

Chelmsford Housing Authority Project-Based Section 8 Waitlist Application

ELDERLY (age 62+) Waitlists

Davidanment Name	Location	Number of Units by BR Size				
Development Name	Location	Studio	1BR	2BR		
Westford Village at Mystery Spring	67 Tadmuck Rd, Westford, MA	N/A	36	N/A		
Shirley Meadows	27 Hospital Rd, Devens, MA	N/A	19	1		
The CHOICE Center	19 Sheila Ave, N. Chelmsford, MA	N/A	22	2		
Roberta McGuire Senior Residences	2 Balsam Circle, Westford, MA	7	N/A	N/A		
North Village at Crystal Lake	20 Sheila Ave, N. Chelmsford, MA	N/A	50	N/A		
Helena Crocker Residences	60 Littleton Rd, Westford, MA	4	4	N/A		

FAMILY Waitlists

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

2023 MAXIMUM INCOME LIMITS BY HOUSEHOLD SIZE (Chelmsford/Westford area)

Income Restriction	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
30% AMI	27,800	31,800	35,750	39,700	42,900	46,100	49,250	52,450
50% AMI	46,350	53,000	59,600	66,200	71,500	76,800	82,100	87,400

2023 MAXIMUM INCOME LIMITS BY HOUSEHOLD SIZE (Harvard, MA area)

Income Restriction	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
30% AMI	29,150	33,300	,300 37,450 41,600		44,950	48,300	51,600	54,950
50% AMI	48,550	55,500	62,450	69,350	74,900	80,450	86,000	91,550

The chart above shows the maximum income allowed for each household size in order to be eligible for the specified housing program. Some of the developments listed have a certain number of apartments where the household's income must be either below 30% AMI or 50% AMI. These income limits are subject to change annually during the first half of each year.



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This is an important notice. Please have it translated. Este é um aviso importante. Que im mandá-lo traduzir. Este es un aviso importante. Sirvase mandario traducir. ĐÂY LÀ MỘT BẢN THÔNG CÁO QUAN TRỘNG XIN VUI LÔNG CHO DỊCH LẠI THÔNG CÁO ẢÝ Ceci est important. Veuillez faire traduire.

本通知很重要。请将之译成中文、 នេះគឺជាដំណីងល្អ សូមមេត្បាបកប្រែជូនផង

Это очень важное сообщение Обязательно перевелите

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		
ELDERLY (age 62+) WAITLIST SELECTION							
Westford Village at Mystery Spring, Westford	62+						
North Village at Crystal Lake, N. Chelmsford	62+	-					
Shirley Meadows, Devens	62+	-					
The CHOICE Center, N. Chelmsford	62+						
Roberta McGuire Senior Residences, Westford	62+						
Helena Crocker Residences	62+						
FAMILY WAITLE	ST SELECTION			_			
Chelmsford Woods Residences, Chelmsford	No						
Littleton Road Apartments, Chelmsford	No						
The Elms-Harvard, Harvard	No						

PLEASE PRINT CLEARLY

PART A:	GENER	AL INFORMATION				
Head of Name:	Household					
Current	Address:					
City:			State:		Zip:	
Daytime	Phone:			Evening Phone:		
Email:						



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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	Gender Identity	Date of Birth	Social Security / Alien Registration Number		
	1.	Head							
	2.								
	3.								
	4.								
	5.								
	6.								
1. 3.									
5.	Do you require a wheelchair accessible practitioner that someone in your ho						tter from a medical		
6.	5. Do you require a first-floor unit if an elevator is not available? Solution 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 lf yes, how many times? Plea arrest. Attach a separate sheet if new	se explain. (In				ed and the re	ason for the		
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:								

¹ Homeless or At-Risk of Homelessness/Institutionalization is applicable only to the Westford Village at Mystery Spring property. Page 3 of 5 1/22/2024

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 A				Frequ	Frequency— (Circle one)				
							Week	Bi-Wee	ek Month	Year		
							Week	Bi-We	ek Month	Year		
							Week	Bi-Wee	ek Month	Year		
							Week	Bi-Wee	ek Month	Year		
2. Do you or any famil	y memk	oer owi	n or ha	ve acce	ss to any of the fo	l ollowing?						
Savings Account		Yes		No	Checking Acc	count		□ Ye	s 🗆	No		
Certificate of Deposit		Yes		No	Debit Card A	ccount		□ Ye	s 🗆	No		
Stocks		Yes		No	Bonds			□ Ye	s 🗆	No		
Real Property (land)		Yes		No	Trust Funds			□ Ye	s 🗆	No		
Pensions		Yes		No	Individual ret	tirement accoun	nts [□ Ye	s 🗆	No		
Inheritances		Yes		No	Life insurance	e policies		□ Ye	s 🗆	No		
CashApp, Zelle, Venmo, I	PayPal ((any ot	her dig	gital wa	llet or P2P apps)	☐ Yes		No				
If yes, please detail each	asset c	hecked	l. Use a	addition	al space on blank	page if necessa	ry.					
Family Member Name		Tv	pe of	Δsset		Account	t Numbe	r	Val	IIE		
- Talling Member Hume			PC 0 1 2			, tecoun		•				



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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 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.



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