

Chelmsford Housing Authority

10 Wilson Street
Chelmsford, Massachusetts 01824 -3160

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

CONNIE DONAHUE COMTOIS, L.S.W.
Executive Director

DEREK JONES
Property Manager

Dear Applicant,

Thank you for your interest in **The ELMS**, an affordable rental development managed by CHOICE, Inc., a non-profit organization of the Chelmsford Housing Authority. The ELMS is located at 105 Stow Road, Harvard, MA 01451. This new development is on a four-acre site consisting of nine units and three buildings. The units are a mix of six garden style one-bedroom apartments and three townhome style two-bedroom apartments.

PLEASE NOTE: THE ELMS IS AN ENTIRELY SMOKE-FREE CAMPUS

This application is for Project-based MRVP affordable rental units. Tenants pay no more than 30% of their income. All nine units will be restricted under the HOME program rules and will have rental assistance tied to the unit. All utilities (electricity, heat, hot water) are included in the rent. Residents will pay for their phone, internet and cable television.

Income requirements (based on 2021 income limits and subject to change) are as follows:

Household Size	One	Two	Three	Four
Income Limit 30%	\$24,600	\$28,110	\$31,620	\$35,130

Full Rent Amounts

Bedroom Size	Rent*
1	\$1,293
2	\$1,678

1. APPLICANT REQUIREMENTS FOR WAITING LIST PROCESSING:

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

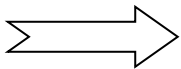


2. SUPPORTING DOCUMENTATION:

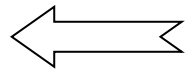
- Proof of Age** (e.g., photocopy of Birth Certificate, Valid Passport, Baptismal Record, Military Discharge Papers, etc.)
- Photo Identification** (photocopy of license, passport, etc.)
- Social Security Number Documentation:** All family members must provide a social security card or another form of verification that contains their SSN (e.g., driver's license with SSN; identification issued by a federal, state or local agency, etc.).

BEFORE YOU RETURN YOUR APPLICATION, MAKE SURE YOU HAVE THE FOLLOWING:

- ✓ One completed and signed Application Packet
- ✓ All supporting documentation specific to your application



Your completed application can be mailed or faxed to:



**The Chelmsford Housing Authority
10 Wilson Street
Chelmsford, MA 01824
FAX (978) 256-1895**

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

If you have questions regarding The ELMS, please contact the Chelmsford Housing Authority office at (978) 256-7425 extension 28.

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

Incomplete applications will not be processed.

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





CHOICE, Inc.

10 Wilson Street, Chelmsford, Massachusetts 01824 –3160

Phone: (978) 256-7425 x28 Fax: (978) 256-1895

APPLICATION FOR AN MRVP ASSISTED UNIT AT THE ELMS

105 STOW ROAD, HARVARD, MA 01451

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

1 & 2 bedroom units available

PLEASE PRINT CLEARLY

PART A: GENERAL INFORMATION

Applicant name: _____

Current Address: _____

City: _____ State: _____ Zip code: _____

Mailing address: _____

(only if different from current address)

City: _____ State: _____ Zip code: _____

Home phone: _____ Cell phone: _____

Daytime phone: _____ Email: _____

PART B: INFORMATION ABOUT MEMBERS OF THE HOUSEHOLD

List all persons 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.

ADULT HOUSEHOLD MEMBERS

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.						
3.						
4.						



ANSWER THE FOLLOWING QUESTIONS ABOUT ALL MEMBERS OF THE HOUSEHOLD:

1. A) 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

If Asian, check any appropriate sub-categories:

- Asian India Chinese Filipino Japanese Korean Vietnamese Other Asian

If Native Hawaiian/Other Pacific Islander, check any appropriate sub-categories:

- Native Hawaiian Guamanian or Chamorro Samoan Other Pacific Islander

B) Ethnicity: Hispanic or Latino Not Hispanic or Latino

If Hispanic or Latino, check any appropriate sub-categories:

- Cuban Mexican Puerto Rican South or Central American Other Spanish culture/origin

2. Are you being displaced from public action? Yes No
3. Does anyone other than an adult who will live in the home share custody of any of the children listed?
 Yes No If yes, who? _____
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. Do you require a first floor unit as an elevator is not available? Yes No (If yes, you must provide a letter from a medical practitioner that someone in your household requires a first floor unit.)
6. 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)
-
-

7. Are you, or any member of your household, subject to a lifetime registered sex offender registration requirement in any state? Yes No
8. 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
			Week	Bi-Week	Month	Year
			Week	Bi-Week	Month	Year
			Week	Bi-Week	Month	Year
			Week	Bi-Week	Month	Year
			Week	Bi-Week	Month	Year
			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 policies? 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

D. HOUSING INFORMATION

List Addresses for each Adult Household Member for the Last Five Years in Reverse Order:

(1) Address: _____ Apt.: _____ Dates: from _____ to _____
 City/Town: _____ State: _____ Zip Code: _____
 Name of Landlord: _____ Telephone: () _____
 Landlord Address: _____ City: _____ State: _____ Zip: _____

Did this landlord bring any court action against you? (Circle one) **YES** **NO**



(2) Address: _____ Apt.: _____ Dates: from _____ to _____
City/Town: _____ State: _____ Zip Code: _____
Name of Landlord: _____ Telephone: () _____
Landlord Address: _____ City: _____ State: _____ Zip: _____
Did this landlord bring any court action against you? (Circle one) **YES** **NO**

(3) Address: _____ Apt.: _____ Dates: from _____ to _____
City/Town: _____ State: _____ Zip Code: _____
Name of Landlord: _____ Telephone: () _____
Landlord Address: _____ City: _____ State: _____ Zip: _____
Did this landlord bring any court action against you? (Circle one) **YES** **NO**

E. **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 CHOICE Inc. 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 CHOICE Inc. and RCAP Solutions.

I understand that I must respond promptly to all CHOICE Inc. 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 CHOICE Inc.'s selection criteria. CHOICE Inc. will screen each application in conjunction with RCAP Solutions and 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, CHOICE Inc. and RCAP Solutions will request additional information from me to determine my eligibility.

I authorize the CHOICE Inc. 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 adult applicants, 18 or older, must sign application.

Signature of Head of Household	_____	Date	_____
Other Adult	_____	Date	_____
Other Adult	_____	Date	_____
Other Adult	_____	Date	_____

Please note:

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

30% Income Limits for participation are as follows:

One Person:	\$ 24,600	Two People:	\$ 28,110
Three People	\$ 31,620	Four People	\$ 35,100



THE ELMS

The Elms is an all-affordable rental development consisting of one and two bedroom apartments. Some of the one and two bedroom apartments are designed for people needing accessible units.

Unit features include fully-applianced kitchens with refrigerator, stove, kitchen cabinetry, solid surface counter and island tops, bathroom ceramic tile flooring and bath surround. There is a laundry room on site and ample parking.

The MRVP program at The Elms is administered by RCAP Solutions at 12 East Worcester Street Worcester, MA 01604. There are three (3) MRVP-based units in this complex: one 1-bedroom unit and two 2-bedroom units. Each program participant will be required to pay 30% of gross income towards the rent.

Current 2018 rents for the project based units at The Elms are as follows:

Bedroom Size	# of Units	Rent	Approx. Sq. Ft.
1	1	\$1293.00	734
2	2	\$1678.00	853-866

Heat and Electricity are included in the rent of the MRVP-assisted units.
Landlord requires a security deposit equal to one month's contract rent.

