



# Chelmsford Housing Authority

10 Wilson Street, Chelmsford, Massachusetts 01824 –3160  
Phone: (978) 256-7425 x5 Fax: (978) 256-7098

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

**APPLICATION FOR SECTION 8 PROJECT BASED ASSISTANCE**  
**ALL UNITS ARE ONE BEDROOM \* maximum occupancy 2 people**  
**235 Littleton Road, Chelmsford, MA 01824**

**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: \_\_\_\_\_

## PART B: INFORMATION ABOUT MEMBERS OF THE HOUSEHOLD

List all persons age 18 or older (head/spouse/co-head regardless of age) 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.						

## CHILDREN 17 AND YOUNGER

List all children who will be living in the home, oldest to youngest

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.						

Are you currently living or working in Chelmsford? Yes/ No **If Yes, Provide proof**

Are you being displaced from public action? Yes/No



**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. 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? \_\_\_\_\_

3. 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)

4. Do you require a first floor unit as these units do not have elevator and has stairs

Yes  No      (If yes, you must provide a letter from a medical practitioner that someone in your household requires a first floor unit.)

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)

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**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

1. 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

Explain any "Yes" answers on next page.



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 adult applicants, 18 or older, must sign application.**

Signature of Head of Household \_\_\_\_\_ Date \_\_\_\_\_  
Other adult \_\_\_\_\_ 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:           \$ 44,250           Two People:           \$ 50,550

