

Richard P. O'Neil Housing for Veterans

CHOICE Veterans' Housing
9 Manahan St.
Chelmsford, MA 01824

The Richard P. O'Neil Housing for Veterans in Chelmsford, a smoke-free and sober community, features eight fully furnished studio apartments designed and intended exclusively for one-person households. Each apartment has a small kitchen area -- equipped with a refrigerator, cooktop and sink -- and a private bathroom. The building itself has a large common gathering area, kitchen, laundry room and tenant storage. There is also on-site parking, bike storage and video security. All utilities are included in the rent and a floor plan is attached at the end of this application.

The MAXIMUM Household Income Limit of \$44,250 (1 person) is based upon
50% of median income for the Lowell Area:

# of Units	# of Bedrooms	# of Bathrooms	Approximate Size	Gross Rent*
8 <i>(1 of the 8 units is Disabled-Accessible)</i>	Studio	1	275 sq. ft.	\$1077

*As each unit comes with a Section 8 Project Based Subsidy, each tenant will have his or her rent determined by the Section 8 Program. This rent is subject to change when HUD publishes its annual rents and income limits. All utilities are included; tenants will be responsible for paying their cable, telephone and Internet.

Section 1

The Program Application and Definitions

Applicant's Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Work Phone: (_____) _____ Employer: _____

Date of Birth: _____ Social Security# _____

Email address: _____@_____

Please answer ALL of the following questions:

Are you currently a full-time student?

Yes No

Are you currently going through a separation or divorce? (If a separation/divorce has been finalized, answer "no.")

Yes No

Does anyone who will be living in the home own a pet(s)? (Dogs are not allowed.)

Yes No

If yes, what type? _____

Have you 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.)

Do you have a history of U.S. military service?

Yes No

If yes, please explain.

Are you currently receiving housing stabilization services from a veterans' service provider?

Yes No

If yes, please provide the name of the agency. _____



PREFERENCE INFORMATION:

The following are the preferences attached to this project. Applicants who qualify for these preferences will be ranked higher than those that do not.

“Veteran” shall mean having served or currently serving in the U.S. Armed Services or Coast Guard.

Has any member of your household served in the US Armed Forces or Coast Guard or is currently serving in the US Armed Services or Coast Guard? If yes, please attach DD214 or verification of active service.

- Yes
- No

“Local Resident” shall mean any individual whose permanent principal residence, where he or she normally eats, sleeps and maintains his or her normal personal and household effects, is in the Town of Chelmsford or that he or she is currently employed in the Town of Chelmsford.

Are you seeking preference a local preference?

- Yes
- No

If yes, you must attach proof of residency – copy of two (2) utility bills from each utility company in your name dated within the last 60 days; e.g., (1) electric, (1) oil, (1) gas, or (1) telephone landline (**not cell phone**).

If you work in Chelmsford, you must attach letter from your employer and a copy of three pay stubs.

If utility bills cannot be provided, the following documentation must be provided: current signed lease **AND** proof of voter registration from the Town of Chelmsford or proof of automobile insurance (showing the address where the car is garaged).

“Handicap Household” shall mean applicant disabled and in need of an accessible unit.

Adaptable units are available to persons with mobility, hearing, or vision impairments that substantially limit one or more major life activities. This shall include but not be limited to those who have the inability to walk, have difficulty walking, hearing difficulties, lack of coordination, and/or experience difficulty interpreting and reacting to sensory data.

Do you need an accessible unit?

- Yes
- No

Are you currently homeless? If yes, please explain and provide documentation

- Yes _____
- No



INCOME: "HOUSEHOLD INCOME" DEFINED

Please complete the Income Table on the following page.

You do NOT need to supply any income documentation with this application. However, prior to applying for a lease, household will be required to submit supporting documentation (no more than 60 days old) for all sources of income in the form of the two most recent consecutive pay stubs and/or income statements for all sources of income, W-2 statements and the two most recent state and federal income annual tax returns (including all attachments and amendments).

The CHA reserves the right to **request additional** information at any point in the Income Certification process. Income Information can include but is not limited to the source of income and the estimated current annualized gross amounts of income, from any source, both taxable and non-taxable income, such as:

- Wages, salaries, tips, overtime, bonuses, commissions, fees, credits, sick pay, deferred income, and any other compensation received for personal services;
- Dividends, interest, annuities, pensions, IRA or other retirement accounts distributions, social security benefits;
- Income received from: trusts, business activities including partnership income and Schedule K-1 information, corporate distributions, rental or lease income, investments, and any other income or gains from any asset;
- Alimony, support payments, disability payments, workers and unemployment compensation, public assistance, etc.
- All assets.

Please note:

1. Gross income from current wages, salaries, tips, etc. is the full amount, before any deductions, and is the amount used to determine estimated current annualized income. The CHA does not use income as reported on your W-2 to determine *estimated current annualized income*.
2. Full-time students over the age of 18 are ***not*** eligible to lease as a tenant ***unless*** they are a co-applicant with a related, non-full-time student. The CHA's determination of full-time student status will be final.
3. If you are ***substantially*** below the income limit, the CHA reserves the right to request additional documentation to determine your ability to lease the unit.



INCOME

Household Member Name	Source of Income	Current GROSS Monthly Income
	Employer (name)	
	Employer (name)	
	Employer (name)	
	Self-Employed (source name)	
	Self-Employed (source name)	
	Self-Employed (source name)	
	Child Support/Alimony	
	Social Security Income	
	SSDI	
	Pension (list source)	
	Pension (list source)	
	Retirement Funds	
	Unemployment Compensation	
	Worker's Compensation	
	Severance Pay	
	Title IV/TANF	
	Full-Time Student Income	
	Interest Income (source)	
	Interest Income (source)	
	Interest Income (source)	
	Interest Income (source)	
	Other Income (name/source)	
	Other Income name/source)	



HOUSEHOLD ASSETS:

Please complete the chart on the next page. You do NOT need to supply any asset documentation with this application. However, prior to applying for a lease, household will be required to submit supporting documentation (no more than 60 days old) for all assets held by each household member over the age of 18. Assets include but are not limited to the following: Checking or savings accounts, CDs, money market accounts, Treasury bills, stocks, bonds, securities, trust funds, gifts, pensions, IRAs, Keoghs, other retirement accounts, real estate, rental property, other real estate holdings, all property held as an investment, and safe deposit box contents (include the value). All accounts must include complete statements with all pages, and list dividend and interest information if applicable.

***Disclosure: If it is determined that all of an applicant’s assets were not disclosed at the time of application, an applicant can be denied approval.**

***An applicant or household currently residing in an affordable unit who is not in compliance with the affordable unit requirements or income/asset limit for such affordable unit may not be eligible as an applicant for a different affordable unit. The Authority reserves the right to deny approval of such applicant or household.**

ASSETS

If a section doesn’t apply, cross out or write N/A. Prior to applying for a lease, you will be directed to submit detailed bank/balance statements for EVERY ASSET listed here.

	Name on Account	Bank	Amount	
Checking Accounts			Balance \$	
			Balance \$	
			Balance \$	
			Balance \$	
Savings Accounts			Balance \$	
			Balance \$	
			Balance \$	
			Balance \$	
Trust Account			Balance \$	
Certificates (or CDs)			Balance \$	
			Balance \$	
			Balance \$	
			Balance \$	
Savings Bonds	Maturity Date:		Value \$	
	Maturity Date:		Value \$	
401k, IRA, Retirement Accounts (Net Cash Value)	Company Name:		Value \$	
	Company Name:		Value \$	
	Company Name:		Value \$	
	Company Name:		Value \$	
Mutual Funds	Name:	# of Shares:	Interest/Dividends	Value
			\$	\$
			\$	\$
			\$	\$



Stocks			\$	\$
			\$	\$
			\$	\$
Bonds			\$	\$
			\$	\$
Investment Property			Appraised Value \$	

REAL ESTATE

Do you own any property or have you owned property in the past 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you entitled to receive any amount of money from the sale of any property? (currently or thru an upcoming court settlement)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes to either question, type of property:</i>	
Location of property:	\$
Appraised Market Value:	\$



You must now read, sign and date the next section.

- If you are applying for local resident preference, you must also attach the documentation as described by the question on the bottom of page 4.
- If you are applying for veteran's preference, you must also provide a copy of your DD214.



Please read each item below carefully before you sign.

1. I hereby certify that the information provided in this preliminary application is true and complete to the best of my knowledge.
2. I understand that this is a preliminary application and the information provided **does not** guarantee housing. Additional information and verifications will be necessary to complete the income certification process, which will take place if I am offered a unit that I find acceptable.
3. I understand that any material change in the income or assets of my household that occurs after the submission of this application may make me ineligible for affordable housing.
4. I understand that co-signers and guarantors **are not** permitted.
5. I understand that approval from any source other than the CHA **does not guarantee** CHA income certification approval.
6. I understand that I may submit only one application per household
7. I understand that it is my responsibility to inform the Chelmsford Housing Authority in writing of any change of address, income or household composition
8. I understand that I must abide by the House Rules regarding the smoke-free and sober-housing requirements of the Richard P. O'Neil Housing for Veterans.
9. I understand that I cannot permit anyone to move into my unit as the units are restricted to single occupancy.
10. I understand that I must respond promptly to all Chelmsford Housing Authority inquiries or my application may be cancelled.
11. I understand I must pay a security deposit for this apartment prior to occupancy.
12. 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.
13. 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 eligibility.
14. 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.
15. 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.
16. 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.



17. I understand that failure to provide requested documentation or complete obligations by given deadlines will result in the removal of my application from further consideration.
18. I understand that a lease application must be completed within five days of being approved for tenancy.
19. I understand that I will be expected to sign a lease and move into the affordable unit I have selected within 30 days of being notified of my eligibility.
20. I acknowledge that if my email address is provided in this application, the CHA will correspond with me by email instead of through the U.S. Postal Service unless I make a written request otherwise.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY. IF YOU HAVE FALSIFIED ANY PART OF THE APPLICATION, IT WILL BE DEEMED INELIGIBLE.

Applicant's Signature

Date

Race: (OPTIONAL)

Information will be used to determine effectiveness of affirmative outreach and compliance with fair housing programs. Response is **strictly voluntary** and will not affect your application.

- American Indian/Alaskan Native
- Asian or Pacific Islander
- Hispanic
- Black (not of Hispanic origin)
- White (not of Hispanic origin)
- _____

The information provided in this document is intended for **confidential purposes** used only for internal verification and confirmation and is exempt from public disclosure to the fullest extent permitted by 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.

This Section Is Office Use Only

Property Manager's Name:

Property Manager's Signature

Date



Richard P. O'Neil Housing for Veterans Floor Plan

