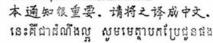
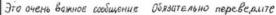


This is an important notice. Please have it translated. Este é um aviso importante. Queira mandá-lo traduzir. Este es un aviso importante. Sirvase mandario traducir. ĐÂY LÀ MỘT BẢN THÔNG CÁO QUAN TRONG XIN VUI LÒNG CHO DỊCH LẬI THÔNG CÁO ÂÝ Ceci est important. Veuillez faire traduire.







Unassisted Age-Restricted Application Senior (age 55+) and ELDERLY (age 62+) Waitlists

Development Name	Location Preference or Priority		Elevator (Y/N)	Age Restricted	Number of Units by BR Size	
Name			(1/14)	Restricted	1BR	2BR
The Richardson	86 Richardson Road, N. Chelmsford	N/A	Yes	Senior/55+	8	N/A
The CHOICE Center	19 Sheila Ave, N. Chelmsford	Local, Homeless or At Risk of Homelessness	Yes	Elderly/62+	11	3

2022 RENTS BY UNIT SIZE/DEVELOPMENT

2022 MINIMUM INCOME REQUIREMENTS

Development Name	1BR	2BR	1BR	2BR
The Richardson	\$1,223	N/A	\$36,690	N/A
The CHOICE Center	\$1,153	\$1,403	\$34,590	\$42,090

2022 MAXIMUM INCOME LIMITS BY HOUSEHOLD SIZE

Income Restriction	1 Person	2 Person	3 Person	4 Person
50% AMI	44,250	50,550	56,850	63,150
60% AMI	53,100	60,660	68,220	75,780

The charts above show the maximum income allowable for each household in order to be considered eligible for the specified housing program. To be eligible for an apartment offer, your income may not exceed the above-referenced amounts based on household size. Some of the developments listed above have a certain number of apartments where the household's income must be below 50% AMI or 60% AMI. These income limits are subject to change annually during the first half of each year.

1. APPLICANT REQUIREMENTS FOR WAITING LIST PROCESSING:

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

2. VITAL DOCUMENTATION:

- **Proof of Age** (e.g., photocopy of Birth Certificate, Valid Passport, Military Discharge Papers, etc.)
- Photo Identification (photocopy of license, passport, etc.)
- **Social Security Number Documentation:** <u>All</u> family members must provide a social security card or another form of verification that contains their SSN (e.g., identification issued by a federal, state or local agency, etc.).



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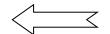
- **Proof of Chelmsford residency** (*if applicable*): Please provide three **current** proofs of residency if you <u>currently reside in Chelmsford</u> (*i.e. driver's license, utility bill, voter registration card*) or are <u>currently employed in the Town of Chelmsford</u> for at least 10 hours per week (*i.e. letter from employer on company letterhead, etc.*)
- **Documentation from Physician:** If you require a **wheelchair accessible apartment** or a reasonable accommodation, documentation from your physician will be required.

BEFORE YOU SUBMIT YOUR APPLICATION, MAKE SURE YOU HAVE THE FOLLOWING:

- ✓ 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.



FINAL: 11/01/22





APPLICATION FOR UNASSISTED AGE-RESTRICTED APARTMENTS

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

7	

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

Property Name & Location	Age Restricted	1BR	2BR
The Richardson, N. Chelmsford	55+		
The CHOICE Center, N. Chelmsford	62+		

PLEASE PRINT CLEARLY

Head of Household Name: Current Address: City: State: Zip: Mailing Address: (only if different from above) City: State: Zip: Daytime Phone: Evening Phone: Email: REASONABLE ACCOMMODATION Persons with disabilities are entitled to request a reasonable accommodation in rules, policies, practices, or servi or request a reasonable modification in the housing when such accommodations or modifications may be necess to afford persons with disabilities an equal opportunity to use and enjoy the housing. Does any member of the household have any accessibility or reasonable accommodation requests or changes in a unit or development or alternative ways we need to communicate with you? Yes No If yes, please explain in the space provided below or write a signed statement and attach it to the application.	PART A: G	ENERAL INFO	RMATION				
City: State: Zip: Mailing Address: (only if different from above) City: State: Zip: Daytime Phone: Evening Phone: Email: REASONABLE ACCOMMODATION Persons with disabilities are entitled to request a reasonable accommodation in rules, policies, practices, or servi or request a reasonable modification in the housing when such accommodations or modifications may be necess to afford persons with disabilities an equal opportunity to use and enjoy the housing. Does any member of the household have any accessibility or reasonable accommodation requests or changes in a unit or development or alternative ways we need to communicate with you? Yes No	Head of Househ	nold Name:					
Mailing Address: (only if different from above) City: State: Zip: Daytime Phone: Evening Phone: Email: REASONABLE ACCOMMODATION Persons with disabilities are entitled to request a reasonable accommodation in rules, policies, practices, or servi or request a reasonable modification in the housing when such accommodations or modifications may be necess to afford persons with disabilities an equal opportunity to use and enjoy the housing. Does any member of the household have any accessibility or reasonable accommodation requests or changes in a unit or development or alternative ways we need to communicate with you? Yes No	Current Addres	s:					
City: Daytime Phone: Email: REASONABLE ACCOMMODATION Persons with disabilities are entitled to request a reasonable accommodation in rules, policies, practices, or servior request a reasonable modification in the housing when such accommodations or modifications may be necess to afford persons with disabilities an equal opportunity to use and enjoy the housing. Does any member of the household have any accessibility or reasonable accommodation requests or changes in a unit or development or alternative ways we need to communicate with you? Yes No	City:			State:		Zip:	
Daytime Phone: Email: REASONABLE ACCOMMODATION Persons with disabilities are entitled to request a reasonable accommodation in rules, policies, practices, or servi or request a reasonable modification in the housing when such accommodations or modifications may be necess to afford persons with disabilities an equal opportunity to use and enjoy the housing. Does any member of the household have any accessibility or reasonable accommodation requests or changes in a unit or development or alternative ways we need to communicate with you? Yes No	Mailing Address	s: (only if diffe	erent from above)				
REASONABLE ACCOMMODATION Persons with disabilities are entitled to request a reasonable accommodation in rules, policies, practices, or servi or request a reasonable modification in the housing when such accommodations or modifications may be necess to afford persons with disabilities an equal opportunity to use and enjoy the housing. Does any member of the household have any accessibility or reasonable accommodation requests or changes in a unit or development or alternative ways we need to communicate with you? Yes No	City:			State:		Zip:	
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Persons with disabilities are entitled to request a reasonable accommodation in rules, policies, practices, or servi or request a reasonable modification in the housing when such accommodations or modifications may be necess to afford persons with disabilities an equal opportunity to use and enjoy the housing. Does any member of the household have any accessibility or reasonable accommodation requests or changes in a unit or development or alternative ways we need to communicate with you? Yes No	Email:						



response is strictly voluntary and will no			ie tile ellet	Liveness of an	ililiative outreach. A
Alaskan Native or Native American Black or African American Hispanic or Latino White (not of Hispanic Origin) Other (please specify)	Asian Asian India Chinese Filipino	Asian India Native Hawaiian Chinese Guamanian or Chamorro			
	Vietnamese Other Asian			acine isianaei	
List all adults and children (head/spot with the head of household. Each bot this form may live in the unit.	use/co-head reg	ardless of oleted for	age) who each mer	_	
NAME	Relation to Head	Disabled Y/N	Gender Identity	Date of Birth	SSN/ARN
1.	Head				
2.					
3.					
4.					
ANSWER THE FOLLOWING QUESTIONS AB 1. Does any adult member currently live 2. Are you homeless or at-risk of become	or work in Chelm	sford?		□ Yes □ No	
3. Do you require a wheelchair accessible a letter from a medical practitioner the					
4. Do you require a first-floor unit if an eletter from a medical practitioner that					
 Has any household member ever bee If yes, how many times? Please explain Attach a separate sheet if needed) 	•				
6. Are you, or any member of your hous any state?	· •	a lifetime	registered s	ex offender reg	sistration requirement in



PART C: INCOM	/IE & .	ASSETS	OF FA	MILY	MEMBER	S						
(Income includes mon	ey or c	ontributio	ns from	any and	<u>d all</u> sources	paid	l to or on beh	alf of a j	family	mem	ber.)	
. List the sources and a any and all sources. (money) e	expected for	the	coming 12 m	onths fo	r all fa	mily	membe	rs fron
Family Member Name		Income S	ource/l	Employe	r Name	\$ A	mount	Freque	ency—	(Circ	cle one)	
								Week	Bi-W	eek	Month	Year
								Week	Bi-W	eek	Month	Year
								Week	Ri_\\/	ook	Month	Vear
								Week	Bi-W	eek	Month	Year
								Week	Bi-W	eek	Month	Year
								Week	Bi-W	eek	Month	Year
								Week	Bi-W	eek	Month	Year
. Do you or any family	memb	er own or	have a	ccess to	anv of the f	ollov	ving?					
avings Account		Yes		No	Checkin		_			Yes		No
ertificate of Deposit		Yes		No	Debit C	ard A	ccount			Yes		No
tocks		Yes		No	Bonds					Yes		No
eal Property (land)		Yes		No	Trust Fu	ınds				Yes		No
ensions		Yes		No	Individu	al re	tirement acco	ounts		Yes		No
heritances		Yes		No	Life insu	ıranc	e policies			Yes		No
yes, please detail each a	isset ch	necked on	the foll	lowing p	age.							
amily Member Name		Туре	of Asse	t			Account I	Number			Valu	ıe
		1								1		



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.

