



Chelmsford Housing Authority

10 Wilson Street, Chelmsford, Massachusetts 01824 –3160

Phone: (978) 256-7425 x12 Fax: (978) 256-1895

APPLICATION FOR SECTION 8 PROJECT BASED ASSISTANCE at SHIRLEY MEADOWS

27 Hospital Rd, Devens, MA 01464

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

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

PLEASE PRINT CLEARLY

PART A: GENERAL INFORMATION

Applicant name: _____

Current Address: _____

City: _____ State: _____ Zip code: _____

Home phone: _____ Cell phone: _____

Email: _____

Mailing address: _____

(only if different from current address)

City: _____ State: _____ Zip code: _____

PART B: INFORMATION ABOUT MEMBERS OF THE HOUSEHOLD

List all persons age 62 or older who will be living in the home, beginning with the head of household. Each box must be completed for each member. No one except those listed on this form may live in the unit.

NAME	Relation to Head	US Citizen Y/N	Disabled? Y/N	Sex M/F	Date of Birth	SS number or Alien number
1.	Head					
2.						

ANSWER THE FOLLOWING QUESTIONS ABOUT ALL MEMBERS OF THE HOUSEHOLD:

1. Race and Ethnicity *(This question is optional):*

Race: Check the appropriate race. (More than one category can be entered if applicable.)

- White
 Black/African American
 American Indian/Alaskan Native
 Asian
 Native Hawaiian/Other Pacific Islander
 Other

Ethnicity: Hispanic or Latino Not Hispanic or Latino

2. Are you, or a member of your household living or working in the Devens region which includes Ashby, Townsend, Pepperell, Dunstable, Fitchburg, Lunenburg, Shirley, Groton, Ayer, Leominster, Lancaster, Sterling, Harvard, Littleton, Carlisle, Acton, Boxborough, Clinton, Bolton, Berlin, Hudson, Maynard?..... Yes No

If yes, please provide proof



3. Are you being displaced by public action? Yes No
4. Do you require a wheelchair accessible unit?..... Yes No
(If yes, you must provide a letter from a medical practitioner that someone in your household uses a wheelchair, walker or double canes)
5. Has any household member ever been arrested for any crime? Yes No
If yes, how many times? _____. Please explain. (Include when arrested, where arrested and the reason for the arrest. Attach a separate sheet if needed)
-
6. Are you, or any member of your household, subject to a lifetime registered sex offender registration requirement in any state? Yes No
7. Have you ever received, or are you currently receiving, rental housing assistance through another housing authority or agency? Yes No
If yes, name of agency or housing authority: _____

PART C: INCOME & ASSETS OF FAMILY MEMBERS

(Income includes money or contributions from any and all sources paid to or on behalf of a family member.)

1. List the sources and amounts of all income (money) expected for the coming 12 months for all family members from any and all sources.

Family Member Name	Income Source	Amount \$	Frequency— (Circle one)			
			Week	Bi-Week	Month	Year

2. Do you or any family member own or have access to any of the following?
 Savings account? Yes No Checking account? Yes No
 Certificate of deposit? Yes No Money market account? Yes No
Please list all bank accounts

Family Member Name	Bank Name	Account Number	Balance

3. Do you or any family member own or have access to any of the following?
 Stocks? Yes No Bonds? Yes No
 Real property (land)? Yes No Trust Funds? Yes No
 Pensions? Yes No Individual retirement accounts?..... Yes No
 Inheritances? Yes No Life insurance. Yes No
 Any other type of capital investment? Yes No

If yes, please detail each asset checked

Family Member Name	Type of Asset	Account Number	Value



PART D: APPLICANT CERTIFICATION

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

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

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

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

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

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

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

I authorize the Chelmsford Housing Authority to make any inquiries from any parties and will submit proof upon request of the Authority for the sole purpose of verifying the truth of the statement contained herein. I hereby certify that I do not/ will not maintain a separate subsidized rental unit in another location. I further certify that this will be my permanent residence.

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

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

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

All applicants must sign application.

Signature

Date

Signature

Date

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

Income limits for participation are as follows:

One Person: \$ 44,800 Two People: \$ 51,200





SHIRLEY MEADOWS

27 Hospital Rd
Devens, MA 01464

Shirley Meadows is an affordable rental housing development for elders aged 62 years or older. This development consists of 58 units: Fifty-five (55) one-bedroom units and three (3) two-bedroom units.

The two-bedroom units recognize the changing definition of senior housing. For example, two elderly siblings living together, an elderly couple, one of whom would otherwise have to be placed in a long-term care facility or a resident requiring a live-in medical aide. All household members must be over 62 years of age.

Each of the apartments has a full bathroom and kitchen. These are both handicap-accessible and adaptable units. This design allows residents to remain safely in their homes in the event that their physical needs change.

The Section 8 Project-Based program is administered by the Leased Housing Department of Chelmsford Housing Authority. There are twenty (20) Section 8 Project-based units in this complex: nineteen (19) 1-bedroom units and one (1) 2-bedroom units.

- Each program participant will be required to pay 30% of gross income towards the rent.
- Heat and hot water included (tenant pays electric)
- Landlord requires a security deposit equal to one month's rent.

