



Chelmsford Housing Authority

10 Wilson Street, Chelmsford, Massachusetts 01824 –3160

Phone: (978) 256-7425 x 5 Fax: (978) 256-7098

APPLICATION FOR PROJECT BASED ASSISTANCE at The Elms-Harvard

105 Stow Road Harvard, MA 01451

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

1 & 2 bedroom units

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 adults and children (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.

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. 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 Harvard? Yes No **If Yes, provide proof**
3. Are you being displaced from public action? Yes No
4. 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? _____
5. 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)
6. Do you require a first floor unit if 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.)
7. 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)
-
8. Are you, or any member of your household, subject to a lifetime registered sex offender registration requirement in any state? Yes No
9. 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
			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? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Bonds? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Real property (land)? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Trust Funds? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Pensions? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Individual retirement accounts? ... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Inheritances? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Life insurance policies? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Any other type of capital investment? | <input type="checkbox"/> Yes <input type="checkbox"/> 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 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.

Income Limits for participation are as follows:

One Person:	\$ 45,850	Two People:	\$ 52,400
Three People:	\$ 58,950	Four People:	\$ 65,500

THE ELMS-HARVARD

The Elms is a nine-unit subsidized rental development that will consist of six 1-bedroom units (1 unit MRVP) and three 2-bedroom units (2 units MRVP). The average square footage of the 1-bedroom units is 703 sq. ft. and the 2-bedroom units is 860 sq. ft.; both feature a kitchen, living room, and full bath. The affordable rents are being set based upon the 2021 Eastern Worcester County HUD Metro FMR area median income (AMI) limits to households earning no more than 50% or 30% of AMI. Heat and Hot Water will be included in the rent, therefore there is an allowance for electric utilities (unit electric, cooking and A/C). Tenant share of rent for the PBS8 units will be no more than 30% of their income.

Contract rent is subject to change

Bedroom Size	# of Units	Approx. Sq. Ft.
1	5	703
2	1	860

The Elms does not discriminate based on race, color, national origin, religion, sex, genetic information, gender identity, familial status, sexual orientation or handicap (disability). Disabled persons are entitled to request a reasonable accommodation of rules, policies, practices or services, or to request a reasonable modification of the housing, when such accommodations or modifications are necessary to afford the disabled person equal opportunity to use and enjoy the housing.

Persons with disabilities who may require a reasonable accommodation in obtaining or completing an application may call the CHA to make special arrangements. The CHA uses Mass Relay to communicate with applicants who may be speech or hearing impaired. The Mass Relay number is 1-800-439-2370 for TTY and 1-800-439-0183 for voice.

