

## **Chelmsford Housing Authority**

10 Wilson Street, Chelmsford, Massachusetts 01824 –3160 Phone: (978) 256-7425 x12 Fax: (978) 256-1895

# APPLICATION FOR SECTION 8 PROJECT BASED ASSISTANCE at THE CHOICE $^*$ Center

19 Sheila Ave, North Chelmsford, MA 01863

Please submit the completed application to: 10 Wilson St. Chelmsford MA 01824

1 & 2 bedroom units available for persons aged 62 years or older

#### PLEASE PRINT CLEARLY

|                                      |                                                                                                                                                             | PLEASE        | PRINT C      | <u>LEAKLY</u> |          |        |              |
|--------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------|---------------|----------|--------|--------------|
| PART A:                              | GENERAL INFO                                                                                                                                                | ORMATIC       | N            |               |          |        |              |
| Applicant nar                        | ne:                                                                                                                                                         |               |              |               |          |        |              |
| Current Addre                        | ess:                                                                                                                                                        |               |              |               |          |        |              |
| City:                                | State                                                                                                                                                       | :'            | Zip code:    |               |          |        |              |
|                                      | ess:<br>com current address)                                                                                                                                |               |              |               |          |        |              |
| City:                                | State                                                                                                                                                       | :'            | Zip code:    |               |          |        |              |
| Home phone:                          |                                                                                                                                                             | (             | Cell phone:  |               |          |        |              |
| Daytime phor                         | ne:                                                                                                                                                         | I             | Email:       |               |          |        |              |
|                                      | s age 62 or older who wil<br>each member. No one exc                                                                                                        |               |              |               |          |        | SS number or |
| 1.                                   |                                                                                                                                                             | Head          | 1/11         | 1/11          | NI/F     | DITUI  | Alien number |
| 2.                                   |                                                                                                                                                             |               |              |               |          |        |              |
| 3.                                   |                                                                                                                                                             |               |              |               |          |        |              |
| 4.                                   |                                                                                                                                                             |               |              |               |          |        |              |
| ANSWER THE                           | FOLLOWING QUESTIC                                                                                                                                           | ONS ABOUT A   | ALL MEMBI    | ERS OF TH     | E HOUS   | EHOLD: |              |
|                                      | Ethnicity (This question i                                                                                                                                  | •             |              |               |          |        |              |
| Race: Chec                           | Race: Check the appropriate race. (More than one category can be entered if applicable.)  □ White □ Black/African American □ American Indian/Alaskan Native |               |              |               |          | VO.    |              |
| ☐ Asian ☐ Native Hawaiian/Other Paci |                                                                                                                                                             |               |              |               |          |        | ve           |
| Ethnicity:                           | ☐ Hispanic or Latino                                                                                                                                        | )             |              | □ Not His     | panic or | Latino |              |
| 2. Are you, or                       | r your spouse, currently l                                                                                                                                  | iving or work | ing in Chelm | nsford?       |          |        | □ Yes □ No   |



| 3.                                                                                           | Are you being displaced by J                                                                                                              | public action?   |                                                    |                      | Yes 🗆 No          |   |  |
|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------------------------------|----------------------|-------------------|---|--|
| 4.                                                                                           | Do you require a wheelchair accessible unit?                                                                                              |                  |                                                    |                      |                   |   |  |
| 5.                                                                                           | Do you require a first floor unit if an elevator is not available?                                                                        |                  |                                                    |                      |                   |   |  |
| 6.                                                                                           | Has any household member ever been arrested for any crime?                                                                                |                  |                                                    |                      |                   |   |  |
| 7.                                                                                           | Are you, or any member of your household, subject to a lifetime registered sex offender registration requirement in any state? ☐ Yes ☐ No |                  |                                                    |                      |                   |   |  |
| 8.<br><b>P</b> A                                                                             | Have you ever received, or a or agency?                                                                                                   | using authority: | MILY MEN                                           | MBERS                | Yes No            | У |  |
| 1.                                                                                           | List the sources and amounts of all income (money) expected for the coming 12 months for all family members from any and all sources.     |                  |                                                    |                      |                   |   |  |
|                                                                                              | Family Member Name                                                                                                                        | Income Source    | Amount                                             |                      | cy— (Circle one)  |   |  |
|                                                                                              |                                                                                                                                           |                  |                                                    |                      | i-Week Month Year |   |  |
|                                                                                              |                                                                                                                                           |                  |                                                    |                      | i-Week Month Year |   |  |
|                                                                                              |                                                                                                                                           |                  |                                                    |                      | i-Week Month Year |   |  |
|                                                                                              |                                                                                                                                           |                  |                                                    | Week B               | i-Week Month Year | ╛ |  |
| 2. Do you or any family member own or have access to any of the following?  Savings account? |                                                                                                                                           |                  |                                                    |                      |                   |   |  |
|                                                                                              | <b>Family Member Name</b>                                                                                                                 | Bank Name        | A                                                  | ccount Number        | Balance           |   |  |
|                                                                                              |                                                                                                                                           |                  |                                                    |                      |                   |   |  |
| 3.                                                                                           | Do you or any family member Stocks?                                                                                                       | Yes              | Bonds?<br>Trust Fund<br>Individual<br>Life insurar | s?retirement account | Yes               |   |  |
| -                                                                                            | Family Member Name                                                                                                                        | Type of Asset    |                                                    | Account Num          | ber Value         |   |  |
|                                                                                              | J J J J J J J J J J J J J J J J J J J                                                                                                     | J F              |                                                    |                      | . 33-32-3         |   |  |
|                                                                                              |                                                                                                                                           |                  |                                                    |                      |                   |   |  |
|                                                                                              |                                                                                                                                           |                  |                                                    |                      |                   |   |  |
|                                                                                              |                                                                                                                                           |                  |                                                    |                      |                   |   |  |



#### PART D:

#### APPLICANT CERTIFICATION

I hereby certify that all of the information I have provided on this application is true and complete.

I understand that it is my responsibility to inform the Chelmsford Housing Authority in writing of any change of address, income or household composition.

I understand that I cannot permit anyone to move into my unit without prior approval of the Chelmsford Housing Authority and my landlord.

I understand that I must respond promptly to all Chelmsford Housing Authority inquiries or my application may be cancelled.

I understand I must pay a security deposit for this apartment prior to occupancy.

I understand that my eligibility for housing will be based on applicable income limits and by the Chelmsford Housing Authority's selection criteria. The Chelmsford Housing Authority will screen each application for the Section 8 Program in accordance with HUD regulation 24 CFR 982 and 803 CMR 5.00 using the Criminal Records Information from the Criminal History Systems Board.

I understand that when my name comes to the top of the list, the Chelmsford Housing Authority will request additional information from me to determine your eligibility.

I authorize the Chelmsford Housing Authority to make any inquiries from any parties and will submit proof upon request of the Authority for the sole purpose of verifying the truth of the statement contained herein.

I hereby certify that I do not/ will not maintain a separate subsidized rental unit in another location. I further certify that this will be my permanent residence.

I understand that any person who attempts to obtain housing assistance or rent reduction by making false statements, by impersonation, by failure to disclose or intentionally concealing information, or any act of assistance to such attempt is a crime under Federal and State law.

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AND SHALL BE FINED NOT MORE THAN \$10,000 OR IMPRISONED FOR NOT MORE THAN FIVE YEARS OR BOTH.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY. IF YOU HAVE FALSIFIED ANY PART OF THE APPLICATION, IT WILL BE DEEMED INELIGIBLE.

#### All applicants must sign application.

| Signature of Head of Household | <br>Date |  |
|--------------------------------|----------|--|
| Other Adult                    | Date     |  |
| Other Adult                    | Date     |  |
| Other Adult                    | Date     |  |
|                                |          |  |

#### Please note:

This application does not guarantee a unit. Incomplete applications will not be accepted.

#### **Income limits for participation are as follows:**

One Person: \$ 36,900 Two People: \$ 42,200 Three People \$ 47,450 Four People \$ 52,700



\*\*

### THE CHOICE\* CENTER

\*Choice Housing Opportunities for Intergenerational and Community Endeavors, Inc., a non-profit organization of the Chelmsford Housing Authority.

The CHOICE Center is an affordable rental housing development for elders aged 62 years or older. This development consists of 37 units: 32 one-bedroom units and five two-bedroom units and is administered by CHOICE, a non-profit organization of the Chelmsford Housing Authority.

The two-bedroom units recognize the changing definition of senior housing. For example, this may be elderly parents caring for a disabled adult child, two elderly siblings living together, an elderly couple, one of whom would otherwise have to be placed in a long-term care facility or a resident requiring a live-in medical aide.

The CHOICE Center is located on an existing campus, which contains both state and federal housing programs. It is also close to the Chelmsford Senior Center.

Available services on this campus include:

24-hour on-call emergency care free prescription delivery service

vendor-contracted homemaking foot care clinic

services full service beauty salon

on-site service coordinator brown bag food program

The Section 8 Project-Based program is administered by the Leased Housing Department of Chelmsford Housing Authority. There are thirteen (13) Section 8 Project-based units in this complex: eleven 1-bedroom units and two 2-bedroom units.

- Each program participant will be required to pay 30% of gross income towards the rent.
- All utilities are included.
- Landlord requires a security deposit equal to one month's rent.

Current 2018 rents for the project based units at the CHOICE\* Center are as follows:

| Bedroom Size | # of Units | Rent   | Approx. Sq. Ft. |
|--------------|------------|--------|-----------------|
| 1            | 11         | \$1237 | 658             |
| 2            | 2          | \$1589 | 872             |



