



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

2026 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	30,050	34,350	38,650	42,900	46,350	49,800	53,200	56,650
50% AMI	50,050	57,200	64,350	71,500	77,250	82,950	88,700	94,400

2026 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	32,150	36,750	41,350	45,900	49,600	53,250	56,950	60,600
50% AMI	53,550	61,200	68,850	76,500	82,650	88,750	94,900	101,000

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.





This is an important notice. Please have it translated.
 Este é um aviso importante. Queira mandá-lo traduzir.
 Este es un aviso importante. Sírvase mandarlo traducir.
 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。请将它译成中文。
 នេះគឺជាជំពាក់ដ៏សំខាន់ សូមមេត្តាបកប្រែជូនផង
 Это очень важное сообщение. Обязательно 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	18+				
Littleton Road Apartments, Chelmsford	18+				
The Elms-Harvard, Harvard	18+				

PLEASE PRINT CLEARLY

PART A: GENERAL INFORMATION

Head of Household Name:					
Current Address:					
City:		State:		Zip:	
Email address:		Phone:			



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 to provide this preference to you application)
- 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? _____ Provide dates: _____
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 the agency or housing authority: _____

¹ Homeless or At-Risk of Homelessness/Institutionalization is applicable only to the North Village & Village of 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.)

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

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 or Chime Account	<input type="checkbox"/> Yes <input type="checkbox"/> No
Stocks	<input type="checkbox"/> Yes <input type="checkbox"/> No	Savings Account	<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) Yes 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

PART D:

APPLICANT CERTIFICATION

I hereby certify that all 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.** 5

