

MERRIMAC COMMONS

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.
- If something does not apply to you, be sure to mark it N/A. Do not leave it blank.

Completed applications can be mailed, faxed or emailed to:
Chelmsford Housing Authority
10 Wilson Street, Chelmsford, MA 01824
FAX: (978) 256-1895
TEL (978) 256-7425 TTY (800) 439-0183 TDD (800) 439-2370
Lottery@chelmsfordha.com

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

A. GENERAL INFORMATION

Head of Household Name: _____

Address: _____
Street Apt.# City State ZIP

Email address: _____

Daytime Phone: _____ Evening Phone: _____

No. of BRs 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): \$ _____



Are you a resident of Tyngsboro, a municipal employee in Tyngsboro, employed at a business located in Tyngsboro or have a child attending a Tyngsboro municipal school? Yes No

If you answered “yes”, please attach/provide proof.

Race (Optional):

- White Black or African American Native American or Alaska Native
 Native of Pacific Islander Other (non-white)

Ethnicity (Optional):

- Hispanic or Latino Non-Hispanic

B. HOUSEHOLD COMPOSITION					
	Name	Relationship to head	Birth Date	SS# (last 4 digits)	Student Y/N
Head					
2.					
3.					
4.					
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:	
.....	
.....	
.....	
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/dispensed 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/dispensed	\$
Amount sold/dispensed 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, please list:</i>	

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?	

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Credit Reference #1:

Address:	
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Account #:	Phone #:
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Credit Reference #2:

Address:	
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Account #:	Phone #:
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Personal Reference #1:

Address:	
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Relationship:	Phone #:
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Personal Reference #2:

Address:	
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Relationship:	Phone #:
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Personal Reference #3:

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

Address:	
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Relationship:	Phone #:
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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

The Chelmsford Housing Authority, acting as management agent for **Merrimac Commons Rental Associates, LLC** (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.



