

Information Packet

SHIRLEY MEADOWS

Affordable Rental Application
27 Hospital Road
Devens, MA 01464

This packet contains specific information on eligibility requirements and the application process for **fifty-eight (58) affordable apartments** being offered for rent in the town of Devens, MA, after the lottery process.

Phone: 978-256-7425, ext. 21 or
candersen@chelmsfordha.com

This is an important document. Please contact Chelmsford Housing Authority/CHOICE, Inc. at (978) 256-7425 for free language assistance.

Este documento es muy importante. Favor de comunicarse con el _____ en _____ para ayuda gratis con el idioma. (Spanish)

Este é um documento importante. Entre em contato com o _____ no número _____ para obter assistência gratuita com o idioma. (Portuguese)

Dokiman sila a enpòtan. Tanpri kontakte _____ la nan _____ pou asistans gratis nan lang. (Haitian Creole)

此文件為重要文件。如果您需要免費的語言翻譯幫助，請聯絡_____聯絡方式：_____。(Chinese, Traditional)

此文件为重要文件。如果您需要免费的语言翻译帮助，请联络_____联络方式：_____。(Chinese, Simplified)

Это весьма важный документ. Свяжитесь с сотрудником _____ на предмет оказания бесплатной помощи по переводу на иностранный язык (_____). (Russian)

នេះគឺជាឯកសារសំខាន់។ សូមទំនាក់ទំនង _____ តាមរយៈ _____ ដើម្បីទទួលបានជំនួយ ផ្នែកភាសាដោយឥតគិតថ្លៃ។ [Mon-Khmer, Cambodian]

Đây là một tài liệu quan trọng. Vui lòng liên hệ _____ tại _____ để được hỗ trợ ngôn ngữ miễn phí. (Vietnamese)

Kani waa dukumentiyoo muhiim ah. Fadlan _____ kala soo xiriir _____ si aad u hesho gargaar xagga luqadda oo bilaash ah. (Somali)

هذه وثيقة مهمة. يرجى الاتصال بـ _____ للمساعدة اللغوية المجانية. _____
[Phone #] [LHA Name] (Arabic)

Ce document est très important. Veuillez contacter le _____ au _____ afin d'obtenir une assistance linguistique gratuite. (French)

Il presente è un documento importante. Si prega di contattare il _____ al _____ per avere assistenza gratuita per la traduzione. (Italian)

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General Overview

Shirley Meadows will include 58 units of supportive and affordable housing for seniors, aged 62 and over, of which there will be 55 one-bedroom units and 3 two-bedroom units. The housing will be designed to address the immediate needs of seniors with incomes ranging from moderate (60% Area Median Income) to extremely low (30% AMI). Eight (8) of these units will be set-aside for homeless or at-risk seniors, providing a safe, permanent and service-enriched environment for this most vulnerable population.

Each of the 58 apartments will have a full bathroom and kitchen with rooms and hallways designed to support the needs of those with disabilities and will be easily converted to full accessibility standards if and when that is needed for the tenants. Particular attention will be paid to accessibility and flexible spaces that allow residents with mobility impairments to remain independent and self-sufficient within their homes.

The project also includes a substantial supportive services component designed to provide access to education and training, and health care services so that will allow seniors to age in place. As this is a smoke-free building, neither tenants nor visitors will be permitted to smoke in the units or on the premises. A cat or small dog is allowed, and off-street parking will be available.

The affordable rents are being set based upon the 2020 Shirley Town HUD Metro FMR Area 60% area median income (AMI) limits to households earning no more than 60% of AMI.

Bedroom Size	Baths	Number of Units	Rent 60%	Utility Allowance
1	1	55	\$1440	\$94
2	1	3	\$1728	\$124

* 16 of the units will be receiving rental assistance (project-based section 8 or MRVP); therefore those tenants will only be required to pay 30% of their annual income towards rent and utilities.

Shirley Meadows does not discriminate based on race, color, national origin, religion, sex, familial status, sexual orientation or handicap (disability). Disabled persons are entitled to request a reasonable accommodation of rules, policies, practices or services, or to request a reasonable modification of the housing, when such accommodations or modifications are necessary to afford the disabled person equal opportunity to use and enjoy the housing.

Persons with disabilities who may require a reasonable accommodation in obtaining or completing an application may call the CHA to make special arrangements. The CHA uses Mass Relay to communicate with applicants who may be speech or hearing impaired. The Mass Relay number is 1-800-439-2370 for TTY and 1-800-439-0183 for voice.

GENERAL ELIGIBILITY REQUIREMENTS

Maximum Allowable Income

To be eligible to apply for the chance to rent an affordable unit, the combined gross annual income for all income sources of all income-earning members in the household must be at or below eighty percent of median income for the town of Shirley. The maximum incomes allowed for this program are:

Shirley, MA HUD Metro FMR Area; effective 04/01/20

Household Size	50% of Median	60% of Median
1	\$44,800	\$53,760
2	\$51,200	\$61,440

Approximate Minimum Income

Bedroom Size	Number of Units	30% Income Restriction	50% Income Restriction	60% Income Restriction
1BR	7*	N/A**		
1BR	8*		N/A**	
1BR	4		\$36,000	
1BR	36			\$43,200
2BR	1*		N/A**	
2BR	2			\$51,840

*Sixteen (16) units are set to receive project-based rental assistance, therefore the minimum income requirement is waived.

For households who already have a subsidy for housing through the Section 8 Program or similar assistance, the minimum income** requirement may be waived. In addition, if you have assets that exceed the income minimum for your unit size and income restriction, you may also apply.

Asset Limits

There is no limit on the amount of assets households may have. Income from assets, however, is counted as the greater of: actual income or the HUD Passbook rate at the time of application (.06% as of 2/1/15) of the net value of the asset. Assets may include cash, cash in savings and checking accounts, a home, net cash value of stocks, net cash value of retirement accounts (such as 401Ks), real property, bonds, capital investments, life insurance policies and foreign bank accounts.

Frequently Asked Questions – General Eligibility

Q: Who is eligible to apply for the affordable units?

A: In order to qualify for an affordable unit, households must meet each of the following criteria:

- 1.) The entire household's income and assets must be below the maximum allowable income limit;
- 2.) The household must be of appropriate size;
- 3.) The household must meet the age restriction;
- 4.) The household must meet the minimum income requirement as outlined above.

Q: Do I need to be a resident of Devens/Shirley to apply?

A: No.

Q: Can I apply if own a home?

A: You may own a home when you apply. It does not have to be sold before you move in. Your home will count as an asset and be calculated as such when determining eligibility. Once it is sold, additional documentation will be needed to update your file and income information.

Q: How is a household's income determined?

A: The Chelmsford Housing Authority will calculate the income of a household based upon the current income the household is earning including actual or imputed income from assets. In an effort to provide as accurate an income calculation as possible, the CHA must review all current and historical income data.

ALL SOURCES OF INCOME ARE COUNTED. Any monies you receive will be counted as income. This includes, but is not limited to, Social Security, alimony, overtime pay, bonuses, unemployment, severance pay, part-time employment, recurring monetary gifts to the household, matured bonds, monies to be received in court settlements and imputed interest and dividends on bank accounts and actual or imputed income from assets.

CHOICE, Inc. will calculate the value of your assets pursuant to the formula set by the Department of Housing and Urban Development. This formula takes the greater of the actual income from an asset or the current market value of any asset multiplied by .06%. The amount derived from this calculation is then added to your income.

For example: Mrs. Smith receives \$19,200 a year in annual Social Security earnings. She also has a checking account valued at \$7,000 earning 1% interest and a CD worth \$20,000 earning 2.3%. Her income would be calculated as follows:

$$\begin{aligned}\text{Social Security: } & \mathbf{\$19,200} \quad \text{Checking } (\$7,000 \times 1\%) = \mathbf{\$70} \\ \text{CD } (\$20,000 \times 2.3\%) &= \mathbf{\$460} \\ \text{Total income} &= \mathbf{\$19,730}\end{aligned}$$

Q: I have a 401K and am not taking any withdrawals. Do I have to include it when I list my assets?

A: Yes, you need to include the net cash value of all your current retirement funds. We realize that most retirement funds assess large penalties for early withdrawal, but this does not technically mean that you cannot withdraw your funds or don't have access to them. The "post-penalty" amount is what you need to provide along with supporting documentation.

Q: Are there eligibility exceptions for households that are barely over the income limit?

A: No, there are no exceptions to the income limits.

PROCESS AND TIMELINE

The following steps outline the process of applying for an affordable unit. The following pages explain each step in greater detail.

Program Application

CHOICE, Inc., and the Chelmsford Housing Authority will be advertising and publicizing the availability of this affordable housing opportunity in Devens/Shirley and distributing applications and this Information Packet throughout the community and region.

After reading this Information Packet in its entirety, applicants will need to fill out a Program Application and provide accompanying documentation. The applying household must list all income and asset information for every person that will be residing in the unit. The Program Application must be signed and dated by all heads of household.

Formal Review of Eligibility

Before a household can move forward, all documentation of income and assets from all members over the age of 18 must be reviewed for eligibility. Below is a list of some of the items that may be requested:

Income:

- **Wages:** Verify gross earnings by submitting six (6) pay stubs or a letter from the employer stating the number of hours per week that the employee works and the rate of pay per hour. Any such letter should include the name and address of the employer as well as the name and telephone number of the contact person.

- **Social Security or Supplemental Income:** A statement no more than one month old from the Social Security Administration. This statement can be obtained online at www.socialsecurity.com or by calling 1-800-772-1213.
- **VA Pension or other retirement benefits:** A statement no more than one month old showing earnings from the Veterans Administration or other retirement funds
- **VA Compensation or Benefits:** A statement no more than one month old showing earnings from the Veterans Administration.
- **EAEDC:** A statement less than one month old from the Department of Transitional Assistance showing benefits. This statement may be obtained by calling 1-800-632-8095.
- **Food Stamps and Fuel Assistance:** A statement less than one month old from the Department of Transitional Assistance.
- **Alimony and/or Spousal Support:** Copies of six (6) payment checks.
- **Unemployment Benefits:** Current statement or copies of six (6) check stubs from the Department of Unemployment Assistance.
- **No Income:** If an adult family member does not have any income at all, a “Zero Income Self Affidavit” must be completed and notarized. The Chelmsford Housing Authority can provide you with a copy of this form.

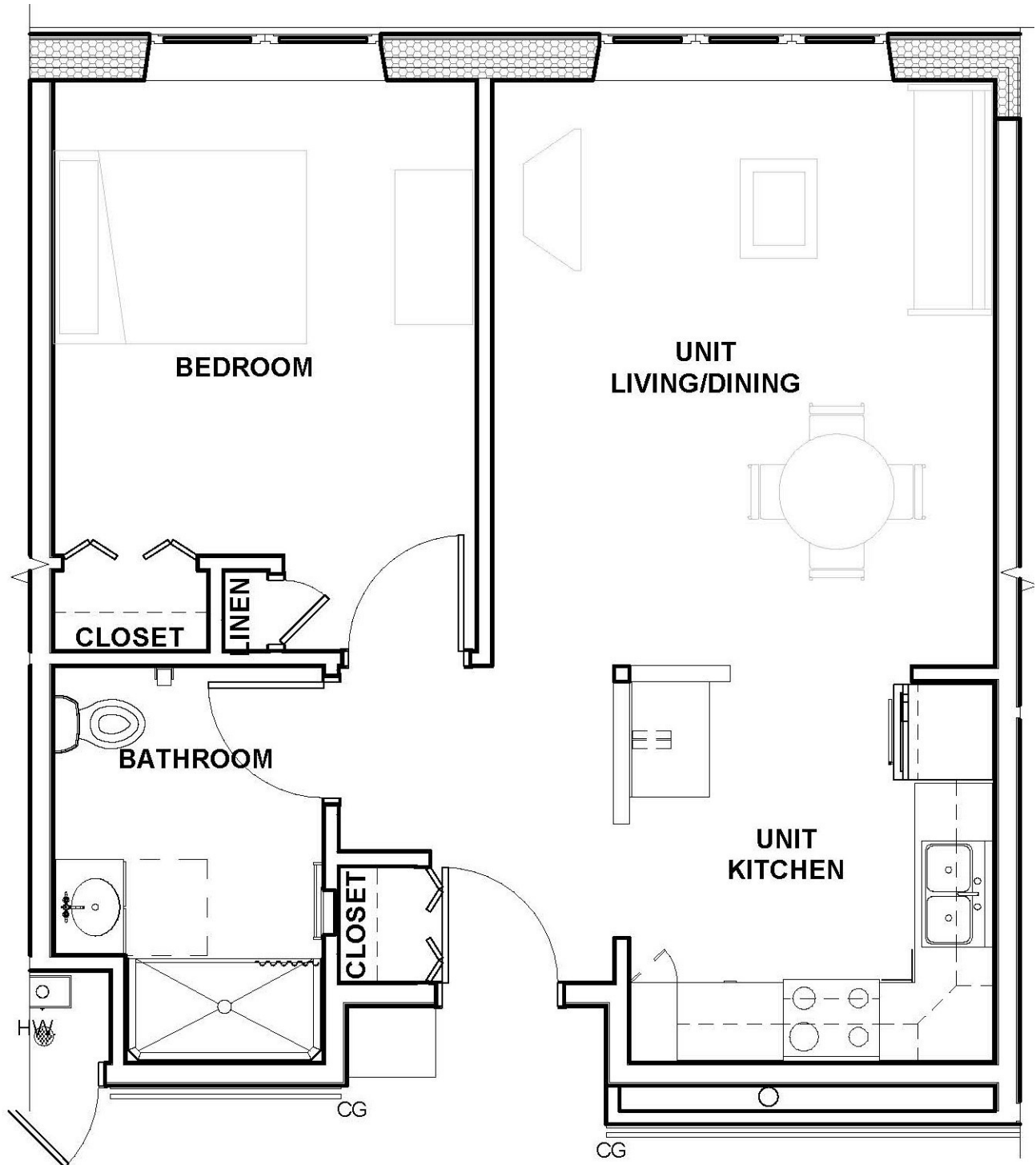
Assets:

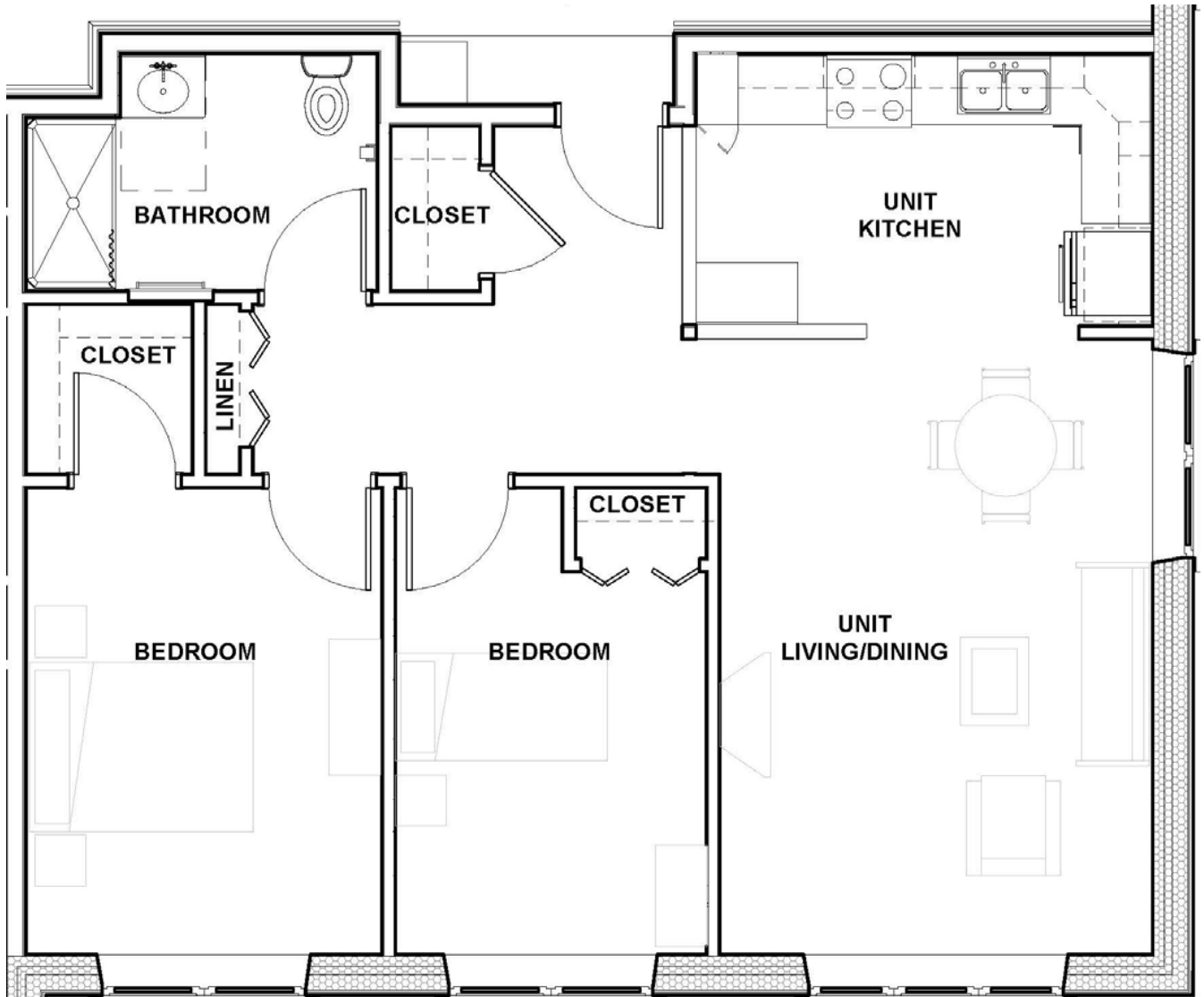
- **Checking and Savings Accounts:** Copies of six (6) months of complete statements showing transaction details for any and all banking accounts, including foreign accounts.
- **Current Value of Assets:** A statement no more than one month old showing the current value of any stocks, bonds, CDs, IRAs, etc. Including current rate of interest and dividends.
- **No Bank Accounts:** If any member of your household over the age of 18 does not have a bank account, each person must complete and have notarized a “No Bank Account” certificate. The Chelmsford Housing Authority can provide you with a copy of this form.

In addition, all members of the household must complete the Tenant Packet and sign the authorization for release of information. If the adult is a full-time student, proof of current student status must also be provided.

If it is determined that incomplete or inaccurate information was provided in the application, or if the applicant fails to respond to questions regarding the required documentation within a timely fashion, the CHA reserves the right to deem the applicant ineligible for a unit at Shirley Meadows.

The landlord will make the final determination regarding suitability for the unit based upon references, credit checks and other screening processes used for all applicants.





APPLICATION

- Applications are placed in order of date and time received.
- An applicant may be interviewed only after the receipt of this tenant application.
- Incomplete applications will not be processed.

Completed applications can be mailed or faxed to:

Chelmsford Housing Authority/CHOICE, Inc.

10 Wilson Street, Chelmsford, MA 01824

FAX: (978) 256-1895

TEL (978) 256-7425 TTY (800) 439-0183 TDD (800) 439-2370

A. GENERAL INFORMATION

Head of Household Name: _____

Address: _____

Street Apt.# City State ZIP

Daytime Phone: _____ Evening Phone: _____

No. of BR's in current unit: _____ Do you ☐ RENT or ☐ OWN (check one)

Amount of current monthly rental or mortgage payment: \$ _____

If owned, do you receive monthly rental income from property? ☐ YES ☐ No

Check utilities paid by you: ☐ Heat ☐ Electricity ☐ Gas ☐ Other (Specify)

Approximate monthly cost of utilities paid by you (excluding phone and cable TV): \$ _____

Bedroom size requested: ☐ One BR ☐ Two BR ☐ Accessible

B. HOUSEHOLD COMPOSITION

	Name	Relationship to head	Birth Date	Age (optional)	SS# (last 4 digits)	Student Y/N
Head						
2.						



Have there been any changes in household composition in the last twelve months? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If YES, explain:</i>
Do you anticipate any changes in household composition in the next twelve months? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If YES, explain:</i>
Is there someone not listed above who would normally be living with the household? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If YES, explain:</i>

Will **all** of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students?

☐ Yes ☐ No

IF YES, ANSWER THE FOLLOWING QUESTIONS:

Are any full-time student(s) married and filing a joint tax return?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act (JTPA)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any full-time student(s) a TANF or a title IV recipient?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any full-time student(s) a single parent living with his/her child(ren) who is not a dependent on another's tax return and whose children are not dependents of anyone other than a parent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is any student a person who was previously under the care and placement of a foster care program (under Part B or E of Title IV of the Social Security Act)?	<input type="checkbox"/> Yes <input type="checkbox"/> No



C. INCOME

List **ALL** sources of income as requested below. If a section doesn't apply, cross out or write NA.

Household Member Name	Source of Income	Gross Monthly Amount
	Social Security	\$
	Social Security	\$
	Social Security	\$
	SSI Benefits	\$
	SSI Benefits	\$
	SSI Benefits	\$
	Pension (list source)	\$
	Pension (list source)	\$
	Veteran's Benefits (list claim #)	\$
	Veteran's Benefits (list claim #)	\$
	Unemployment Compensation	\$
	Unemployment Compensation	\$
	Public Assistance (Title IV/TANF etc.)	\$
	Contributions to the Household (monetary or not)	\$
	Full-Time Student Income (18 & Over Only)	\$
	Financial Aid (excluding loans)	\$
	Annuities (list sources)	\$
	Annuities (list sources)	\$
	Long Term Medical Care Insurance Payments in excess of \$180/day	\$
	Scheduled Payments from Investments	\$



Household Member Name	Source of Income	Gross Monthly Amount
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
	Alimony	
	Are you <i>legally entitled</i> to receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If <i>YES</i> , list the amount you are <i>entitled</i> to receive.	\$
	Do you receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If <i>YES</i> list amount you receive.	\$
	Child Support	
	Are you <i>legally entitled</i> to receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If <i>YES</i> list the amount you are <i>entitled</i> to receive.	\$
	Do you receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If <i>YES</i> , list the amount you receive.	\$
	Other Income	\$
	Other Income	\$
	Other Income	\$
TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts listed above x 12)		\$
TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR		\$



Do you anticipate any changes in this income in the next 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is any member of the household legally entitled to receive income assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the household receive any rental assistance (Section 8, MRVP, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is any member of the household likely to receive income or assistance (<i>monetary or not</i>) from someone who is not a member of the household as listed on Page 2)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES to any of the above, explain:	
<hr/>	
<hr/>	
<hr/>	
Is the income received?	<input type="checkbox"/> Yes <input type="checkbox"/> No



D. ASSETS

If your assets are too numerous to list here, please request an additional form.

If a section does not apply, cross out or write NA.

Checking Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Savings Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Trust Account	#	Bank	Balance \$	
Prepaid Debit Card	#	Bank	Balance \$	
IRA	#	Bank	Balance \$	
401K/403B Retirement Account	#	Bank	Balance \$	
Certificates of Deposit	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Money Market Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
Savings Bonds	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
Life Insurance Policy	#	Cash Value \$		
Life Insurance Policy	#	Cash Value \$		
Mutual Funds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$



Stocks	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
Bonds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
Investment Property				Appraised Value: \$

Real Estate Property: <i>Do you own any property?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If YES</i> , Type of property	
Location of property	
Appraised Market Value	\$
Mortgage or outstanding loans balance due	\$
Amount of annual insurance premium	\$
Amount of most recent tax bill	\$

Does any member of the household have an asset(s) owned jointly with a person who is NOT a member of the household as listed on Page 2?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If YES</i> , describe:	
Do they have access to the asset(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you sold/disposed of any property in the last 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If YES</i> , Type of property:	
Market value when sold/disposed	\$
Amount sold/disposed for	\$
Date of transaction:	

Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up Irrevocable Trust Accounts)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If YES</i> , describe the asset:	
Date of disposition:	
Amount disposed	\$
Do you have any other assets not listed above (excluding personal property)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If YES</i> , please list:	



E. ADDITIONAL INFORMATION	
Are you or any member of your household currently using an illegal substance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or any member of your household ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If YES, describe:</i>	
Are you or any member of your household required to register as a sex offender under Massachusetts or any other state law?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If YES, list the name of the person(s) and the registration requirements (i.e. place where registration needs to be filed, length of time for which registration is required)</i>	
Have you or any member of your household ever been evicted from any housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If YES, describe</i>	
Have you ever filed for bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If YES, describe</i>	
Will you take an apartment when one is available?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Briefly describe your reasons for applying:</i>	

F. REFERENCE INFORMATION (most recent five years history)		
Current Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
Prior Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	



Credit Reference #1:	
Address:	
Account #:	Phone #:
Credit Reference #2:	
Address:	
Account #:	Phone #:
Personal Reference #1:	
Address:	
Relationship:	Phone #:
Personal Reference #2:	
Address:	
Relationship:	Phone #:
Personal Reference #3:	
Address:	
Relationship:	Phone #:

In case of emergency notify:	
Address:	
Relationship:	Phone #:

G. VEHICLE AND PET INFORMATION (if applicable)	
List any cars, trucks, or other vehicles owned. Parking will be provided for one vehicle. Arrangements with Management will be necessary for more than one vehicle.	
Type of Vehicle:	License Plate #:
Year/Make:	Color:
Type of Vehicle:	License Plate #:
Year/Make:	Color:
Do you own any pets? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If YES, describe:</i>	



CERTIFICATION

- I/We hereby certify that I/We Do/Will Not maintain a separate subsidized rental unit in another location.
- I/We further certify that this will be my/our permanent residence.
- I/We understand I/We must pay a security deposit for this apartment prior to occupancy.
- I/We understand that my eligibility for housing will be based on applicable income limits and by management's selection criteria.
- I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. 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 or other criminal background check will also be required.
- I/We hereby certify that we have received a notice from the management agent describing the right to reasonable accommodations for persons with disabilities.
- All adult applicants, 18 or older, must sign application.

Signed under the pains and penalties of perjury

SIGNATURE (S):

Head of Household Signature	Date
Co- Tenant Signature	Date

CHOICE, Inc., acting as management agent for **Shirley Meadows** (the "Development") does not discriminate on the basis of race, color, religion, sex, genetic information, gender identity, national origin, sexual orientation, age, 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.



APPLICATION CHECKLIST

INCOME VERIFICATION

- ☐ Wages: Number of hours per regular work week and pay rate per hour from your present employer (last two months consecutive pay stubs verifying gross amount per week for last two (2) months).
- ☐ Social Security: Letter from Social Security (SS), Supplemental Security Income (SSI). Letter must be **less than 120 days old** verifying amount received per month. You can go online and get this document yourself by going to www.ssa.gov. This will get you to the Social Security Online screen, click on “*Already Receiving Benefits*”, and then click on “*Get Proof of Income Letter*” on the right hand side of the screen. They will walk you through a series of questions and you should then receive the letter in approximately 10 days. Or you can call **1-800-772-1213** for a copy.
- ☐ Pensions, Annuity, Retirement: Letter regarding VA Pension, or other Retirement/Pension benefits. Letter must be **less than one (1) month old** verifying gross amount received per month.
- ☐ EAEDC: Letter stating amount received, dated **less than one (1) month old**.
- ☐ Separate Support: Proof of Separate Support (child support/alimony) payments being received. (Court order showing amount awarded, accompanied by copies of payment checks).
- ☐ Proof of Unemployment Benefits: Current statement from employment office and copy of check stubs.
- ☐ Periodic Payments: Proof of payments received from people not living in the household (i.e. alimony, business income, regular contributions or monetary gifts).
- ☐ No Income: If any member of the household does not have any income at all, a “Zero Income Self Affidavit” must be **completed and notarized**. Please use the attached form at the end of this packet or contact the CHA for a form.

ASSETS VERIFICATION

- ☐ Proof of total amount of Assets:
 - ☐ Savings Accounts: Copy of recent statement or copy of last 3 pages of Savings Account Book (include current interest rate). One page must show name and account number and name of bank. *Savings account ending balance must be less than one (1) month old.*
 - ☐ Checking Account: Copies of the **past six months complete statements**.



APPLICATION CHECKLIST

- ☐ Current value of stocks, bonds or other securities (include interest rate, dividends, and 1099 forms).
- ☐ Current value of Certificate of Deposits, Money Markets, or Treasury Bills (include current interest rate)
- ☐ Current value of real estate, land contracts or other real estate holdings (this includes mobile home, vacant land, vacation home, etc.).
- ☐ No Assets: If you do not have any assets (i.e. checking account, savings, etc.), then a “Certification of No Assets” form must be **completed and notarized**. Please use the attached form at the end of this packet or contact the CHA for a form.
- ☐ Closed Bank Accounts: Verification of any closed bank accounts within the past year.
- ☐ Disposal of Assets Certificate: Any asset (cash gifts, property, etc.) given away or sold for less than the fair market value (what the asset was actually worth) within the past two (2) years.

OTHER VERIFICATIONS (for all household members)

- ☐ Student Status: Please complete the attached Student Status affidavit for your household.
- ☐ Photo Identification: Please provide a copy of one of the following - Driver’s license, passport, State Identification card, etc.
- ☐ Social Security Card: Please provide a copy of your social security card (Please do not send original).
- ☐ Birth Certificate: Please provide a copy of your birth certificate (Please do not send original).
- ☐ Proof of residency: **Devens Region Residents** please provide three **current** proofs of residency (i.e. utility bill, voter registration card, etc.)
- ☐ CORI Form for all adult household member(s). Please use the attached form at the end of this packet or contact the CHA for a form.
- ☐ Copy of current handicap placard (if applicable)
- ☐ Any other type of income & assets not included above. **ALL INCOME AND ASSETS MUST BE REPORTED.**





Chelmsford Housing Authority

10 Wilson Street
Chelmsford, Massachusetts 01824 -3160

GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

Print Name

Social Security Number

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

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

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:

- 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
- U.S. Social Security Administration
- U.S. Department of Veterans Affairs
- Utility companies
- Welfare agencies
- Retirement and pension
- Providers of:
 - ❖ 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 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.

Thank you for your assistance and cooperation in this matter.

SIGNATURE

DATE

TEL# (978)256-7425 TDD# (800)439-0183 FAX# (978)256-1895

Email: info@chelmsfordha.com

RELEASE FOR CREDIT CHECK

EVERYONE OVER THE AGE OF 18 MUST COMPLETE A SEPARATE FORM

Last Name:

Middle Name:

/

SSN:

Current Address:

/MO

/MO

I hereby apply for the apartment through the Chelmsford Housing Authority. With my signature below I 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.**

Date:

Date:



THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services
200 Arlington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
MASS.GOV/CJIS



**Criminal Offender Record Information (CORI)
Acknowledgement Form**

To be used by organizations conducting CORI checks for employment, volunteer, subcontractor, licensing, and housing purposes.

_____ is registered under the
(Organization)
provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to _____
(Organization)

to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing _____
(Organization)

with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

The _____ may conduct
(Organization)
subsequent CORI checks within one year of the date this Form was signed by me, provided, however, that
_____, must first provide me
(Organization)
with written notice of this check.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

Signature of CORI Subject

Date



THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services
200 Arlington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
MASS.GOV/CJIS



SUBJECT INFORMATION

Please complete this section using the information of the person whose CORI you are requesting.
The fields marked with an asterisk (*) are required fields.

* First Name: _____ Middle Initial: _____

* Last Name: _____ Suffix (Jr., Sr., etc.): _____

Former Last Name 1: _____

Former Last Name 2: _____

Former Last Name 3: _____

Former Last Name 4: _____

* Date of Birth (MM/DD/YYYY): _____ Place of Birth: _____

* Last **SIX** digits of Social Security Number: ____ -- ____ ☐ No Social Security Number

Sex: _____ Height: ____ ft. ____ in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Father's Full Name: _____

Mother's Full Name: _____

Current Address

* Street Address: _____

Apt. # or Suite: _____ *City: _____ *State: _____ *Zip: _____

SUBJECT VERIFICATION

The above information was verified by reviewing the following form(s) of government-issued identification:

Verified by:

Print Name of Verifying Employee

Signature of Verifying Employee

Date

Advocate Release for Information

I, _____ hereby authorize the Chelmsford Housing Authority to discuss my housing case with my advocate. I also authorize Chelmsford Housing Authority to request, obtain any information, and refer any information to my advocate for my housing assistance needs.

PLEASE CHECK ONE:

- ☐ ***Please send all correspondence to my advocate.***
- ☐ ***Please send a copy of all correspondence to both my advocate and myself.***

MY ADVOCATE INFO IS:

Name: _____

Organization: _____

Address: _____

City/Town: _____

State / Zip: _____

Phone #: _____

Fax #: _____

Email: _____

I understand that this signed copy will remain valid until I withdraw my request or notify the CHA of a change in advocate. I understand that to withdraw my request or change my advocate, I must do so in writing.

Tenant Signature _____ Date: _____

Guardian Name (If Applicable) _____

Guardian Signature (If Applicable) _____ Date: _____

MARITAL STATUS AFFIDAVIT

To be completed by all applicants

Applicant/Tenant: _____ **Unit #:** _____

☐ **I hereby certify that I am married and my spouse is part of my household. Stop here and sign and date bottom of form.**

☐ **I hereby certify that I have never been married. Stop here and sign and date bottom of form.**

I hereby certify that I am: ☐ **divorced** ☐ **separated** ☐ **widowed** ☐ **estranged**

from my spouse whose name is: _____

Date of divorce/separation/etc. _____

Check this box if you are ESTRANGED from your spouse and initial:

☐ **I am **ESTRANGED** from my spouse (not yet legally separated or divorced). They will not be contributing financially and WILL NOT be living in the apartment at any time during my tenancy. Initial here: _____**

Check A or B:

A. ☐ **I am NOT and will NOT be receiving any form of spousal contributions to my household.**

B. ☐ **I AM or DO anticipate receiving spousal contributions to my household**

Spousal contribution in the amount of \$_____ per month will be received during the next 12-month period (*verification is required*). I will immediately notify the office of any change in this amount.

Answer the following:

I have been awarded income such as alimony, child support, or survivor benefits

☐ **YES** ☐ **NO**

I am in possession of and can provide copies of legal documents to verify divorce, separation, etc. ☐ **YES** ☐ **NO** If NO please state why: _____

The following legal actions have been made to attempt to collect payments owed to me: _____

These questions are being asked to document income eligibility for affordable housing. You will not be approved or denied based on your marital status.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand that providing false representation herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Applicant Signature

Date



STUDENT STATUS AFFIDAVIT

Applicant/Tenant Name: _____
Address: _____

Completed For: (check one)

☐ Move-in; effective date: _____
☐ Annual recertification; effective date: _____

Will all of the persons in your household be or have been full-time students during five calendar months of the certification year? ☐ Yes ☐ No

If YES, then is anyone in your household:

- A student and receiving AFDC/TANF? ☐ Yes ☐ No
- A student who was previously in a foster care program under Part B or Part E of title IV of the Social Security Act? ☐ Yes ☐ No
- A student enrolled in a job training program funded under the Workforce Investment Act or similar federal, state or local program? ☐ Yes ☐ No
- A single parent living with his/her minor children and such parent is not a dependent (as defined in Section 152) and whose children are not dependants of another individual other than a parent? ☐ Yes ☐ No
- Married and file a joint return ☐ Yes ☐ No
- Has the person attended school full-time during any part of 5 months of this calendar year? ☐ Yes ☐ No
- Months/year attended full time ___/___/___ to ___/___/___

I agree to notify management immediately if my student status changes. I understand that changes in student status may affect my eligibility to participate in this Program.

I hereby certify under penalty of perjury that the information provided above is accurate and complete to the best of my knowledge. I consent to release such information in order to comply with Program regulations. I understand that providing false or misleading information may subject me to criminal penalties.

_____ (Signature of Tenant)	_____ Date
_____ (Signature of Co-Tenant)	_____ Date
_____ (Signature of Co-Tenant)	_____ Date
_____ (Signature of Co-Tenant)	_____ Date
_____ (Signature of Manager)	_____ Date



UNEMPLOYED STATUS AFFIDAVIT

All adults who are unemployed should complete this form

Full Name: _____

I am currently unemployed: ☐ YES ☐ NO

I work on a seasonal basis depending on the time of year: ☐ YES ☐ NO

I receive benefit income such as unemployment, disability, workers compensation: ☐ YES ☐ NO

[] If my employment status changes between now and the move in (or recertification) date I understand that I must inform the manager before moving into this apartment

I have been unemployed for _____ years and _____ months

My last job paid \$_____ per hour and I worked _____ hours per week

*****Please complete either Section A, B, or C as applicable*****

Section A

I [print name], _____, state that I am currently unemployed and that I do not anticipate becoming employed within the next twelve months.

Section B

I [print name], _____, state that I am currently unemployed. I am not aware of a start date at this time. However, I anticipate becoming employed in the upcoming 12 months. Based upon my prior employment history and educational training, I anticipate earning \$_____ from anticipated employment over the next twelve months.

(Please supply documentation to support this, such as previous tax returns and/or W-2)

Section C

I [print name], _____, state that I am currently unemployed but I have been hired for a new job which has not yet begun.

The company is: _____

The start date is: _____

The salary is: _____

**Manager will contact employer for verification of this income*

I certify that the information given above is true to the best of my knowledge and that any misrepresentation of information will lead to cancellation and/or rejection of my application for tenancy. I am signing this under penalty of perjury.

Applicant/Tenant Signature: _____ Date _____



DISPOSED ASSETS AFFIDAVIT

TENANT/APPLICANT: _____

DATE: _____

PROPERTY NAME: _____

☐ I **HAVE NOT** disposed of any assets for less than fair market value in the past two (2) years.

Fair Market Value is the market value of the asset minus reasonable cost incurred in selling/converting the asset into cash. Such costs include: 1- penalties for early withdrawal; 2- broker/legal fees for the sale of assets, and 3- settlement costs for real estate transactions.

☐ I **HAVE** disposed of assets for less than fair market value in the past two (2) years.

Please list any assets disposed of within the past two (2) years for less than fair market value.

Asset Description	Date Disposed	Fair Market Value	Sold For

Assets listed as disposed of during the past two (2) years for less than the fair market value prior to this certification/recertification, will be counted as assets if the difference in the value of the asset and the amount received for the asset exceeds \$1000.00.

AGENCY REPRESENTATIVE

I hereby certify that the information provided is true and complete to the best of my knowledge.

SIGNATURE OF APPLICANT/TENANT _____

DATE _____

NOTARY OPTION

Sworn to before me and subscribed in my presence this _____ day of _____, 20____.

SIGNATURE OF NOTARY PUBLIC _____

NAME _____

My commission expires: _____

WARNING: Section 1001 of Title 18 U.S. Code makes it a criminal offense to willfully falsify a material fact or make a false statement in any matter within the jurisdiction of a federal agency.

DISPOSED ASSETS AFFIDAVIT

5/1/2010