

# Information Packet

**McManus Manor  
Acton, MA 01720**

## Affordable Elderly (62+) Rental Application

This packet contains specific information on eligibility requirements, selection priority categories, and application process for **forty-one (41) affordable apartments** being offered for rent in the town of Acton, MA, through a lottery process.

We invite you to read this information packet and submit an application if you think you meet the eligibility requirements. Please note that the lottery is the first step in the application process; should you be selected as a winner in the lottery, you are not automatically assured a unit as verification of financial claims made in the application must take place.

There will be an Information Session on **January 21, 2026, at 6:00 p.m.** at the Acton Memorial Library, 486 Main Street Acton, MA and **February 12<sup>th</sup>, 2026, at 11 a.m.** at the Acton Senior Center, 30 Sudbury Rd Rear, Acton, MA. Attendance at the Informational Session is not required for participation in the lottery.

Applications due by April 5, 2026 at 4:00PM

Phone: 978-256-7425, ext. 10 or [lottery@chelmsfordha.com](mailto:lottery@chelmsfordha.com)

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## General Overview

McManus Manor is 100% affordable, for ages 62 and older. There are twenty-five (25) units at 60% Area Median Income (AMI) or below. There are five (5) units for income eligible households earning at or below 50% AMI as defined by HUD and eleven (11) for income eligible households earning at or below 30% AMI. Eight (8) will have project-based Section 8 vouchers and residents in these units will only pay 30% of their income in rent. There are also eight (8) Massachusetts Rental Voucher Program (MRVP) vouchers in the building and residents in these units will also only pay 30% of their income in rent. Six (6) units are designated for residents under 60 years old with disabilities through the Department of Developmental Services (DDS).

There are four (4) units that are ADA accessible for mobility and two (2) units designed for sensory accessibility.

All units have been designed to be universally acceptable, and the building will follow Passive House requirements for sustainable design.

The affordable rents are being set based upon the Boston-Cambridge-Quincy HUD Metro Area Median Income for families earning no more than 60% of median income.

No. Units	Unit Size	Rent Type	Income Restriction Tier	Maximum Gross Rent Limit	Utility Allowance <sup>1</sup>
6	1 BR	DDS	30% AMI	\$2,615	N/A
2	1 BR	Project Based Voucher	30% AMI	\$2,377	N/A
8	1 BR	Project Based Voucher	50% AMI	\$2,476	N/A
23	1 BR	60% AMI	60% AMI	\$1,861	N/A
2	2 BR	60% AMI	60% AMI	\$2,233	N/A

Since it is anticipated that there will be more interested and eligible applicants than available units, the Chelmsford Housing Authority (CHA) and the Developer will be sponsoring an application process and lottery to rank the eligible applicants for the

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<sup>1</sup> Tenants will not be responsible for utilities as all utilities are included in the rent.

program. The application and lottery process, dates and eligibility requirements can all be found within this Information Packet.

McManus Manor does not discriminate based on Race, Color, National Origin, Religion, Sex, Familial Status (i.e children), Disability, Source of Income (i.e a Section 8 Voucher), Sexual Orientation, Gender Identity, Age, Marital Status, Veteran or Active Military Status, or Genetic Information. Disabled persons are entitled to request a reasonable accommodation of rules, policies, practices or services, or to request a reasonable modification of the housing, when such accommodations or modifications are necessary to afford the disabled person equal opportunity to use and enjoy the housing.

Persons with disabilities who may require a Reasonable Accommodation in obtaining or completing an application may call the CHA to make special arrangements. The CHA uses Mass Relay to communicate with applicants who may be speech or hearing impaired. The Mass Relay number is 1-800-439-2370 for TTY and 1-800-439-0183 for voice.

## **General Eligibility Requirements**

### **Maximum Allowable Income**

To be eligible to apply for the chance to rent an affordable unit, the combined annual income from all income sources of all income-earning members in the household must be at or below eighty percent of median income for the town of Acton. The maximum incomes allowed for this program are:

60% AMI for Acton – Boston-Cambridge- Quincy, MA-NH HUD Metro FMR Area;  
effective 04/01/2025

<b>Household Size</b>	<b>1</b>	<b>2</b>
<b>30% AMI</b>	\$34,750	\$39,720
<b>50% AMI</b>	\$57,900	\$66,200
<b>60% AMI</b>	\$69,480	\$79,440

### **Approximate Minimum Income**

The minimum annual income required for applicants without Rental Assistance<sup>2</sup>, is as follows: One-Bedroom = \$55,830; Two-Bedroom = 66,990. Households with assets valued at the sum of the minimum annual income will be deemed eligible.

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<sup>2</sup> Rental Assistance – Section 8/HCV, MRVP

## Asset Limits

There is no limit on the amount of assets<sup>3</sup> households may have. Income from assets, however, is counted as the greater of: actual income or the HUD Passbook rate at the time of application (.40% as of 1/1/26) of the net value of the asset. Assets may include cash, cash in savings and checking accounts, a home, net cash value of stocks, net cash value of retirement accounts (such as IRAs), real property, bonds, capital investments, life insurance policies and foreign bank accounts.

## Frequently Asked Questions – General Eligibility

### **Q: Who is eligible to apply for the affordable units?**

**A:** In order to qualify for an affordable unit, households must meet each of the following criteria:

- 1) The entire household's income and assets must be below the maximum allowable income limit.
- 2) The household must be of appropriate size.
- 3) The household must meet the minimum income requirement as outlined above.

### **Q: Do I need to be a resident of Acton to apply?**

**A:** No. However, there will be a local preference assigned to 70% (2) of these units.

### **Q: Can I apply if own a home?**

**A:** You may own a home when you apply; however, it does have to be sold before you move in. The value of the home will count as an asset and be calculated as such when determining your eligibility. Once it is sold, additional documentation will be needed to update your file and income information.

### **Q: How is a household's income determined?**

**A:** We will calculate the income of a household based upon the current income the household is earning including actual or imputed income from assets. In an effort to provide as accurate an income calculation as possible, we must review all current and historical income data.

**ALL SOURCES OF INCOME ARE COUNTED.** Any monies you receive will be counted as income. This includes, but is not limited to, Social Security, alimony, overtime pay, bonuses, unemployment, severance pay part-time employment, matured bonds,

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<sup>3</sup> Applicant household with Federal rental assistance (Section 8) may be subject to other regulations.

monies to be received in court settlements and imputed interest and dividends on bank accounts and actual or imputed income from assets.

There are some exceptions under which income will not be counted, most notably income from employment of children under the age of 18.

We will calculate the value of your assets pursuant to the formula set by the Department of Housing and Urban Development. This formula takes the greater of the actual income from an asset or the current market value of any asset multiplied by .40%. The amount derived from this calculation is then added to your income.

*For example: Mrs. Smith is a mother of three children and earns \$25,000 a year at her job and receives \$12,000 a year in child support. Mrs. Smith also has a checking account valued at \$7,000 earning 1% interest and a CD worth \$20,000 earning 2.3%. Her income would be calculated as follows:*

Income Type	Income Amount	Asset Type	Asset Amount	Interest Rate	Earned Asset Income
Employment	\$25,000	Checking	\$ 7,000	1.0%	\$ 70
Child Support	\$12,000	CD	\$20,000	2.3%	\$460
<b>Total</b>	<b>\$37,000</b>	<b>Total</b>	<b>\$27,000</b>	<b>Total</b>	<b>\$530</b>
<b>Total Annual Income (Income + Asset Income) = \$37,530</b>					

**Q: I have a 401K and am not taking any withdrawals. Do I have to include it when I list my assets?**

**A:** Yes; Although Retirement Accounts are no longer considered a family asset, periodic payments are still considered income. As such, we need to verify whether or not periodic payments are being received.

**Q: Are there eligibility exceptions for households that are barely over the income limit?**

**A:** No, there are no exceptions to the income limits.



## Step-By-Step Process And Timeline

The following steps outline the entire process of applying for and renting an affordable unit. The following pages explain each step in greater detail.

<b>Step 1: Program Application</b>	January 5, 2026– April 5, 26 at 4:00 PM
<b>Step 2: Assignment of Lottery Ticket</b>	By April 5, 2026
<b>Step 3: The Lottery</b>	April 21, 2026 at 11:00 am
<b>Step 4: Notification of Lottery Results</b>	By April 24, 2026
<b>Step 5: Formal Review of Eligibility</b>	During June 2026

Please note that there will be an Informational Session held for all interested applicants on ***January 21, 2026 at 6:00 PM at The Acton Memorial Library, 486 Main Street, Acton, MA and February 12, 2026 at 11:00 AM at the Acton Senior Center, 30 Sudbury Rd Rear, Acton, MA.*** Attendance at the Informational Session is encouraged, but not required for participation in the lottery.

### Step 1: Program Application

From **January 5, 2026** through **April 5, 2026** the Chelmsford Housing Authority will be advertising and publicizing the availability of this affordable housing opportunity in Acton and distributing applications and this Information Packet throughout the community and region.

After reading this Information Packet in its entirety, applicants will need to fill out a Program Application. The applying household must list all income and asset information for every person that will be residing in the unit. The Program Application must be signed and dated by all heads of household.

The Program Application must be received (not postmarked) by the CHA by **April 5, 2026, at 4:00 p.m.** All applications should be sent to:

Chelmsford Housing Authority  
**Re: McManus Manor**  
 10 Wilson St.  
 Chelmsford, MA 01824

To ensure that applications arrive in time, the CHA recommends mailing them at least one full week prior to the application deadline and by certified mail. Late applications will not be entered into the lottery. The CHA is not responsible for lost or late applications.

Once a completed Program Application is received, eligible households will be assigned a lottery ticket. (*See Step 2*).

**Q: What happens if I fail to correctly complete my application?**

**A:** Households that submit incomplete applications will be notified of the omissions that must be corrected in order to make their applications complete. The application will remain in an “Incomplete Application Pool” until all requested information has been received. Households with applications in the Incomplete Application Pool will not be entered into the Lottery. After the lottery has taken place, all incomplete applications will be deemed ineligible for placement on the waiting list.

**Step 2: Lottery Ticket**

Once the CHA has received the application, it will determine initial eligibility. Households deemed eligible for the lottery will receive a lottery ticket in the order in which their completed application was received.

Households that are deemed ineligible by the CHA will be notified by mail.

***Eligibility for the lottery does not ensure eligibility for the program. (See Step 5).***

**Step 3: The Lottery**

The Lottery will be held ***April 21, 2026 at 11:00 AM*** at The Acton Memorial Library, 486 Main Street, Acton, MA. Households do not have to attend the Lottery to remain eligible; results will be mailed to all participants.

**The Lottery Process:**

1. Draw eligible applicants by lottery and assign each applicant a number based on the lottery drawing.
2. Sort the eligible applications as follows:

**Group A** – Local Preference Applicants (70% of Affordable Units per Comprehensive Permit) Preference for residents of the Acton Area will be provided to 70% of the units offered based upon our goal to expand housing opportunities to minority families living

in the Acton Area that wish to move from high poverty area to a lower poverty area with expanded opportunities.

The percentage of minorities in Acton is 39% based upon the most recent US Census Data. Our target is to achieve a goal equal to the percentage of minorities in the Middlesex MSA, which is currently 33.4%. If this preference does not provide at least a goal of 33.4%, minority applicants from outside this preference area will be added until this goal is reached as outlined in the May 2013 DHCD Guidelines for AFHMP.

#### **Group B – All Eligible Applicants**

Applicants will be considered for the unit in the order in which their names were drawn in the lottery.

<b><u>Pool #</u></b>	<b><u>Pool Type</u></b>	<b><u>1 BR</u></b>	<b><u>2 BR</u></b>	<b><u>TOTAL</u></b>
A	60% AMI – Open	7	1	8
B	60% AMI – Local	16	1	17
C	50% AMI – Open	1	N/A	1
D	50% AMI - Local	4	N/A	4
E	30% AMI - Open	1	N/A	1
F	30% AMI- Local	4	N/A	4
	TOTAL	33	2	35

NOTE: 6 of the 39 one-bedroom units are earmarked for the DDS Program.

The list generated from The Lottery will be compiled in the order in which each ticket is drawn. The Chelmsford Housing Authority will move down that list as people either move forward or not.

#### **Step 4: Notification of Lottery Results**

We will mail the results to every household that had a ticket in the lottery. Households in the Incomplete Application pool will not have had a lottery ticket and therefore will not have a position on an Offer List.

All applicants must go through additional screening prior to being made an offer. This screening will include income and asset verification, credit checks, and possibly third-party verification of information that was provided to the CHA office.

Households with positions lower on the Offer Lists will have to wait for the removal of households with a higher position before being given an opportunity to rent the unit. Households with lower positions on the Unit Selection List should still maintain readiness in case the households ahead of them do not finish the process.

### **Step 5: Formal Review of Eligibility**

Households must submit all required income and asset documentation for every claim made in the application.

Before a household can move forward, it must provide complete documentation of income and assets. Below is a list of some of the items that may be requested:

- All members of the household ages 18 and older must complete the Tenant Packet and sign the authorization for release of information. They must also provide documentation of any and all assets and income. If the adult is a full-time student, the proof of current student status must also be provided.

*The following information is NOT required at the time of lottery application. It will be requested after the lottery as part of the Formal Review of Eligibility.*

Income:

- **Wages:** Verify gross earnings by submitting four (4) pay stubs or a letter from the employer stating the number of hours per week that the employee works and the rate of pay per hour. Any such letter should include the name and address of the employer as well as the name and telephone number of the contact person.
- **Social Security (SS) or Supplemental Security Income (SSI):** A current benefit award letter from the Social Security Administration. SSI statement cannot be more than 120 days old. These statements can be obtained online at [www.socialsecurity.com](http://www.socialsecurity.com) or by calling 1-800-772-1213.
- **VA Pension or other retirement benefits:** A statement no more than one month old showing earnings from the Veterans Administration or other retirement funds

- **ADFC/TANF/EAEDC:** A statement less than one month old from the Department of Transitional Assistance showing benefits. This statement may be obtained by calling 1-800-632-8095.
- **Food Stamps and Fuel Assistance:** A statement less than one month old from the Department of Transitional Assistance.
- **Alimony and/or Child Support:** Copies of twelve (12) months of history.
- **Unemployment Benefits:** Current statement and copies of most recent six (6) check stubs from the Department of Unemployment Assistance.
- **No Income:** If an adult family member does not have any income at all, a “Zero Income Self Affidavit” must be completed and notarized. The Chelmsford Housing Authority can provide you with a copy of this form.

#### Assets:

- **Checking and Savings Accounts:** Copies of three (3) months of statements showing transaction details for any and all banking accounts, including foreign accounts.
- **Current Value of Assets:** A statement no more than one month old showing the current value of any stocks, bonds, CDs, IRAs, etc. Including current rate of interest and dividends.
- **No Bank Accounts:** If any member of your household over the age of 18 does not have a bank account, each person must complete and have notarized a “No Bank Account” certificate. The Chelmsford Housing Authority can provide you with a copy of this form.

*If it is determined that incomplete or inaccurate information was provided in the application, or if the applicant fails to submit the required documentation within a timely fashion, the CHA reserves the right to deem the applicant ineligible for the unit at the development.*

*The landlord will make the final determination regarding suitability for the unit based upon references, credit checks and other screening processes used for all applicants.*

# Acton Housing Authority McManus Manor -Elderly 62+

Pre-Application for housing assistance

Please complete and return to:

**Lottery Agent: Chelmsford Housing Authority**

10 Wilson Street  
Chelmsford, MA 01824  
Tel: 978-256-7425  
Fax: 978-418-3081  
email: lottery@chelmsfordha.com



*For agency use only:  
Date/Time Stamp/  
Control Number*

Please print neatly in ink. All fields are required. Submit this form only. Incomplete, photocopied, e-mailed or faxed applications will not be accepted. If you are already on our tenant-based Section 8 waiting list your record will be updated using the information that you provide below. Due to the volume of applications received, we will not verify the receipt of mailed applications. We cannot be responsible for material that is illegible or missing as a result of transmitting by fax or e-mail or lost/delayed through the mail.

## IMPORTANT!

One-third of all applicants are dropped from the waiting list due to unreported address changes. Do not let this happen to you. Report any change of address in writing to the agency listed above.

### Head of Household Information

Social Security Number		Phone (include area code)		
First Name	Middle Name	Last Name		
Address		City/Town	State	Zip code
Shelter Name	Shelter Address	City/Town	State	Zip code

### Family Information

Family Member	Income Source or Employer Name	Gross Amount	Frequency (Circle one)
			Week Bi-Week Semi-Month Month Year
			Week Bi-Week Semi-Month Month Year
			Week Bi-Week Semi-Month Month Year
			Week Bi-Week Semi-Month Month Year

List the Head of Household and all other members who will be living in the unit. Give the relationship of each family member to the head. For example: spouse/partner, son, daughter, aunt, grandmother, etc....

First Name	Last Name	Relation to Head	Birth Date	Age	Sex	Social Security Number
		Head of Household				

*For Agency Use Only. Number of Household Members*

*Household Bedroom Size:* ☐ Single ☐ 1BR ☐ 2BR ☐ 3BR ☐ 4BR ☐ 5BR



Check if the head of household or spouse is: 62 years old or older ☐ Disabled ☐

Check if anyone in the household requires a wheelchair accessible unit ☐

Check if anyone in the household requires a sensory accessible unit, i.e. blind, deaf ☐

We collect data on race & ethnicity in accordance with federal regulations. People of various races may also be of Hispanic ethnicity. Please indicate if you are Hispanic. Your answers will not affect your application.

**Race of head of household (You may choose more than one of the following)**

White ☐ Black/African American ☐ American Indian/Alaskan Native ☐ Asian ☐  
Native Hawaiian/Other Pacific Islander ☐

**Ethnicity of head of household (Check only one)** Hispanic ☐ Non-Hispanic ☐

Do you or any member of your household currently have housing assistance from the following programs: Section 8 (HCV), MRVP, HomeBASE? Yes ☐ No ☐

If Yes: Name of Housing Authority \_\_\_\_\_

**Please tell us if any of the following describe your situation.**

**What is your current housing situation? (Check only one box)**

- ☐ I am homeless
- ☐ I live in a shelter
- ☐ I live in a transitional housing program
  
- ☐ I have been involuntarily displaced by fire, flood, or other natural disaster
- ☐ I pay more than 50% of my monthly income for rent and utilities
- ☐ I have been or am at risk of being displaced because of domestic violence
- ☐ I live in a unit that has been condemned by the City/Town Building

Department

### Local Preferences

Please indicate if you are in any of these categories. If so, you will qualify for a "local preference". Documentation will be required along with this application.

1. **Current Residents of the town of Acton**, defined as a household in which one or more member in the town at the time of application. **Yes / No**
2. **Municipal Employees of the town of Acton** including employees of the Acton Public Schools, Acton-Boxborough High School, Acton Water District, and Acton Housing Authority **Yes / No**
3. **Employees of Local Businesses:** Employees of businesses located in Acton and people hired to work in Acton. **Yes / No**
4. **Households with children currently attending Acton's schools or the Acton-Boxborough Schools.** **Yes / No**

### **Certification of Applicant**

Please read this statement very carefully. By signing, you are agreeing to its terms.

I hereby certify that the information I have provided in this pre-application is true and accurate.

I understand that:

- ✓ any misrepresentation or false information will result in my application being cancelled or denied, or in termination of housing assistance;
- ✓ this is a pre-application for project-based rental assistance through EOHLC and its regional administering agencies and is not an offer of housing;
- ✓ at the time I rise to the top of the waiting lists, I will be required to provide verification of the information I have provided here, in accordance with federal housing regulations and EOHLC policy;
- ✓ it is my responsibility to notify the Acton Housing Authority in writing of any change of address and my application may be cancelled if I fail to do so;
- ✓ it is my responsibility to notify the Acton Housing Authority in writing of any change in family size or composition that might affect the number of bedrooms my family requires and my failure to do so may affect my place on the waiting list;
- ✓ my participation in the Section 8 housing program is subject to my being eligible and in compliance with HUD and EOHLC regulations; and that I will be subject to a criminal history check.

I agree that the Acton Housing Authority and the Lottery Agent can share my information with SMOC and other state agencies for the purposes of determining program eligibility.

**Signature of head of household**

**Date**

**The owner will not discriminate on the basis of race, gender, sexual orientation or disability in the selection of applicants.**





# HOMELESS CERTIFICATION

Household Name: \_\_\_\_\_ Date: \_\_\_\_\_

This is to certify the above individual or household is currently homeless based on the category checked and required documentation.

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## GENERAL HOMELESS CERTIFICATION

### CATEGORY 1: Literally Homeless

- ☐ Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:
- (i) Has a primary nighttime residence that is a public or private place not meant for human habitation; **or**
  - (ii) Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs).
- To certify homeless status for the above, must provide documentation of 1 of the following:**
- ☐ Written observation by the outreach worker; **or**
  - ☐ Written referral by another housing or service provider; **or**
  - ☐ Certification by the individual or head of household seeking assistance stating that (s)he was living on the streets or in shelter (Form No. 5).
- ☐ Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:
- (iii) Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution (**documentation must include one of the above forms of evidence AND 1 of the following**).
- ☐ Discharge paperwork **or** written/oral referral; **or**
  - ☐ Written record of intake worker's due diligence to obtain above evidence **and** certification by individual that they exited institution (Form No. 5).

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### CATEGORY 2: Imminent Risk of Homelessness

- ☐ Individual or family who will imminently lose their primary nighttime residence, provided that:
- (i) Residence will be lost within 14 days of the date of application for homeless assistance;
  - (ii) No subsequent residence has been identified; and
  - (iii) The individual or family lacks the resources or support networks needed to obtain other permanent housing.

**Documentation must include 1 of the following:**

- ☐ A court order resulting from an eviction action notifying the individual or family that they must leave; **or**
- ☐ For individual and families leaving a hotel or motel—evidence that they lack the financial resources to stay; **or**
- ☐ A documented and verified oral statement.

**In addition to 1 of the above, documentation must include BOTH of the following:**

- ☐ Certification that no subsequent residence has been identified (Form No. 5); **AND**
- ☐ Self-certification or other written documentation that the individual lack the financial resources and support necessary to obtain permanent housing (Form No. 5).

Head of Household Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **CERTIFICATE OF HOMELESSNESS**

This form is available in an alternative format upon request.

A Household lacks a fixed, regular and adequate nighttime habitation OR the primary nighttime dwelling is one of the following; (A) A supervised public or private shelter designed to provide temporary living accommodations (includes welfare hotels, congregate shelters and transitional housing); **and** (B) A public or private place not designed for, or ordinarily used as, a regular sleeping place for human beings. *NOTE: Persons living in private housing or with residents of public or private housing DO NOT qualify as homeless.*

**Failure to provide ALL required documentation will result in denial of priority request.**

- Submission of a fully completed "Certificate of Homelessness"; **or**
- A third-party written verification from a public or private facility that provides shelter for homeless individuals, the local police department, or a social services agency, certifying the Applicant's homeless status in accordance with the definition in this policy.

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**AN OFFICIAL FROM A PUBLIC SHELTER OR SOCIAL SERVICE AGENCY MAY COMPLETE THIS FORM, A POLICE DEPARTMENT OFFICIAL MAY ONLY RESPOND TO ITEMS C or D BELOW:**

*NOTE: The person completing this form MUST be serving in an official capacity AND must have direct knowledge of the applicant's current living situation based on a professional relationship with the applicant.*

*Please check which of the following describes the applicant's current shelter arrangements.*

- A. ☐ S/he is residing in housing where the applicant is the tenant of record or legal occupant based upon a lease or occupancy agreement.
- B. ☐ S/he is currently residing in a recognized, supervised shelter, transitional housing program, hotel or welfare motel providing temporary accommodations for homeless people.  
Shelter Name: \_\_\_\_\_ Date entered: \_\_\_\_\_
- C. ☐ S/he is currently without a fixed, regular nighttime residence. Please specify living accommodations:


- D. ☐ S/he is currently residing in a public/private place not ordinarily used as sleeping accommodations for human beings. Please specify:


Name of Applicant: \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_

Daytime Phone: (\_\_\_\_\_) \_\_\_\_\_



**EQUAL OPPORTUNITY HOUSING/EQUAL OPPORTUNITY EMPLOYER**



**Applicant Name:** \_\_\_\_\_

**HOUSING HISTORY (TO BE COMPLETED BY APPLICANT):** *All applicants for Homeless Priority must complete a THREE year housing history as part of their request for priority status.*

Provide below information about all the places where you have lived during the past three years. Starting with your present address and work backwards. Include everywhere you have lived for at least one month, except for vacations. If you family has two heads of household who have not lived together during the entire three years, provide the information for each head separately for those periods during which you have lived separately.

Period from – to MO/YR – MO/YR	Complete Address	Person responsible for paying rent	Reason for leaving

**TO BE COMPLETED BY THE APPLICANT:**

I, \_\_\_\_\_, (SS# \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_), authorize the release of the above information to the Chelmsford Housing Authority. I also hereby certify that I have not secured standard, permanent replacement housing to resolve the housing need which I have claimed as a priority status applicant for this housing. I agree that if my circumstances should change at any time, I will immediately notify CHA in writing.

I understand that any falsification, misrepresentation or concealment of information will be grounds for denying admission to CHA housing.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (print): \_\_\_\_\_

**EQUAL OPPORTUNITY HOUSING/EQUAL OPPORTUNITY EMPLOYER**