

Chelmsford Woods Residences is a 116-unit, two phase, development consisting of one-, two- and three-bedroom affordable units. This application is for **UNSUBSIDIZED** affordable rental units, where tenants are responsible to pay the full contract rent as well as heat (gas) and electric. Rental assistance (Section 8, MRVP, etc.) Vouchers are welcome.

Income requirements (based on 2020 Income Limits) are as follows:

<i>Household Size</i>	One	Two	Three	Four	Five	Six
<i>60% Income Limit</i>	\$45,360	\$51,840	\$58,320	\$64,800	\$70,020	\$75,180

Gross Rent Amounts* (based on 2020 amounts and subject to change)

<i>Bedroom Size</i>	<i>Gross Rent*</i>	<i>Minimum Income</i>
1	\$1,215[†]	\$36,450
2	\$1,458[†]	\$43,740
3	\$1,685[†]	\$50,550

**When the AMI increases or the utility allowances decrease, the rent may increase as further described in the Regulatory Agreement.*

[†]This is the gross amount of rent to be paid by tenant, unless you have a Section 8, MRVP, or other Voucher

PLEASE NOTE: In order to qualify for an **unsubsidized** unit you will need to provide documentation verifying that your annual gross income is **no less than** the minimum income levels listed above.

1. APPLICANT REQUIREMENTS FOR WAIT LIST PROCESSING:

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

2. SUPPORTING DOCUMENTATION (Required for all members of household)

- **First Month's Rent Deposit of \$100**
- **Birth Certificate** (photocopy)
- **Photo Identification** (photocopy of license, passport, etc.)
- **Social Security Card** (photocopy)
- **Proof of Citizenship/Permanent Resident**
- **Documentation from Physician:** If you require a **wheelchair accessible apartment** or a reasonable accommodation, documentation from your physician will be required.

3. ADDITIONAL REQUIREMENTS DUE PRIOR TO MOVE-IN

- Security Deposit equal to one month's gross rent (see above)
- Pest Certification of prior residence
- Proof of turning over utility accounts





This application consists of the following sections:

- One completed and signed Application Packet (original)
- Additional Forms (as applicable)
- All supporting documentation specific to your application

The application must be filled out entirely in order for your application to be processed. Every space given to initial must be initialed, even if you answer “N/A”. If a question does not apply to you, check “N/A”. LEAVE NOTHING BLANK.

Your completed application can be mailed or faxed to:

**Chelmsford Woods Residences
267 Littleton Road
Chelmsford, MA 01824
FAX: (978) 455-7212 OR (978) 256-1895
TEL (978) 256-7425 TTY (800) 439-0183 TDD (800) 439-2370**

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

**If you have questions regarding *Chelmsford Woods Residences*,
Please call the Chelmsford Housing Authority office at (978) 256-7425.**

****Maximum Income Limits and Contract Rents are subject to change.***

**** Incomplete applications will not be processed ****





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 Woods Residences
267 Littleton Road, Chelmsford, MA 01824
FAX: (978) 455-7212 or (978) 256-1895
TEL (978) 256-7425 TTY (800) 439-0183 TDD (800) 439-2370

A. GENERAL INFORMATION

Applicant Name(s): _____

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 ☐ Three BR ☐ Accessible

B. HOUSEHOLD COMPOSITION

	Name	Relationship to head	Birth Date	Age (optional)	SS# (last 4 digits)	Student Y/N
Head						
Co-T						
3.						
4.						
5.						
6.						



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 (JTPC)?	<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/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>	

CHOICE, Inc., acting as management agent for **Chelmsford Woods Residences** (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.



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
Co- Tenant Signature	Date

Application Agreement

1. **First Month's Rent Deposit.** We have received a first month's rent deposit in the amount of **\$100.00**. However, to the extent that the amount collected (i.e. \$100.00) exceeds the tenant's portion, the excess amount will be returned. This amount is not a security deposit, and will be credited to your first month's rent when the Application has been approved and the Residential Lease has been signed by all parties. Thereafter, the balance of the first month's rent shall be due in accordance with the Residential Lease.
2. **Refund of First Month's Rent Deposit If Non-approved.** If you or any co-applicant is not approved, the First Month Rent Deposit will be refunded to you within twenty days of the disapproval. The refund check may be made payable to all co-applicants and mailed to only one applicant.
3. **First Month's Rent Deposit Not Refundable – Liquidated Damages.** The First Month's Rent Deposit will be nonrefundable and retained by us as agreed upon liquidated damages pursuant to 950 CMR 3.17(6)(c) and the parties will have no further obligations to each other under the following circumstances: (a) if you and all co-applicants fail to sign the Lease Agreement after approval; *or* (b) you and your co-applicants withdraw your application or otherwise notify us that you do intend to rent the dwelling unit after tendering the deposit, completing the application and after the application has been processed.
4. **Acknowledgement.** You acknowledge and agree that if you fail to answer any question or give false information, we may reject the application, retain all first month's rent deposits as the agreed upon liquidated damages pursuant to 950 CMR 3.17(6)(c), and terminate any right of occupancy. In lawsuits relating to this application, we may recover all attorney's fees and litigation costs in enforcement of this agreement.

SIGNATURE (S):

Management Agent	Date
Head of Household	Date

