



## 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	
					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.

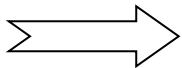
#### 2. VITAL DOCUMENTATION:

- **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:** All 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.).

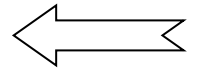
- **Proof of Chelmsford residency (if applicable):** Please provide three **current** proofs of residency if you currently reside in Chelmsford (i.e. *driver's license, utility bill, voter registration card*) or are currently employed in the Town of Chelmsford for at least 10 hours per week (i.e. *letter 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.**

## APPLICATION FOR UNASSISTED AGE-RESTRICTED APARTMENTS

Please submit the completed application to:

Chelmsford Housing Authority, 10 Wilson St., Chelmsford MA 01824

 **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**

### 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:					

### **REASONABLE ACCOMMODATION**

Persons with disabilities are entitled to request a reasonable accommodation in rules, policies, practices, or services, or request a reasonable modification in the housing when such accommodations or modifications may be necessary 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.

**MINORITY:** (OPTIONAL) This information will be used to determine the effectiveness of affirmative outreach. A response is strictly voluntary and will not affect your application.

<input type="checkbox"/>	Alaskan Native or Native American	<input type="checkbox"/>	Asian	<input type="checkbox"/>	Native Hawaiian or Pacific Islander
<input type="checkbox"/>	Black or African American	<input type="checkbox"/>	Asian India	<input type="checkbox"/>	Native Hawaiian
<input type="checkbox"/>	Hispanic or Latino	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Guamanian or Chamorro
<input type="checkbox"/>	White (not of Hispanic Origin)	<input type="checkbox"/>	Filipino	<input type="checkbox"/>	Samoan
<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>	Japanese	<input type="checkbox"/>	Other Pacific Islander
		<input type="checkbox"/>	Vietnamese		
		<input type="checkbox"/>	Other Asian		

## 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	Disabled Y/N	Gender Identity	Date of Birth	SSN/ARN
1.	Head				
2.					
3.					
4.					

ANSWER THE FOLLOWING QUESTIONS ABOUT ALL MEMBERS OF THE HOUSEHOLD:

- Does any adult member currently live or work in Chelmsford?..... ☐ Yes ☐ No (If yes, provide proof)
  - Are you homeless or at-risk of becoming homeless? ..... ☐ Yes ☐ No
  - 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)
  - 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.)
  - 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)
- 
- Are you, or any member of your household, subject to a lifetime registered sex offender registration requirement in any state? ..... ☐ Yes ☐ No

7. 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

2. Do you or any family member own or have access to any of the following?

Savings Account	<input type="checkbox"/> Yes <input type="checkbox"/> No	Checking Account	<input type="checkbox"/> Yes <input type="checkbox"/> No
Certificate of Deposit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Debit Card Account	<input type="checkbox"/> Yes <input type="checkbox"/> No
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

If yes, please detail each asset checked on the following page.

Family Member Name	Type of Asset	Account Number	Value

## APPLICANT CERTIFICATION