued and includes a photo of the holder*
- *Massachusetts Commission for the Blind Blindness Identification Card*
- *Permanent resident immigration card*
- *U.S. military ID*
- *Foreign national ID card*

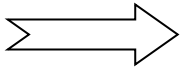
☐ **Verification of Date of Birth**

- *Photocopy of Birth Certificate*
- *Immigration Card*
- *Valid Passport*

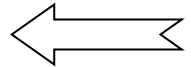
- ☐ **Social Security Number Verification:** **All** family members must provide a social security card or another form of verification that contains their SSN (e.g., driver's license **with** SSN; identification issued by a federal, state, or local agency, etc.).

**BEFORE YOU RETURN YOUR APPLICATION, MAKE SURE YOU HAVE THE FOLLOWING:**

- ✓ One completed and signed Application Packet
- ✓ All supporting documentation specific to your application



**Your completed application can be mailed or faxed to:**



Chelmsford Housing Authority  
10 Wilson Street  
Chelmsford, MA 01824  
FAX (978) 256-1895

*(Please note: All faxed applications must be followed with receipt of original to this office.)*

If you have questions, please contact the Chelmsford Housing Authority office at (978) 256-7425.

### **IMPORTANT INFORMATION TO NOTE:**

The property that you are applying for is able to offer lower rents due to its participation in the Low-Income Housing Tax Credit (LIHTC) Program. Participation in this program, requires Residents to agree to and understand the following important points:

1. **Income Certification.** As a requirement of this program, the Resident is required to provide income and asset information to the owner on an annual basis. Failure to provide such information may be considered just cause for termination of tenancy.
  - a. If you also have rental assistance, such as Section 8/MRVP, you may be required to complete two certifications annually. One for your rental assistance program and one for the property.
2. **Housing Inspection.** As a requirement of this program, the Resident is required to permit the annual inspection of the rental unit by the program administering staff and the owner.
  - a. If you also have rental assistance, such as Section 8/MRVP, you may have multiple unit inspections completed. Additionally, as there are various types of funding programs and health and safety requirements, there are usually more than one annual inspection; there could be as many as five per year.
3. **Pest Inspection.** All new admissions to must provide a certificate that all possessions of applicant have been sprayed or fogged by a recognized pest control company. THIS SHOULD BE DONE AFTER ORIENTATION AND LEASES HAVE BEEN SIGNED BUT **NO MORE THAN SEVENTY-TWO (72) HOURS PRIOR TO MOVING INTO AN ASSIGNED UNIT.**



This box is for Office Use Only	
Date of Receipt:	_____
Time of Receipt:	_____
Control Number:	_____
Race and/or Ethnicity:	_____
Priority Category:	_____
Local Preference (LHAs Only):	_____
Voucher Size:	_____

**Incomplete applications will not be processed.** Please complete all information requested on the application. **If a question is not applicable, please write N/A.** **Make sure you sign the last page.** **If you need additional space to provide an answer, please attach an additional sheet(s).** **Once completed please mail or hand carry to the housing agencies at which you want to apply and are accepting applications.**

1. Name of Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt No: \_\_\_\_\_

City / Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

2. Members of household to live in unit, including **Head** of Household:

First & Last Name	Relationship to Head of Household	Date of Birth	Sex	Social Security Number	Racial Designation*	Ethnic Designation**
	<b>Head</b>					

Social security number will be used to verify income, assets, and criminal record information.

Responding to these questions is optional. Your status with respect to tenant selection procedures will NOT be affected by this information.

\*Racial Designation: American Indian or Alaska Native; Asian; Black or African American; Native Hawaiian or Other Pacific Islander; White; Other (specify): \_\_\_\_\_

\*\*Ethnic Designation: Hispanic/Latino or Not Hispanic/Latino

3. Do you understand spoken or written English? ☐ Yes ☐ No

Primary Spoken Language: \_\_\_\_\_

Primary Written Language: \_\_\_\_\_



4. **Homeless Priority:** If you want to apply for a Homeless Priority, you must first be considered homeless.  
NOTE: MRVP's definition of homeless is NOT the same as those used by homeless shelters or Section 8.  
 Residing in a homeless shelter will NOT automatically qualify you as a Homeless Priority applicant.

<p>"Homeless" is defined by state regulations as an applicant who is (you must be able to check <u>ALL</u> boxes):</p> <p><input type="checkbox"/> Without a place to live or who is in a living situation in which there is a significant, immediate and direct threat of life or safety that would be alleviated by placement in an appropriate unit;</p> <p><input type="checkbox"/> Who has not caused or substantially contributed to the situation;</p> <p><input type="checkbox"/> Who has made reasonable efforts to prevent or avoid the situation and to locate alternative housing; and</p> <p><input type="checkbox"/> Who is displaced or about to be displaced from his/her primary residence.</p>
<p>If you think you meet the definition of homeless, please select the category below that best describes your situation. Homelessness <b>MUST</b> be due to one of the categories below to qualify for Homeless Priority.</p> <p><input type="checkbox"/> Displaced by No-fault of Applicant (i.e. No-fault eviction)</p> <p><input type="checkbox"/> Displaced by Severe Medical Emergency</p> <p><input type="checkbox"/> Displaced by Domestic Violence</p> <p><input type="checkbox"/> Displaced by Natural Forces (i.e. Fire, Flood, Earthquake)</p> <p><input type="checkbox"/> Displaced by Public Action (i.e. Urban renewal, eminent domain)</p> <p><input type="checkbox"/> Displaced by Public Action (i.e. Condemnation of home)</p>

If you are applying for a Homeless Preference, you **MUST ATTACH VERIFICATION** of your situation to be eligible.

5. **Local Preference:** If you are applying at a Local Housing Authority, you may receive a local preference if you live, work, or have children attending school in the same city/town of the Local Housing Authority.  
 Please answer the following and **provide appropriate verification**:

Do you currently <b>reside</b> in the same City/Town that the Local Housing Authority to which you are applying is located in? • If yes, please attach verification of your principle residence, such as a lease, utility bill, or state-issued photo ID.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently <b>work</b> in the same City/Town that the Local Housing Authority to which you are applying is located in? • If yes, please attach verification of your employment or offer of employment, such as a pay stub or employment offer letter.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently <b>have a child who attends school</b> in the same City/Town that the Local Housing Authority to which you are applying is located in? • If yes, please attach verification of your child's enrollment.	<input type="checkbox"/> Yes <input type="checkbox"/> No

6. Do you have any special needs due to a disability or need a reasonable accommodation? ☐ Yes    ☐ No

Please Specify: \_\_\_\_\_

7. **Emergency Contact:** Name of a relative or friend NOT planning to live with you. We will contact this person if we are unable to reach you in case of an emergency.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Apt No: \_\_\_\_\_

City / Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_



8. **Income Before Deductions:** Estimate the Gross Income anticipated for ALL household members from ALL sources for the next 12 months. Specify all sources.

Household Member Name		Name of Employer or Source of Income	Gross Income for Next 12 Months
	Salary & Wages, including Overtime & Tips		\$
	Salary & Wages, including Overtime & Tips		\$
	Net Income from Business or Profession		\$
	Unemployment or Disability Compensation		\$
	TAFDC or Public Assistance		\$
	Regular Child Support & Alimony Payments		\$
	Social Security Benefits & SSI, including SSP		\$
	VA Disability Income		\$
	Pensions, Annuities, Dividends, and Interest		\$
	Other Income:		\$

**Total Gross Income:** \$ \_\_\_\_\_

9. **Assets:** List below the assets of everyone to live in the unit. Include **all** bank accounts, stocks and bonds, trusts, real estate, etc. **DO NOT** include clothing, furniture or cars. Use additional paper if necessary.

Household Member	Asset Type	Asset Value or Current Balance	Name of Financial Institution	Account No.
		\$		
		\$		
		\$		
		\$		

Do you own any ☐ Yes ☐ No If yes, please provide the address: \_\_\_\_\_

Have you sold, transferred or given away any real property or assets in the last three (3) years? ☐ Yes ☐ No If yes, provide date of sale / transfer: \_\_\_\_\_

Amount of the sale / transfer: \$ \_\_\_\_\_ Value of the sale / transfer: \$ \_\_\_\_\_

10. **Expenses:** Estimate the amount you will spend, if any, on the following categories over the next 12 months.

Un-reimbursed Medical Expenses:	\$ _____	Health Insurance:	\$ _____	Child Care:	\$ _____
Alimony or Child Support Payments:	\$ _____	Other (i.e. care of disabled household member or homemaking and travel expenses for disabled household member) \$ _____			



11. Have you, or any member of your household, ever received ☐ Yes ☐ No  
housing assistance from this or any other housing agency?  
If yes, Name of Head of Household at that time: \_\_\_\_\_  
  
Name of Housing Agency: \_\_\_\_\_  
  
Date Moved Out: \_\_\_\_\_  
  
Reason Moved Out: \_\_\_\_\_  
Where you terminated for cause? ☐ Yes ☐ No Do you owe any money, back rent, ☐ Yes ☐ No  
or damages to the housing agency?  
  
If Yes to either above,  
please explain: \_\_\_\_\_

**12. Rental History**

Do you owe any previous property owner money for damages or unpaid rent? ☐ Yes ☐ No  
Have you ever been evicted from a rental unit for cause? ☐ Yes ☐ No  
If Yes to either,  
please explain: \_\_\_\_\_

**13. Criminal Record**

Have you or any member of your household <input type="checkbox"/> Yes ever been convicted of a drug or violent crime? <input type="checkbox"/> No	Do you or any member of your household <input type="checkbox"/> Yes have any criminal matters pending? <input type="checkbox"/> No
Do you or any member of your household have a lifetime requirement to register as a sex offender in the <input type="checkbox"/> Yes state of Massachusetts? <input type="checkbox"/> No	
If Yes to <u>ANY</u> , please explain: _____	

**APPLICANT'S CERTIFICATION:**

I understand that this application is not an offer of housing. Based on this application, I understand I should not make plans to move or end a present tenancy until I have been issued a voucher in writing under the Massachusetts Rental Voucher Program (MRVP) from an Administering Agency. Before an Administering Agency can offer me participation in the rental assistance program, I must provide them with written documentation that verifies my circumstances.

I understand that it is my responsibility to inform the Administering Agency in writing of any change of addresses, income, or household composition. I understand that if I do not respond to Housing Agency requests for information or updates my name will be removed from the waiting list.

I authorize the Administering Agency 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 the Administering Agency will request Criminal Offender Record Information from the Department of Criminal Justice Information Services and perform internet searches for all adult members of the household.**

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY; I understand that a photocopy of this application and a photocopy of this signature is as valid as the original.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Reviewer's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

