

Project-Based MRVP Waitlist Application

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



	Development Name	Location	Preference or Priority	Age Restricted	Number of Units by BR Size		
					1BR	2BR	3BR
	The Richardson	86 Richardson Rd, N. Chelmsford	N/A	55+	8	N/A	N/A
	Chelmsford Woods Residences	267 Littleton Rd, Chelmsford	N/A	No	1	1	3
	The Elms ¹	105 Stow Rd, Harvard	Homeless or At-Risk of	No	1	2	N/A

30% AMI MAXIMUM INCOME LIMITS BY HOUSEHOLD SIZE

Area	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Middlesex, Lowell	26,550	30,350	34,150	37,900	40,950	44,000	47,000	50,050
Eastern Worcester	27,550	31,450	35,400	39,300	42,450	45,600	48,750	51,900

50% AMI MAXIMUM INCOME LIMITS BY HOUSEHOLD SIZE

Area	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Middlesex, Lowell	44,250	50,550	56,850	63,150	68,250	73,300	78,350	83,400
Eastern Worcester	45,850	52,400	58,950	65,500	70,750	76,000	81,250	86,500

The charts above show the maximum income allowable for each household size in order to be considered eligible for the specified housing program. These income limits are subject to change annually.

PLEASE NOTE: ALL CHELMSFORD HOUSING AUTHORITY PROPERTIES ARE ENTIRELY SMOKE-FREE

¹ The Elms is located in Harvard, MA and as such is subject to use of the Eastern Worcester County Income Limits.

APPLICANT REQUIREMENTS FOR WAITING LIST PROCESSING:

- The entire household's income must be below the maximum allowable.
- The household must be of appropriate size.
- The entire household must meet the age restriction for The Richardson.

VITAL DOCUMENTATION: Where possible, all adult household members must provide one document from the categories A, B & C below:

A. Government Issued Photo Identification

- *Driver's license (any state and/or country)*
- *State ID card (any state)*
- *Passport (United States or foreign)*
- *Permanent resident immigration card*
- *U.S. military ID*
- *Foreign national ID card*
- *Blind Access, Senior CharlieCards, Transportation Access Pass, or any other MBTA transportation ID card that is government-issued and includes a photo of the holder*
- *Massachusetts Commission for the Blind Blindness Identification Card issued by the Massachusetts Commission for the Blind*

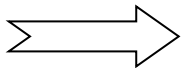
B. Verification of Date of Birth

- *Government Issued photo ID*
- *Photocopy of Birth Certificate*
- *Valid Passport*
- *Immigration Card*

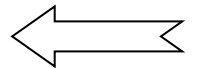
- C. Social Security Number Verification:** All family members must provide a Social Security card or another form of verification that contains their SSN (e.g., driver's license **with** SSN, identification issued by a federal, state, or local agency, etc.).

BEFORE YOU SUBMIT YOUR APPLICATION, MAKE SURE YOU HAVE:

- ✓ Completed all fields of the Application Packet
- ✓ Signed the Application Packet
- ✓ Gathered all supporting documentation specific to your application



Your completed application can be emailed, mailed or faxed to:



**The Chelmsford Housing Authority
10 Wilson Street
Chelmsford, MA 01824
FAX (978) 256-1895**

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

If you have questions, please contact the Chelmsford Housing Authority office at (978) 256-7425.



This box is for Office Use Only	
Date of Receipt:	_____
Time of Receipt:	_____
Control Number:	_____
Race and/or Ethnicity:	_____
Priority Category:	_____
Local Preference (LHAs Only):	_____
Voucher Size:	_____

Incomplete applications will not be processed. Please complete all information requested on the application. **If a question is not applicable, please write N/A.** **Make sure you sign the last page.** **If you need additional space to provide an answer, please attach an additional sheet(s).** **Once completed please mail or hand carry to the housing agencies at which you want to apply and are accepting applications.**

1. Name of Applicant: _____

Mailing Address: _____ Apt No: _____

City / Town: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

Email: _____

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

First & Last Name	Relationship to Head of Household	Date of Birth	Sex	Social Security Number	Racial Designation*	Ethnic Designation**
	Head					

Social security number will be used to verify income, assets, and criminal record information.

Responding to these questions is optional. Your status with respect to tenant selection procedures will NOT be affected by this information.

*Racial Designation: American Indian or Alaska Native; Asian; Black or African American; Native Hawaiian or Other Pacific Islander; White; Other (specify): _____

**Ethnic Designation: Hispanic/Latino or Not Hispanic/Latino

3. Do you understand spoken or written English? ☐ Yes ☐ No

Primary Spoken Language: _____

Primary Written Language: _____



4. **Homeless Priority:** If you want to apply for a Homeless Priority, you must first be considered homeless.
NOTE: MRVP's definition of homeless is NOT the same as those used by homeless shelters or Section 8.
 Residing in a homeless shelter will NOT automatically qualify you as a Homeless Priority applicant.

<p>"Homeless" is defined by state regulations as an applicant who is (you must be able to check <u>ALL</u> boxes):</p> <p><input type="checkbox"/> Without a place to live or who is in a living situation in which there is a significant, immediate and direct threat of life or safety that would be alleviated by placement in an appropriate unit;</p> <p><input type="checkbox"/> Who has not caused or substantially contributed to the situation;</p> <p><input type="checkbox"/> Who has made reasonable efforts to prevent or avoid the situation and to locate alternative housing; and</p> <p><input type="checkbox"/> Who is displaced or about to be displaced from his/her primary residence.</p>
<p>If you think you meet the definition of homeless, please select the category below that best describes your situation. Homelessness MUST be due to one of the categories below to qualify for Homeless Priority.</p> <p><input type="checkbox"/> Displaced by No-fault of Applicant (i.e. No-fault eviction)</p> <p><input type="checkbox"/> Displaced by Severe Medical Emergency</p> <p><input type="checkbox"/> Displaced by Domestic Violence</p> <p><input type="checkbox"/> Displaced by Natural Forces (i.e. Fire, Flood, Earthquake)</p> <p><input type="checkbox"/> Displaced by Public Action (i.e. Urban renewal, eminent domain)</p> <p><input type="checkbox"/> Displaced by Public Action (i.e. Condemnation of home)</p>

If you are applying for a Homeless Preference, you **MUST ATTACH VERIFICATION** of your situation to be eligible.

5. **Local Preference:** If you are applying at a Local Housing Authority, you may receive a local preference if you live, work, or have children attending school in the same city/town of the Local Housing Authority.
 Please answer the following and **provide appropriate verification**:

Do you currently reside in the same City/Town that the Local Housing Authority to which you are applying is located in? • If yes, please attach verification of your principle residence, such as a lease, utility bill, or state-issued photo ID.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently work in the same City/Town that the Local Housing Authority to which you are applying is located in? • If yes, please attach verification of your employment or offer of employment, such as a pay stub or employment offer letter.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently have a child who attends school in the same City/Town that the Local Housing Authority to which you are applying is located in? • If yes, please attach verification of your child's enrollment.	<input type="checkbox"/> Yes <input type="checkbox"/> No

6. Do you have any special needs due to a disability or need a reasonable accommodation? ☐ Yes ☐ No

Please Specify: _____

7. **Emergency Contact:** Name of a relative or friend NOT planning to live with you. We will contact this person if we are unable to reach you in case of an emergency.

Name: _____ Relationship: _____

Address: _____ Apt No: _____

City / Town: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

Email: _____



8. **Income Before Deductions:** Estimate the Gross Income anticipated for ALL household members from ALL sources for the next 12 months. Specify all sources.

Household Member Name		Name of Employer or Source of Income	Gross Income for Next 12 Months
	Salary & Wages, including Overtime & Tips		\$
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	Net Income from Business or Profession		\$
	Unemployment or Disability Compensation		\$
	TAFDC or Public Assistance		\$
	Regular Child Support & Alimony Payments		\$
	Social Security Benefits & SSI, including SSP		\$
	VA Disability Income		\$
	Pensions, Annuities, Dividends, and Interest		\$
	Other Income:		\$

Total Gross Income: \$ _____

9. **Assets:** List below the assets of everyone to live in the unit. Include **all** bank accounts, stocks and bonds, trusts, real estate, etc. **DO NOT** include clothing, furniture or cars. Use additional paper if necessary.

Household Member	Asset Type	Asset Value or Current Balance	Name of Financial Institution	Account No.
		\$		
		\$		
		\$		
		\$		

Do you own any real estate? ☐ Yes ☐ No If yes, please provide the address: _____

Have you sold, transferred or given away any real property or assets in the last three (3) years? ☐ Yes ☐ No If yes, provide date of sale / transfer: _____

Amount of the sale / transfer: \$ _____ Value of the sale / transfer: \$ _____

10. **Expenses:** Estimate the amount you will spend, if any, on the following categories over the next 12 months.

Un-reimbursed Medical Expenses:	\$ _____	Health Insurance:	\$ _____	Child Care:	\$ _____
Alimony or Child Support Payments:	\$ _____	Other (i.e. care of disabled household member or homemaking and travel expenses for disabled household member) \$ _____			



11. Have you, or any member of your household, ever received ☐ Yes ☐ No
housing assistance from this or any other housing agency?
If yes, Name of Head of
Household at that time: _____

Name of Housing Agency: _____

Date Moved Out: _____

Reason Moved Out: _____

Where you terminated for cause? ☐ Yes ☐ No Do you owe any money, back rent, ☐ Yes ☐ No
or damages to the housing agency?

If Yes to either above,
please explain: _____

12. Rental History

Do you owe any previous property owner money for damages or unpaid rent? ☐ Yes ☐ No
Have you ever been evicted from a rental unit for cause? ☐ Yes ☐ No
If Yes to either,
please explain: _____

13. Criminal Record

Have you or any member of your household <input type="checkbox"/> Yes ever been convicted of a drug or violent crime? <input type="checkbox"/> No	Do you or any member of your household <input type="checkbox"/> Yes have any criminal matters pending? <input type="checkbox"/> No
Do you or any member of your household have a lifetime requirement to register as a sex offender in the <input type="checkbox"/> Yes state of Massachusetts? <input type="checkbox"/> No	
If Yes to <u>ANY</u> , please explain: _____	

APPLICANT'S CERTIFICATION:

I understand that this application is not an offer of housing. Based on this application, I understand I should not make plans to move or end a present tenancy until I have been issued a voucher in writing under the Massachusetts Rental Voucher Program (MRVP) from an Administering Agency. Before an Administering Agency can offer me participation in the rental assistance program, I must provide them with written documentation that verifies my circumstances.

I understand that it is my responsibility to inform the Administering Agency in writing of any change of addresses, income, or household composition. I understand that if I do not respond to Housing Agency requests for information or updates my name will be removed from the waiting list.

I authorize the Administering Agency to make inquiries to verify the information I have provided in this application. I certify that the information I have given in this application is true and correct. I understand that any false statement or misrepresentation may result in the denial of my application. **I understand that the Administering Agency will request Criminal Offender Record Information from the Department of Criminal Justice Information Services and perform internet searches for all adult members of the household.**

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY; I understand that a photocopy of this application and a photocopy of this signature is as valid as the original.

Applicant's Signature: _____ **Date:** _____

Reviewer's Signature: _____ **Date:** _____

