



Chelmsford Housing Authority

10 Wilson Street, Chelmsford, Massachusetts 01824 –3160

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

APPLICATION FOR SECTION 8 PROJECT BASED ASSISTANCE at VILLAGE AT MYSTERY SPRINGS 65-67 Tadmuck Rd, Westford, MA 01886

Completed application should be submitted to: 10 Wilson St. Chelmsford MA 01824

Please note this application has two (2) preferences for selection from the waiting list:

- Institutionalization** - An applicant at risk of being placed in a long-term care facility or currently a resident of a long-term care facility will receive two (2) priority points. At-Risk applicants will be reviewed and approved by in-house Social Workers prior to assignment of priority points.
- Homelessness** - An applicant that is at risk of being homeless or is currently homeless will receive two (2) priority points. Homeless applicants will be reviewed and approved by in-house Social Workers prior to assignment of priority points.

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 (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.

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.						



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 Westford? Yes No
3. Are you being displaced from 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 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.)
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: PREFERENCES

1. Are you at risk of being placed in a long-term care facility or currently residing in a long term care facility? (Circle one) **YES NO**
2. Are you homeless, lacking a fixed, regular, and adequate night-time residence, or fleeing, or attempting to flee, domestic violence? (Circle one) **YES NO (If you believe you meet this definition please request a Certification of Homelessness form.)**

If you answer yes to either of these questions , documentation and additional screening will be required in order to qualify for these preferences.

PART D: 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. (Earned and unearned)

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



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

Please note:

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

Income Limits for participation are as follows:

One Person: \$ 39,550 Two People: \$ 45,200

VILLAGE AT MYSTERY SPRINGS

This development serves over 36 low income seniors and has an on-site Supportive Services Coordinator. The coordinator works collaboratively with Elder Services of the Merrimack Valley and community agencies to provide assistance to those residents in need. The Westford Council on Aging provides transportation through its Road Runner service and offers numerous programs for seniors at the Westford Senior Center. The development houses a full service hair salon and its location is within close proximity of shopping, restaurants and medical facilities. This is a 62-and-over development with one & two bedroom apartments. Each apartment is allocated one parking spot.

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.

