



# Chelmsford Housing Authority

10 Wilson Street, Chelmsford, Massachusetts 01824 -3160

Phone: (978) 256-7425 x12 Fax: (978) 256-7098

## APPLICATION FOR SECTION 8 PROJECT BASED ASSISTANCE at THE CHOICE\* Center

19 Sheila Ave, North Chelmsford, MA 01863

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: \_\_\_\_\_

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 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.						
3.						
4.						

#### 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 your spouse, currently living or working in Chelmsford? .....  Yes  No



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. Do you require a first floor unit? (complex has an elevator) .....  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)
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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

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



**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 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.**

**Income limits for participation are as follows:**

One Person:	\$ 44,250	Two People	\$50,550
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## THE CHOICE\* CENTER

\*Choice Housing Opportunities for Intergenerational and Community Endeavors, Inc., a non-profit organization of the Chelmsford Housing Authority.

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The CHOICE Center is an affordable rental housing development for elders aged 62 years or older. This development consists of 37 units: 32 one-bedroom units and five two-bedroom units and is administered by CHOICE, a non-profit organization of the Chelmsford Housing Authority.

The two-bedroom units recognize the changing definition of senior housing. For example, this may be elderly parents caring for a disabled adult child, 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.

The CHOICE Center is located on an existing campus, which contains both state and federal housing programs. It is also close to the Chelmsford Senior Center.

Available services on this campus include:

- |                                       |                                    |
|---------------------------------------|------------------------------------|
| 24-hour on-call emergency care        | free prescription delivery service |
| vendor-contracted homemaking services | foot care clinic                   |
| on-site service coordinator           | full service beauty salon          |
|                                       | brown bag food program             |

The Section 8 Project-Based program is administered by the Leased Housing Department of Chelmsford Housing Authority. There are thirteen (13) Section 8 Project-based units in this complex: eleven 1-bedroom units and two 2-bedroom units.

- Each program participant will be required to pay 30% of gross income towards the rent.
- All utilities are included.
- Landlord requires a security deposit equal to one month's rent.

Bedroom Size	# of Units		Approx. Sq. Ft.
1	11		658
2	2		872

