

Chelmsford Housing Authority Project-Based Section 8 Waitlist Application

ELDERLY (age 62+) Waitlists

Development Name	Location	Number of Units by BR Size		
		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

Development Name	Location	Number of Units by BR Size		
		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	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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 ĐÂY LÀ MỘT BẢN THÔNG CÁO QUAN TRỌNG
 XIN VUI LÒNG CHO DỊCH LẠI THÔNG CÁO ẤY
 Ceci est important. Veuillez faire traduire.
 本通知很重要。請將其譯成中文。
 នេះគឺជាដំណឹងសំខាន់ សូមមេត្តាបកប្រែជូនផង
 Это очень важное сообщение. Пожалуйста переведите

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 WAITLIST SELECTION					
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:	
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	Gender Identity	Date of Birth	Social Security / Alien Registration Number
1.	Head					
2.						
3.						
4.						
5.						
6.						

ANSWER THE FOLLOWING QUESTIONS ABOUT ALL MEMBERS OF THE HOUSEHOLD:

- Does any adult member, currently live or work in Chelmsford or Westford? ☐ Yes ☐ No (If yes, provide proof)
- Are you homeless or at risk of being homeless or institutionalization¹? ☐ Yes ☐ No (If yes, provide proof)
- 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? _____
- 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
- 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.

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.)

- 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

- 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
CashApp, Zelle, Venmo, PayPal (any other digital wallet or P2P apps) <input type="checkbox"/> Yes <input type="checkbox"/> No			

If yes, please detail each asset checked. Use additional space on blank page if necessary.

Family Member Name	Type of Asset	Account Number	Value

APPLICANT CERTIFICATION

1/22/2024