



CONNIE DONAHUE-COMTOIS
Executive Director

CHERYL SKALTSAS
Site Manager

Dear Applicant,

Thank you for your interest in **The Richardson**, an affordable rental development managed by CHOICE Inc., a non-profit organization of the Chelmsford Housing Authority, for individuals age 55 years or older. The development is located at 86 Richardson Rd. North Chelmsford, MA 01863. This recently modernized and renovated development consists of sixteen (16) one bedroom units of which eight (8) units are unsubsidized.

~ **PLEASE NOTE: THE RICHARDSON IS AN ENTIRELY NON-SMOKING BUILDING**

This application is for **UNSUBSIDIZED** (unassisted) affordable rental units. Tenants pay the full contract rent. Section 8 Vouchers are welcome. Tenant is responsible for electricity and heat. (The hot water utility is included in the rent.)

Income requirements (based on 2022 income limits and subject to change) are as follows:

Household Size	One	Two
<i>Income Limit 60%</i>	\$53,100	\$60,660

Full Rent Amount:

<i>Bedroom Size</i>	<i>Rent*</i>
1	\$1223

+ This is the gross amount of rent to be paid by tenant, unless you have a Section 8 Voucher or other housing subsidy.

PLEASE NOTE: In order to qualify for an **unsubsidized** unit you will need to provide documentation verifying that your annual gross income is **no less than** \$42,660.00 unless you can provide documentation of guaranteed assets equivalent to two years of unsubsidized rent payments (\$29,352.00 for one-bedroom).

1. APPLICANT REQUIREMENTS FOR WAITING LIST PROCESSING:

- The entire household must be **55 years of age or older**.
- The entire household's income must be below the maximum allowable.
- The household must be of appropriate size.

2. A. SUPPORTING DOCUMENTATION:

- Proof of Age:** (e.g., photocopy of Birth Certificate, Valid Passport, Baptismal Record, Military Discharge Papers, etc.)
- Photo Identification:** (photocopy of license, passport, etc.)
- Social Security Number Documentation:** All family members must provide a social card or another form of verification that contains their SSN (e.g., driver's license **with** SSN; identification issued by a federal, state or local agency, etc.).
- Documentation from Physician:** If you require a **wheelchair accessible apartment** or a reasonable accommodation, documentation from your physician will be required.

B. INCOME VERIFICATION

- Wages:** Number of hours per regular work week and pay rate per hour from your present employer (last twelve (12) consecutive pay stubs or letter from employer on letterhead verifying gross amount per week for last twelve (12) weeks). If seasonal, please attach a copy of current W-2 or 1099 form.
- Social Security:** Letter from Social Security (SS), Supplemental Security Income (SSI). Letter must be **less than 120 days old** verifying amount received per month. You can go online and get this document yourself by going to www.ssa.gov. This will get you to the Social Security Online screen, click on **“Already Receiving Benefits”**, and then click on **“Get Proof of Income Letter”** on the right hand side of the screen. They will walk you through a series of questions and you should then receive the letter in approximately 10 days. Or you can call **1-800-772-1213** for a copy.
- Pensions, Annuity, Retirement:** Letter regarding VA Pension, or other Retirement/Pension benefits. Letter must be **less than one (1) month old** verifying gross amount received per month.
- AFDC/EAEDC:** Letter stating amount received, dated **less than one (1) month old**.
- Separate Support:** Proof of Separated Support payments being received. (Court order showing amount awarded, accompanied by copies of payment checks).
- Proof of Unemployment Benefits:** Current statement from employment office and copy of check stubs.
- Periodic Payments:** Proof of payments received from people not living in the household (i.e. alimony, business income, regular contributions or monetary gifts).

C. ASSETS VERIFICATION

- Proof of total amount of Assets:
 - Savings Accounts:** Copy of recent statement or copy of last 3 pages of Savings Account Book (include current interest rate). One page must show name and account number and name of bank. *Savings account ending balance must be less than one (1) month old.*
 - Checking Account:** Copies of the **past six months statements**.
 - Current value of stocks, bonds or other securities** (include interest rate, dividends, and 1099 forms).
 - Current value of Certificate of Deposits, Money Markets, or Treasury Bills** (include current interest rate)
 - Current value of real estate, land contracts or other real estate holdings** (this includes mobile home, vacant land, vacation home, etc.).

THE RICHARDSON

PRELIMINARY AFFORDABLE HOUSING APPLICATION FOR APPLICANTS AGED 55 YEARS OR OLDER

APPLICATION FOR UNSUBSIDIZED HOUSING

Unsubsidized Unit (unassisted- tenant pays the full contract rent)

Household Size	One	Two
Income Limit	\$53,100	\$60,660

I. GENERAL INFORMATION

Name of Applicant (Member #1): _____

Address of Current Residence: _____ Apt. No.: _____

City/Town: _____ State: _____ Zip Code: _____

Mailing Address: _____ Apt. No.: _____

City/Town: _____ State: _____ Zip Code: _____

Home Telephone _____ Work/Cell Phone _____

II. INFORMATION ABOUT MEMBERS OF THE HOUSEHOLD

A. Members of household to live in unit, including Head of Household:

Member Number	Name: First, Middle, Last	Relationship	Sex M/F	Social Security Number *	Date of Birth	Occupation (Employed, F-Time Student, Handicapped, Other)	Race/Ethnicity **
1		HEAD					
2							

**This information will be used to verify income, assets, and criminal information.
(Responding to the question of Race and Ethnicity is optional)*

**** Race and ethnicity: Please mark all that apply in the above box: (A) Alaskan Native or Native American (B) Black or African Am. (C) Hispanic or Latino (D) White (not of Hispanic Origin) (E) Other (please specify) (F) Asian (Please specify): (F1) Asian Indian, (F2) Chinese, (F3) Filipino, (F4) Japanese, (F5) Vietnamese, (F6) Other Asian. (G) Native Hawaiian or Pacific Islander (Please specify): (G1) Native Hawaiian, (G2) Guamanian or Chamorro, (G3) Samoan, (G4) Other Pacific Islander**

B. Household Member Questions. Please mark each answer either Yes or No.	Yes	No
Do you or any member of your household have any special needs due to a disability or need a reasonable accommodation such as a unit designed for the hearing or vision impaired? <i>If YES, please complete the attached Request for Reasonable Accommodation form (pg. 17).</i>		
Do you or any member of your household need a wheelchair accessible apartment? <i>If YES, please provide documentation indicating that you use a wheelchair, a walker or double canes.</i>		

Do you or any member of your household have any pets ? <i>If Yes, please provide how many, breed, & short description.</i>		
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C. Are you a **Board Member, employee, or a member of the immediate family** of an employee or a Board Member of the Chelmsford Housing Authority/CHOICE Inc.? (Circle one) **YES NO** *If so, this will not necessarily disqualify your application.*

- *If Yes, Please Explain:* _____

D. Criminal Record:

1. Have you, or any member of your household who will live in the unit, **been charged, arrested or convicted of a felony or misdemeanor**? (Circle one) **YES NO**

If YES, Please explain: _____

2. Do you, or any member of your household who will live in the unit, have any **criminal matters pending**? (Circle one) **YES NO**

If YES, Please explain: _____

3. Are you or any member of your household required to register as a sex offender under Massachusetts or any other state law? (Circle one) **YES NO**

If YES: List the name of the persons and the registration requirements (i.e. place where registration needs to be filed, length of time for which registration is required). _____

III. INCOME OF HOUSEHOLD MEMBERS

Estimate the anticipated **gross** monthly income (before deductions) for **ALL** Household Members, from **all** sources for the next 12 month period. ***If a question/category does not apply, do not leave it blank: Please write N/A or None.***

Gross Monthly Income		
Type of Income	Member #1	Member #2
<i>Please enter GROSS monthly amount.</i>		
Salaries, Wages, Including Overtime/Tips	\$	\$
Net Income From Business or Profession	\$	\$

Trust Income, Interest & Dividends	\$	\$
Pensions and Annuities	\$	\$
Unemployment or Disability Compensation	\$	\$
Regular Social Security Benefits and/or SSI	\$	\$
VA Disability Income	\$	\$
Public Assistance	\$	\$
Regular Alimony Support Payments, Gifts	\$	\$
Other Income: Family Contributions, Rental Income, Financial Settlements, Lottery (periodic)	\$	\$
TOTAL	\$	\$

IV. ASSETS OF HOUSEHOLD MEMBERS

- Do you or any member of your household own any real estate? (Circle one) **YES NO**
If YES, please provide the address: _____
Current Value: _____ Source of Valuation: Appraisal Tax Bill Estimate
Does the property have a mortgage? (Circle one) **YES NO**
If YES, what is the current amount owed? _____
- Have you or any member of your household that is to live in the unit sold or given away any assets in the last five years? (i.e., Stocks, Bonds, Property, Cash, etc.) (Circle one) **YES NO**
Value when sold/given away: _____ Date of transaction: _____

Please list below the assets of all household members living in the unit. (Bank Accounts, Foreign bank accounts, Stocks, Pensions, Inheritances, Bonds, Trust Funds, Individual retirement accounts, Life insurance policies, Any other capital investment, etc.). *If your assets are too numerous, use extra blank spaces or list on a separate piece of paper.* If a question/category does not apply, do not leave it blank. Please write N/A or None.

Member Number	Asset Type (checking, savings, etc.)	Name of Financial Institution	Account Number	Cash Value	Asset Value or Current Balance
1				\$	\$
				\$	\$
				\$	\$
2				\$	\$
				\$	\$
				\$	\$

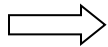
APPLICANT'S CERTIFICATION:

I understand that this application is not an offer of housing. I understand that the Richardson Road Senior Housing managed by the CHOICE Inc. will make no more than one offer of an appropriate housing unit. If I do not accept that offer, my application will be removed from the respective waiting list.

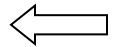
Based on this application I understand I should not make any plans to move or end my present tenancy until I have received a written **Unit Offer** from CHOICE Inc. **I understand that it is my responsibility to inform the Management in writing of any change of address, income, or household composition. I understand that these changes may affect my eligibility of housing benefits. I acknowledge the right of this agency to adjust my position on the wait list based upon these changes.**

I understand that the information that I have provided in this application may be independently verified for the purpose of determining eligibility. I certify that the information I have given in this application is true and correct. I understand that any false statements or misrepresentation are punishable by law and may result in the denial of my application or termination of tenancy after occupancy. I understand that the CHOICE Inc. will request Criminal Offender Record Information from the Criminal History Systems Board and perform credit checks and internet searches for all adult members of the household.

I acknowledge receipt of the Fair Information Practices Act Statement of Rights for all adult members of the household.



I understand The Richardson is an entirely smoke-free building.



SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY.

SIGNATURE: EVERYONE OVER THE AGE OF 18 MUST SIGN BELOW

WARNING: Title 18, Section 1001 of the U.S. Code States that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

Signature (Head of Household)

Date

Signature (Co-Head)

Date

Your completed application can be mailed or faxed to:

**CHOICE Inc.
10 Wilson Street
Chelmsford, MA 01824
FAX: (978) 256-1895**

TEL 978-256-7425 TTY (800) 439-0183 TDD (800) 439-2370

(Please Note: All faxed applications must be followed with receipt of original to this office.)

**If you have questions regarding The Richardson, please contact
CHOICE Inc. office at (978) 256-7425.**

****Maximum Income Limits and Contract Rents are subject to change.***

****Incomplete applications will not be processed****

FAIR INFORMATION ACT – STATEMENT OF RIGHTS

CHOICE Inc. collects information about applicants and tenants for their housing programs as required by law in order to determine eligibility, amount of rent, and correct apartment size. The information collected is used to manage the housing programs, to protect the public's financial interest, and to verify the accuracy of information submitted. Where permitted by law, it may be released to government agencies, other housing authorities, and to civil or criminal investigators and prosecutors. Otherwise, the information will be kept confidential and only used by housing authority staff in the course of their duties.

The Fair Information Practices Act established requirements governing housing authorities' use and disclosure of the information it collects. Applicants and tenants may give or withhold their permission when requested by the housing authority to provide information. However, failure to permit the housing authority to obtain the required information may result in delay, ineligibility for programs, or termination of tenancy or housing subsidy. The provision of false or incomplete information is a criminal offense punishable by fines and/or imprisonment.

As an applicant or tenant, you have the following rights in regards to the information collected about you:

1. No information may be used for any purpose other than those described above without your consent.
2. No information may be disclosed to any person other than those described above without your consent. If we receive a legal order to release the information, we will notify you.
3. You or your authorized representative has a right to inspect and copy any information collected about you.
4. You may ask questions and receive answers from the housing authority about how we collect and use your information.
5. You may object to the collection, maintenance, dissemination, use, accuracy, completeness, or type of information we hold about you. If you object, we will investigate your objection and will either correct the problem or make your objection part of the file. If you are dissatisfied, you may appeal to the Executive Director who will notify you in writing of the decision and of your right to appeal to the Department of Housing and Community Development.

I have read and understand this Fair Information Practices Statement of Rights and have received a copy for future reference. This form must be signed, dated and mailed with your application to each authority where you apply for housing.

Signature (Head of Household)

Date

Signature (Co-Head)

Date

REQUEST FOR REASONABLE ACCOMMODATION

Control # _____

PLEASE CHECK ONE:

_____ **NO, I do not need to request accommodations at this time. (Please sign & date)**

_____ **YES, I am requesting accommodations at this time. (Complete form, sign & date)**

Applicant Name (Please Print): _____
Mailing Address: _____ Apt. No.: _____
City/Town: _____ State: _____ Zip Code: _____
Best Telephone Number to Reach Applicant: _____

Housing Authority Name: _____
Housing Authority Address: _____

To: Accommodation Coordinator

1. I have a disability which limits me in the following ways (describe):

2. On account of these limitations, I request the following be done in order to permit me to participate fully in the above housing program (describe):

3. Documentation verifying the existence of my disability, my limitations on account of it, and my need for accommodation is attached to this form. (Attach appropriate documentation)

I attest that the foregoing information is true and correct.

Signature

Date

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1. No information may be used for any purpose other than those described above without your consent.
2. No information may be disclosed to any person other than those described above without your consent. If we receive a legal order to release the information, we will notify you.
3. You or your authorized representative has a right to inspect and copy any information collected about you.
4. You may ask questions and receive answers from the housing authority about how we collect and use your information.
5. You may object to the collection, maintenance, dissemination, use, accuracy, completeness, or type of information we hold about you. If you object, we will investigate your objection and will either correct the problem or make your objection part of the file. If you are dissatisfied, you may appeal to the Executive Director who will notify you in writing of the decision and of your right to appeal to the Department of Housing and Community Development.

I have read and understand this Fair Information Practices Statement of Rights and have received a copy for future reference. This form must be signed, dated and mailed with your application to each authority where you apply for housing.

Signature (Head of Household)

Date

Signature

Date

APPLICANT COPY

