

This is an important notice. Please have it translated.
 Este é um aviso importante. Queira mandá-lo traduzir.
 Este es un aviso importante. Sirvase 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。请将之译成中文。
 នេះគឺជាជំពាក់ដ៏សំខាន់ សូមមេត្តាបកប្រែជូនផង
 Это очень важное сообщение. Обязательно переведите

2026 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		
					Studio	1BR	2BR
The Richardson	86 Richardson Rd, N. Chelmsford	N/A	Yes	Senior/55+	N/A	8	N/A
Helena Crocker Residences	60 Littleton Rd, Westford	N/A	Yes	Elderly/62+		2	
The CHOICE Center	19 Sheila Ave, N. Chelmsford	Local, Homeless or At Risk of Homelessness	Yes	Elderly/62+		11	

2026 RENTS BY UNIT SIZE/DEVELOPMENT

2026 MINIMUM INCOME REQUIREMENTS

Development Name	1BR	2BR	1BR	2BR
The Richardson	\$1,608	N/A	\$48,240	N/A
Helena Crocker Residences	\$1,608		\$48,240	
The CHOICE Center	\$1,608	\$1930	\$48,240	\$57,900

2026 MAXIMUM INCOME LIMITS BY HOUSEHOLD SIZE

Income Restriction	1 Person	2 Person	3 Person	4 Person
60% AMI	\$60,060	\$68,640	\$77,220	\$85,800

The charts above show the maximum income allowable for each household to be considered eligible for the specified housing program. To be eligible for an apartment offer, a household's income may not exceed the above-referenced amounts based on household size. These income limits are subject to change annually upon HUD's annual release of income limits.

1. **APPLICANT REQUIREMENTS FOR WAITING LIST PROCESSING:**

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

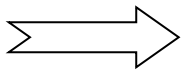
2. **VITAL DOCUMENTATION:**

- **Proof of Age** (e.g., photocopy of Birth Certificate, Valid Passport, Military Discharge Papers, etc.)
- **Photo Identification** (photocopy of license, passport, etc.)

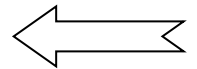
- **Social Security Number Documentation:** All family members must provide a social security card or another form of verification that contains their SSN (e.g., identification issued by a federal, state or local agency, etc.).
- **Proof of Chelmsford residency (if applicable):** Please provide three **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:



**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.


IMPORTANT INFORMATION TO NOTE:

The property that you are applying for is able to offer lower rents due to its participation in the Low-Income Housing Tax Credit (LIHTC) or other affordable housing programs. Participation in these programs requires residents to agree to and understand the following important points:

1. **Income Certification.** As a requirement of this program, the Resident is required to provide income and asset information to the owner on an annual basis. Failure to provide such information may be considered just cause for termination of tenancy.
 - a. If you also have rental assistance, such as Section 8/MRVP, you may be required to complete two certifications annually. One for your rental assistance program and one for the property.
2. **Housing Inspection.** As a requirement of this program, the Resident is required to permit the annual inspection of the rental unit by the program administering staff and the owner.
 - a. If you also have rental assistance, such as Section 8/MRVP, you may have multiple unit inspections completed. Additionally, as there are various types of funding programs and health and safety requirements, there are usually more than one annual inspection; there could be as many as five per year.
3. **Pest Inspection.** All new admissions must provide a certificate that all possessions of applicant have been sprayed or fogged by a recognized pest control company. **THIS SHOULD BE DONE AFTER ORIENTATION AND LEASES HAVE BEEN SIGNED BUT NO MORE THAN SEVENTY-TWO (72) HOURS PRIOR TO MOVING INTO AN ASSIGNED UNIT.**

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+		
Helena Crocker Residences, Westford	62+		
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 (If yes, provide proof)
 - 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

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.

