

# Chelmsford Housing Authority Project-Based Section 8 Preliminary Waitlist Application

## ELDERLY (age 62+) Waitlists

| Development Name                   | Location                         | Number of Units by BR Size |     |     |     |
|------------------------------------|----------------------------------|----------------------------|-----|-----|-----|
|                                    |                                  | Studio                     | 1BR | 2BR | 3BR |
| Westford Village at Mystery Spring | 67 Tadmuck Rd, Westford, MA      |                            | 36  |     |     |
| Shirley Meadows                    | 27 Hospital Rd, Devens, MA       |                            | 19  | 1   |     |
| The CHOICE Center                  | 19 Sheila Ave, N. Chelmsford, MA |                            | 11  | 2   |     |
| Roberta McGuire Senior Residences  | 2 Balsam Circle, Westford, MA    | 7                          |     |     |     |
| Oxford School Residences           | 347 Main ST, Fairhaven, MA       |                            | 4   |     |     |

## FAMILY Waitlists

| Development Name            | Location                         | Number of Units by BR Size |     |     |     |
|-----------------------------|----------------------------------|----------------------------|-----|-----|-----|
|                             |                                  | Studio                     | 1BR | 2BR | 3BR |
| Chelmsford Woods Residences | 267 Littleton Rd, Chelmsford, MA |                            | 4   | 9   | 1   |
| Littleton Road Apartments   | 235 Littleton Rd, Chelmsford, MA |                            | 3   |     |     |
| The Elms-Harvard            | 105 Stow Rd, Harvard, MA         |                            | 5   | 1   |     |

### MAXIMUM INCOME LIMITS BY HOUSEHOLD SIZE

| Set Aside Restriction | 1 Person | 2 Person | 3 Person | 4 Person | 5 Person | 6 Person | 7 Person | 8 Person |
|-----------------------|----------|----------|----------|----------|----------|----------|----------|----------|
| 30% AMI               | 26,550   | 30,350   | 34,150   | 37,900   | 40,950   | 44,000   | 47,000   | 50,050   |
| 50% AMI               | 44,250   | 50,550   | 56,850   | 63,150   | 68,250   | 73,300   | 78,350   | 83,400   |

The chart above shows the maximum income allowable for each household size in order to be admitted into the specified housing program. To be eligible for an apartment offer your income may not exceed the following amounts based on household size. Some of the developments listed on the Development Fact Sheet have a certain number of apartments where the household's income must be below 30% AMI or 50% AMI. These income limits are subject to change annually during the first half of each year.



## APPLICATION FOR SECTION 8 PROJECT BASED ASSISTANCE

Please submit the completed application to:  
Chelmsford Housing Authority, Attn: Section 8, 10 Wilson St. Chelmsford MA 01824

Waiting List Selection (check off your property selection(s) and unit size):

| Property Name & Location                     | Age Restricted | Studio | 1BR | 2BR | 3BR |
|--|----------------|--------|-----|-----|-----|
| Westford Village at Mystery Spring, Westford | 62+            |        |     |     |     |
| Shirley Meadows, Devens                      | 62+            |        |     |     |     |
| The CHOICE Center, N. Chelmsford             | 62+            |        |     |     |     |
| Roberta McGuire Senior Residences, Westford  | 62+            |        |     |     |     |
| Oxford School Residences, Fairhaven          | 62+            |        |     |     |     |
| Chelmsford Woods Residences, Chelmsford      | No             |        |     |     |     |
| Littleton Road Apartments, Chelmsford        | No             |        |     |     |     |
| The Elms-Harvard, Harvard                    | No             |        |     |     |     |

**PLEASE PRINT CLEARLY**

**PART A: GENERAL INFORMATION**

|  |  |        |  |                |  |
|--|--|--------|--|----------------|--|
| Head of Household Name:                                |  |        |  |                |  |
| Current Address:                                       |  |        |  |                |  |
| City:  |  | State: |  | Zip:           |  |
| Mailing Address: <i>(only if different from above)</i> |  |        |  |                |  |
| City:  |  | State: |  | Zip:           |  |
| Daytime Phone:   |  |        |  | Evening 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.

**HOUSEHOLD MEMBERS**

| NAME | Relation to Head | US Citizen Y/N | Disabled Y/N | Sex M/F | Date of Birth | Social Security / Alien Registration Number |
|------|------------------|----------------|--------------|---------|---------------|---|
| 1.   | <b>Head</b>      |                |              |         |               |   |
| 2.   |                  |                |              |         |               |   |
| 3.   |                  |                |              |         |               |   |
| 4.   |                  |                |              |         |               |   |
| 5.   |                  |                |              |         |               |   |
| 6.   |                  |                |              |         |               |   |

**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. Does any adult member, currently live or work in Chelmsford or Westford?       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. (Earned and Unearned)

| Family Member Name | Income Source/Employer Name | 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      Debit Card Account  Yes  No

*Please list all accounts*

| Family Member Name | Bank/Debit Card 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 |
| CashApp, Zelle, Venmo, PayPal (any other digital wallet or P2P apps) |                          |     |                          |    |                                | <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 and will be returned.**

