

SITE NAME	Shirley Meadows Elderly Housing	PRELIMINARY RENTAL APPLICATION Equal Housing Opportunity
ADDRESS	27 Hospital Road	
CITY, STATE	Devens, MA 01464	Please print and fill in ALL information
PHONE#	(978) 256-7425 x10	Return application to: CHOICE, Inc., RE: Shirley Meadows 10 Wilson Street, Chelmsford, MA 01824
FAX#	(978) 256-1895	
TDD#	(800) 439-0183	
WEBSITE	www.chelmsfordha.com	
EMAIL	lottery@chelmsfordha.com	

Applicant Name			
Address			
City		State/Zip	
Home Phone		Work Phone	
Cell Phone		Employer	
Email Address		@	

Bedroom Size Information: For which bedroom size are you applying (circle one)	
1 Bedroom	2 Bedroom

Are you, or any member of your household, in need of a wheelchair/handicapped accessible unit?

Yes No

Do you currently receive, or do you have, a Section 8 or MRVP mobile voucher or certificate?

(The Lottery Agent does not discriminate based on source of income. This question is asked for the sole purpose of determining ability to pay rent.)

Yes No

This is an important notice. Please have it translated.
 Este é um aviso importante. Queira mandá-lo traduzir.
 Este es un aviso importante. Sirvase mandario 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。请将之译成中文。

នេះគឺជាដំណឹងល្អ សូមមេត្តាបកប្រែជូនផង

Это очень важное сообщение обязательно переведите



Please complete the chart below for everyone who will occupy the unit, including yourself:

Full Name	Relationship	DOB	Last 4 SSN	Full-Time Student
				Yes / No
				Yes / No
				Yes / No
				Yes / No

Preference Information

Are you interested in applying for a rent-assisted unit through the Section 8 or MRVP Program at this development?

Yes No

Are you, or any member of your household living or working in the Devens region which includes Ashby, Townsend, Pepperell, Dunstable, Tyngsborough, Fitchburg, Lunenburg, Shirley, Groton, Ayer, Westford, Chelmsford, Leominster, Lancaster, Sterling, Harvard, Littleton, Carlisle, Acton, Boxborough, Clinton, Bolton, Berlin, Hudson, Maynard.

Yes No

Are you or any member of your household claiming a homeless priority status, which is defined as an applicant who lacks a fixed, regular and adequate nighttime habitation OR the primary nighttime dwelling is one of the following;

(A) A supervised public or private shelter designed to provide temporary living accommodations (includes welfare hotels, congregate shelters and transitional housing); and

(B) A public or private place not designed for, or ordinarily used as, a regular sleeping place for human beings.

NOTE: Persons living in private housing or with residents of public or private housing DO NOT qualify as homeless.

Yes No

Households claiming a homeless priority status will be required to complete a Certificate of Homelessness and to provide the required supporting documentation.

REASONABLE ACCOMMODATION

Persons with disabilities are entitled to request a reasonable accommodation in rules, policies, practices, or services, or to request a reasonable modification in the housing, when such accommodations or modifications may be necessary to afford persons with disabilities an equal opportunity to use and enjoy the housing.

Does any member of the household have any accessibility or reasonable accommodation requests or changes in a unit or development or alternative ways we need to communicate with you?

Yes No

If yes, please explain in the space provided here or write a signed statement and attach it:

MINORITY: (OPTIONAL) Information will be used to determine effectiveness of affirmative outreach. Response is strictly voluntary and will not affect your application.

- | | | |
|--|--------------------------------------|--|
| <input type="checkbox"/> Alaskan Native or Native American | <input type="checkbox"/> Asian | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Asian India | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Chinese | <input type="checkbox"/> Guamanian or Chamorro |
| <input type="checkbox"/> White (not of Hispanic Origin) | <input type="checkbox"/> Filipino | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Other (please specify) | <input type="checkbox"/> Japanese | <input type="checkbox"/> Other Pacific Islander |
| | <input type="checkbox"/> Vietnamese | |
| | <input type="checkbox"/> Other Asian | |

Related Party: Is any member of the household related to or employed by the developer or related to or employed by the Property Management Company.

Yes No

Please explain:

INSTRUCTIONS FOR COMPLETING THE FOLLOWING INCOME TABLE

Please complete the Income Table on the following two pages. You will later be asked to attach supporting documentation in the form of the **five most recent consecutive pay stubs and/or income statements for all sources of income, W-2 statements** and the **most recent federal income tax returns** (including all attachments and amendments) for each member of the household.

For the purpose of **income determination**, “**Household**” shall mean all persons whose names appear on the lease, and also all persons who intend to occupy the housing unit as their permanent primary residence, even if they are not included on the lease. Legally married couples shall both be considered part of the household, even if separated. The incomes of *all* household members will be included, with the exception of income from employment for household members under the age of 18 or any income over \$480/year of full-time students who are dependents (but please note that documentation of income for those dependents still needs to be supplied).

Please note:

1. Gross income from current wages, salaries, tips, etc. is the full amount, before any deductions, and is the amount used to determine estimated current annualized income.
2. For self-employed applicants- include the contract or job name in the space provided. You will be directed to provide all the additional documentation you will need to submit in **Section 2**.

INCOME

If a section does not apply, write “N/A”; leave nothing blank.

Household Member Name	Source of Income	Current GROSS Monthly Amount
	Employer (name)	
	Employer (name)	
	Employer (name)	
	Employer (name)	
	Employer (name)	
	Self-Employed (contract/job name)	
	Self-Employed (contract/job name)	
	Self-Employed (contract/job name)	
	Self-Employed (contract/job name)	
	Child Support/Alimony	
	Child Support/Alimony	
	Child Support/Alimony	
	Social Security Income (SS, SSI, SSDI, SSP)	
	Social Security Income (SS, SSI, SSDI, SSP)	
	Social Security Income (SS, SSI, SSDI, SSP)	

If a section does not apply, write “N/A”; leave nothing blank.

Household Member Name	Source of Income	Current GROSS Monthly Amount
	Veteran’s Benefits	
	Veteran’s Benefits	
	Pension (list source)	
	Pension (list source)	
	Unemployment/Worker’s Comp	
	Title IV/TANF/AFDC	
	Full-Time Student Income (18 & older only)	
	Full-Time Student Income (18 & older only)	
	Recurring Gift Income	
	Other Income (name/source)	
	Other Income (name/source)	
Gross Monthly Household Income (GMHI)		\$ /month
GMHI X 12 = Gross Annual Household Income		\$ /year

INSTRUCTIONS FOR COMPLETING THE FOLLOWING ASSETS TABLE

Please complete the Asset Table on the following two pages. You will later be asked to attach supporting documentation in the form of the **six months most recent consecutive bank statements for all assets** for each member of the household.

For the purpose of **asset determination**, **“Household”** shall mean all persons whose names appear on the lease, and also all persons who intend to occupy the housing unit as their permanent primary residence, even if they are not included on the lease. Legally married couples shall both be considered part of the household, even if separated.

If a section doesn't apply, write “N/A”. In the next section you will be directed to submit detailed bank/balance statements for EVERY ASSET listed here. For eligibility purposes, assets divested for less than full market value in the past 2 years will be counted at fair and full market value.

If a section does not apply, write “N/A”; leave nothing blank.

	Bank Name	Last 4 Digits of Acct Number	Amount
Checking Accounts			Balance \$
			Balance \$
			Balance \$
			Balance \$
Savings Accounts			Balance \$
			Balance \$
			Balance \$
			Balance \$
Debit Card (Direct Express, EBT)			Balance \$
Trust Account			Balance \$
			Balance \$
Whole Life Insurance			Balance \$
			Balance \$
			Balance \$
Certificates of Deposit (CDs)			Balance \$
			Balance \$
			Balance \$
			Balance \$
Savings Bonds	Maturity Date:		Value \$
	Maturity Date:		Value \$
	Maturity Date:		Value \$
	Maturity Date:		Value \$
401k, IRA, Retirement Accounts	Company Name:		Value \$
	Company Name:		Value \$
	Company Name:		Value \$
	Company Name:		Value \$

If a section does not apply, write “N/A”; leave nothing blank.

Mutual Funds	Name:	# of Shares:	Interest/Dividends	Value
			\$	\$
			\$	\$
			\$	\$
Stocks	Name:	# of Shares:	Interest/Dividends	Value
			\$	\$
			\$	\$
			\$	\$
			\$	\$
Bonds	Name:	# of Shares:	Interest/Dividends	Value
			\$	\$
			\$	\$
			\$	\$
Investment Property			Appraised Value \$	

Real Estate

Do you, or anyone on this application, own any property or have owned any in the past 2 years?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are you, or anyone on this application, entitled to receive any amount of money from the sale of any property?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<i>If yes to either, type of property:</i>				
Location of Property:				
Appraised Market Value:	\$			
Mortgage or Outstanding Loans balance:	\$			

Additional Required Information

NOTE: A failure to respond fully to these questions may result in rejection or denial of this application.

Are you or any member of your household required to register as a sex offender under Massachusetts or any other state law? _____

If yes, list the name of the persons and the registration requirements (i.e., place where registration needs to be filed, length of time for which registration is required).

Please read each item below carefully before you sign:

I hereby declare under pain and penalty of perjury that the information provided on every page of this application is true and correct.

1. I/We understand that this application will be incomplete if I do not sign and date this page and initial at all indicated points in the application.
2. I/We understand that if any of the information provided above is not true and accurate, this application may be removed at any point in the process.
3. The undersigned certify that the affordable unit will be undersigned's principal residence and the undersigned cannot own a home elsewhere or in trust while living in an affordable unit.
4. I/We understand that the lease or residency agreement for the units to be occupied through this affordable housing program may be subject to cancellation if any of the information above is not true and accurate.
5. I/We understand that this is a preliminary application and the information provided **does not** guarantee housing.
6. I/We understand this is not a lease application and if given the opportunity to move forward in the process of leasing an affordable unit, I will need to complete a lease application at the leasing office where my lease eligibility will be determined by additional factors such as credit score, tenant history and criminal background screening.
7. I/We understand that any material change in the income or assets of my household that occurs after the submission of this application may make me ineligible for affordable housing.
8. I/We acknowledge that if my email address is provided in this application, CHA/CHOICE, Inc. will correspond with me by email instead of postal mail unless I make a written request otherwise.
9. The undersigned give consent to the Chelmsford Housing Authority, CHOICE, Inc., Shirley Meadows to verify the information provided in this application.
10. I/We hereby certify that the information furnished on this application is true and complete, to the best of my/our knowledge and belief. Inquiries may be made to verify the statements herein. All information is regarded as confidential in nature, and a consumer credit report and a Criminal Offenders Record Information (CORI) report of other criminal background check may also be requested. I/We hereby certify that false statements or information are punishable applicable under State or Federal Law.
11. I/We hereby certify that we have received notice from management describing the right to a reasonable accommodation for persons with disabilities.

Applicant's Signature

Date

Applicant's Signature

Date

CHOICE, Inc., acting as management agent for **Shirley Meadows** (the "Development") does not discriminate on the basis of race, color, religion, sex, national origin, sexual orientation, age, genetic information, gender identity, familial status or physical or mental disability in the access or admission to the Development, its employment, or in its programs, activities, functions or services.

FAIR INFORMATION ACT – STATEMENT OF RIGHTS

Local Housing Authorities collect information about applicants and tenants 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 and tenants 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, ineligibility for programs, or termination of tenancy or housing subsidy. The provision of false or incomplete information is a criminal offense punishable by fines and/or imprisonment.

As an applicant or tenant, you have the following rights in regards to the information collected about you:

- 1. No information may be used for any purpose other than those described above without your consent.
- 2. 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.
- 3. You or your authorized representative has a right to inspect and copy any information collected about you.
- 4. You may ask questions and receive answers from the housing authority about how we collect and use your information.
- 5. 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 the Executive Director who will notify you in writing of the 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 and have received a copy for future reference. This form must be signed, dated and mailed with your application to each authority where you apply for housing.

Signature

Date

Signature

Date

Signature

Date

RELEASE FOR CREDIT CHECK

Address of Current Residence: _____ **Apt. No.:** _____

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

I/We hereby apply for the apartment through the Chelmsford Housing Authority/CHOICE, Inc. With my/our signature(s) below I/we hereby authorize and request all credit reporting agencies, employers, credit and personal references release all pertinent information about me/us. A photocopy of this shall be as valid as the original. I understand that the credit report (rental history, arrest and/or conviction records, and retail credit history) will be done thru the facilities of CoreLogic SafeRent, 7300 Westmore Rd., Suite 3, Rockville, MD 20850-5223. Consumer Phone 1-888-333-2413.

RELEASE: In consideration for being permitted to apply for assistance/continued assistance, I, Applicant, do represent all information in this application to be true and accurate and that owner/manager/employee/agent may rely on this information when investigating and accepting this application. Applicant hereby authorizes the owner/manager/agent to make independent investigations to determine my credit, financial and character standing. Applicant authorizes any person, or credit checking agency having any information on him/her to release any and all such information to the owner/manager/employee or their agents or credit checking agencies. Applicant hereby releases, remises and forever discharges, from any action whatsoever, in law and equity, all owners, managers, employees, or agents, both of landlord and their credit checking agencies in connection with processing, investigation, or credit checking this application, and will hold them harmless from any suit or reprisal whatsoever. I understand that the credit report (rental history, arrest and/or conviction records, and retail history) will be done thru the facilities of CoreLogic SafeRent, 7300 Westmore Rd., Suite 3, Rockville, MD 20850-5223. Consumer Phone 1-888-333-2413.

SIGNATURE: EVERYONE OVER THE AGE OF 18 MUST SIGN BELOW

Signature

Date

Signature

Date

Signature

Date

CONSENT FOR RELEASE OF INFORMATION

NAME:		SS#	
ADDRESS:			

NAME:		SS#	
ADDRESS:			

NAME:		SS#	
ADDRESS:			

NAME:		SS#	
ADDRESS:			

I, the above named individual, have authorized the Chelmsford Housing Authority to verify the accuracy of the information which I have provided to the Chelmsford Housing Authority, from the following sources:

- | | |
|--|--|
| <ul style="list-style-type: none"> • Healthcare providers, including but not limited to: ESMV, Mental Health agencies, Social Service agencies, Medical providers, PACE, SCO's etc. • Banks and other financial institutions • Courts, law enforcement agencies, CORI • Credit bureaus and credit providers • Landlords and employers (past and present) • Permission to use social security number to verify income through Mass Dept. of Revenue | <ul style="list-style-type: none"> • U.S. Social Security Administration • U.S. Department of Veterans Affairs • Utility companies • Welfare agencies • Retirement and pension • Providers of: <ul style="list-style-type: none"> ❖ Alimony, child care, child support, credit, handicap assistance, marital status, schools, colleges & post office |
|--|--|

I hereby give you permission to release this information to the Chelmsford Housing Authority/CHOICE, Inc. subject to the condition that it be kept confidential. I would appreciate your prompt attention in supplying the information requested on the attached page to Chelmsford Housing Authority within five (5) days following the receipt of this request. I understand that a photocopy of this authorization is as valid as the original for twelve (12) months from date of signature.

SIGNED:		DATE:	
SIGNED:		DATE:	
SIGNED:		DATE:	
SIGNED:		DATE:	