Affordable Homeownership Application

Village at Robin Lane

Old Mill Road

Harvard, MA 01451

The Village at Robin Lane is a proposed residential development on approximately 11.47 acres of land. Six townhomes (three 2-bedrooms and three 3-bedroom) are being made available for purchase at less than market value to eligible first-time homebuyers through a lottery process.*

Sales Prices: 2-bedroom townhomes are $201,250; the 3-bedroom is $227,250.

Prices are not negotiable and do not change based on an applicant's income.

Maximum Household Income Limits:

1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
$74,800	$85,450	$96,150	$106,800	$115,350	$123,900	$132,450	$141,000

Maximum Household Assets: $75,000.

There are no MINIMUM Household Income Requirements but households must submit mortgage pre-approvals in an amount

Please read the Information Packet for more details.

This application consists of three sections:
Section 1: The Program Application
Section 2: The Required Forms and Documentation Workbook
Section 3: Additional Forms (if applicable)

The first two sections must be filled out entirely in order for your application to be processed. If a question does not apply to you, write "N/A" or cross it out. LEAVE NOTHING BLANK.

You must include all income and asset documentation with this application,
Send all completed applications to:

Chelmsford Housing Authority
Re: Village at Robin Lane
10 Wilson St.
Chelmsford, MA 01824

You may also submit via fax at (978) 256-1985 or by email to: lottery@chelmsfordha.com.

For applicants with Limited English Proficiency, the lottery agent will offer the use of a translation service.

*Defined as not having owned a home within the last three years; some exceptions apply.

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TTY/TDD: (800) 439-2370

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Section 1

The Program Application

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Application Instructions

An application will be considered complete when the Lottery Agent has received the following:

- A completed application signed by all individuals over the age of 18;
- A copy of your 2025, 2024 and 2023 tax returns including all 1099s, W-2s and schedules;
- A copy of five most recent pay stubs from all adult household members currently employed;
- A current letter from all sources of income including but not limited to Public Assistance, Social Security, pensions and annuities showing the gross amount received;
- Most recent 3 months of full and complete statements for all assets showing current value including all transactions (bank accounts, pre-paid debit cards, investment accounts, life insurance policies, retirement accounts, etc.);
- A mortgage pre-approval and proof of adequate assets to cover a 3% down payment and closing costs;
- Any documents contained in Section 3 that apply to your household.

Applicants who have been deemed ineligible will be notified in writing of the decision.

The Fair Housing Act

The developer and its representatives do not discriminate based on race, color, disability, religion, sex, familial status, sexual orientation, national origin, genetic information, ancestry, children, marital status, or public assistance recipiency. Persons with disabilities 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 persons with disabilities equal opportunity to use and enjoy the housing.

Notification of Equal Opportunity & Fair Housing Rights

An applicant who believes that he/she/they have been discriminated against in the buyer selection and sales process may contact: the Massachusetts Commission Against Discrimination (617) 994-6000; and/or the United States Department of Housing and Urban Development (617) 994-8300.

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Village at Robin Lane Program Application

Name _____ Tel. # _____

Street Address _____

City _____ State _____ Zip _____

Email Address _____

MINORITY: (OPTIONAL) Information will be used to determine effectiveness of affirmative outreach. Response is strictly voluntary and will not affect your application; however, it may be beneficial for minority pre-balancing.

- ☐ Alaskan Native or Native American
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ White (not of Hispanic Origin)
- ☐ Other (please specify)

- ☐ Asian
- ☐ Asian India
- ☐ Chinese
- ☐ Filipino
- ☐ Japanese
- ☐ Vietnamese
- ☐ Other Asian

- ☐ Native Hawaiian or Pacific Islander
- ☐ Native Hawaiian
- ☐ Guamanian or Chamorro
- ☐ Samoan
- ☐ Other Pacific Islander

HOUSEHOLD MEMBERS:

List **ALL** household members who will occupy the affordable home:

Name	Relation to Head of Household	Date of Birth	Student Y/N
	Self		

Do you anticipate any changes in household composition in the next 12 months? ☐ YES ☐ NO

If yes, please explain: _____

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INCOME

List all income of all household members listed on this application. Write N/A or cross out a section if it does not apply. Do not leave anything blank.

Household member name	**Source of income**	**Gross monthly income**
	Employment (list source)	
		$
	Employment (list source)	
		$
	Employment (list source)	
		$
	Employment (list source)	
	Social Security	$
	SSI	$
	Pension (list source)	$
	Veteran's benefits	$
	Unemployment compensation	$
	Title IV/TANF / TAFDC	$
	Contributions to the Household (monetary)	$

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Household member name	Source of income	Gross monthly income
	Contributions to the Household (non-monetary; please describe)	
	Full-Time Student Income (18 & over only)	$
	Full-Time Student Income (18 & over only)	$
	Alimony:	
	Are you legally entitled to receive alimony?	☐ YES ☐ NO
	If yes, list the amount you are entitled to receive	$
	Do you receive alimony?	☐ YES ☐ NO
	If yes, list the amount you receive	$
	Child Support:	
	Are you legally entitled to receive child support	☐ YES ☐ NO
	If yes, list the amount you are entitled to receive	$
	Do you receive child support?	☐ YES ☐ NO
	If yes, list the amount you receive	$
	Periodic Payments	$
		$
	Other Income	$
		$
	TOTAL GROSS ANNUAL INCOME *(Based on the monthly amounts listed above x 12)*	$
Do you anticipate any changes in this income in the next 12 months?		☐ YES ☐ NO
If yes, please explain:		

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ASSETS

If your assets are too numerous to list here, please detail on a separate sheet of paper. Write N/A or cross out a section if it does not apply. Do not leave anything blank.

Cash on hand				$
Checking Accounts:	#	Bank		Balance: $
	#	Bank:		Balance: $
Savings Accounts:	#	Bank		Balance: $
	#	Bank:		Balance: $
Pre-Paid Debit Cards	Value $			Balance: $
	Value $			Balance: $
401Ks/IRA	#			Balance: $
	#			Balance: $
Trust Accounts:	#	Bank:		Balance: $
	#	Bank:		Balance: $
Certificates of Deposit:	#	Bank:	Int. %	Balance: $
	#	Bank:	Int. %	Balance: $
Savings Bonds:	#	Maturity date:		Value: $
	#	Maturity date:		Value: $
Life Insurance Policy	#			Cash Value:
	#			Cash Value:

Mutual Funds:	Name:	#Shares:	Int. or Dividend: $	Value: $
	Name:	#Shares:	Int. or Dividend: $	Value: $
Stocks	Name:	#Shares:	Dividend paid: $	Value: $
	Name:	#Shares:	Dividend paid: $	Value: $
Bonds:	Name:	#Shares:	Int. or Dividend: $	Value: $
	Name:	#Shares:	Int. or Dividend: $	Value: $

Investment Property:	Appraised Value: $

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Does any member of the household have an asset(s) owned jointly with a person who is NOT a member of the household as listed on Page 1			☐ YES ☐ NO
If yes, describe:			
Do they have access to the asset?			☐ YES ☐ NO
Have you disposed of any other assets in the last 2 years ? (Example: Given away money to relatives, set up Irrevocable Trust Accounts, etc.)			☐ YES ☐ NO
If yes, describe the asset:			
Date of deposition:		Amount disposed:	$
Do you own real estate, land and/or mobile home?			☐ YES ☐ NO
If yes, type of property			
Location of property			
		Appraised Market Value:	$
		Recent tax assessment:	$
Have you or anyone in your household owned real estate, land or mobile home and sold/disposed of it within the last three years?			☐ YES ☐ NO
If yes, type of property			
		Market Value when sold /disposed:	$
		Amount sold /disposed for:	$
		Date of transaction:	
Do you have any other assets not listed above (excluding personal property)?			☐ YES ☐ NO
If yes, please list			
Anticipated money gifted to you by friends or family for down-payment assistance			$

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CERTIFICATION

I/We understand that I/we must respond promptly to all Lottery Agent inquiries or my application may be canceled. I /We certify that the information I have given in this application is true and correct to the best of my knowledge. I/we understand that any false statement or misrepresentation are punishable by law and will lead to cancellation of this application.

I/We 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/We hereby certify that I/we do not /will not maintain a separate residence in another location. I/We further certify that this will be my permanent residence.

I/We understand that my eligibility for housing will be based on applicable income limits and by the Chelmsford Housing Authority's selection criteria.

WARNING: SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENT OF MISREPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE U.S. AS TO ANY MATTER WITHIN ITS JURISDICTION. 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 considered.**

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Section 2

The Required Forms and Documentation Worksheet

Please answer all of the following questions, attach all requested documentation, complete all applicable forms, and check all applicable boxes.

Every time you answer "YES", you MUST submit the requested documentation.

Only send copies of taxes and income/asset documentation. Do not submit originals.

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Current Employment

Is anyone in your household currently employed? (Excluding self-employment) ☐ YES ☐ NO

For every job listed currently being worked, you must submit:

a.) Copies of the 5 most recent pay stubs
(If you do not receive pay stubs, you will need to attach a note from the employer on company letterhead stating your tenure and a Year-to-Date amount)
b.) Copies of your 2025, 2024, and 2023 W-2s
(W-2s are issued by the employer after December 31 of each year. If employment began on or after January 1, 2024, no W-2 will have been issued and you do not need to submit it.)

Income

Did you list any sources of income other than employment? ☐ YES ☐ NO

For every source of income listed, regardless of the amount of income received, you must submit:

a.) Copies of the most recent statements from the source of income.
b.) Copies of the most recent 1099s from the source of income (if received).

Past Employment

Did anyone in your household leave a job within the past year? ☐ YES ☐ NO

How many jobs were terminated in that time frame? _____

For each job that was terminated within the past year, you must submit:

a.) A letter from the employer on company letterhead verifying your last date of employment.
b.) A copy of the last pay stub. If the job was terminated in 2026, you must also submit the matching 2023 W-2, showing the same YTD amount shown on the last pay stub.

Self-Employment

Is anyone in your household currently self-employed? ☐ YES ☐ NO

For each instance of self-employment, the "Self-Employment Income Affidavit" found in Section 3 toward the back of this application must be completed. You must also submit one or more of the following:

a.) Copies of all most recent 1099s
b.) Copy of Schedule C for your most recent 1040s
c.) Copies of current financial statements
d.) Accountant's statements of Net Business Income
e.) Copies of Income Receipts
f.) Any other documentation you can provide to corroborate income.

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Households Members with No Income

Are there any household members over 18 years old that currently earn zero income? ☐ YES ☐ NO

Each of these household members must complete the "Certificate of Zero Income" form found in Section 3 toward the back of this application. Please note that your signature on this form must be attested to by a Notary Public.

Child Support /Alimony

Are you currently receiving child support or alimony OR are you l*egally* entitled to receive child support or alimony? ☐ YES ☐ NO

If you answered YES, *and* you are receiving the amount you are entitled to receive, you will need to attach one of the following:

a.) A copy of your divorce decree or settlement agreement.
OR
b.) A statement of payments from the Department of Revenue (DOR). Provided they have your payments on record.
OR
c.) Three detailed checking account statements that show Child Support/Alimony deposits.

If you answered YES, but are NOT receiving the amount you are entitled to receive, you will need to attach:

d.) A copy of your divorce decree, proof of a legal claim filed against the person who owes you money and, if applicable, statements from the DOR showing payments made.

Divorce/Separation

Have you been divorced/separated or are you currently in the process of getting divorced/separated?
☐ YES ☐ NO

If you answered YES, you will need to attach:

a.) A copy of your divorce decree/separation agreement OR *if your divorce/separation has not been finalized,* proof that you have filed for divorce/separation.

If you have only filed for divorce or separation at this point, *please note that your application will be accepted but you will not be able to purchase a home until your divorce/separation is finalized. You should take all possible steps to expedite a hearing.* ***If you have not taken any legal action in filing for divorce or separation****, you cannot apply as a single head of household. Your spouse's income and assets will need to be included in your application.*

Periodic Payments

Did you list any sources of Periodic Payments ? (i.e. payments from family members or recurring gifts?)
☐ YES ☐ NO

Please have your contributor(s) complete the "Recurring Gifts and Contributions Verification Form" in Section 3 of this application.

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“Other Income” or Down-Payment Assistance

Did you list any sources under “Other Income” or any money a friend, family member or other source you may use to help you with your down payment or future housing costs? ☐ YES ☐ NO

Please provide all necessary information to verify this source of income and describe the source below.

_____

_____

_____

_____

_____

Assets

How many different assets did you list? _____

For every asset listed, REGARDLESS of the amount of money in the account, you must submit:

a.) Copies of your most recent statements from the source of income. For checking accounts, please provide the 3 most recent statements.
b.) Copies of any 2025-2026 end-of-year statements you may have received from the asset source.

Real Estate

Do you currently own a home or property? ☐ YES ☐ NO

How many different properties/homes do you currently own? _____

For every property that you own, you must submit the following:

a.) A copy of the broker’s opinion of the property’s value or, if you already have a buyer, a copy of the Purchase and Sale agreement.
b.) A statement from your lender showing your current balance on your mortgage or outstanding loans.

*Please note that if you are exempted from the first-time homeownership requirement and if you meet the eligibility requirements, you will not be able to purchase a new and affordable home until your current home is sold **or** is under a Purchase and Sale Agreement with another buyer **or** if your name is removed from the deed.*

Households with Students

Are any household members who are over the age of 18 and are currently students or have been students in the past 12 months? ☐ YES ☐ NO

For each student over the age of 18, you must submit School Transcripts for the past 12 months.

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Local Preference

Are you applying as a Local Preference Household? ☐ YES ☐ NO

You must provide proof of Local Preference. The following documentation is acceptable for the following categories:

Current Harvard Resident
A current utility bill, rent receipt, street listing or voter registration listing

Employed by the Town of Harvard or a business located in Harvard
Proof of employment and proof of employer's location (the address may be listed on the pay stubs that you are already required to provide).

Child/children attending school in Harvard
Proof of enrollment provided by school.

Tax Transcripts for 2025, 2024 and 2023

How many members are in your household? _____

EVERY one of your household members should be listed on EVERY federal ax transcript submitted (unless they had not yet been born or if you share custody). You must submit all federal tax transcripts from 2025, 2024 and 2023. Do not omit any pages.

If you had a professional prepare your taxes, he/she will have a copy of the transcripts that you need. You may also call the IRS at 1-800-829-1040 to have the transcripts mailed or faxed to you.

For each household member who has not filed taxes or has not been on a Tax Transcript for any of the last three years, you must submit a statement from the IRS showing "NO RECORD" of filing (unless they had not yet been born). Please call the IRS at 1-800-829-1040 to request a statement.

If a household member moved to the United States within the past three years and does not have three years of tax transcripts, you must submit proof of date of immigration.

Mortgage Pre-Approval

Do you have a pre-approval for a mortgage in at least the amount sufficient to purchase the affordable unit that you are interested in? ☐ YES ☐ NO

Your preapproval must adhere to the guidelines outlined in the Information Packet. *Please note that your application will not be accepted unless you are pre-approved for an amount sufficient to purchase the affordable home. Preapprovals for FHA loans are not acceptable.*

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Send or submit applications with ALL required documentation to:

Chelmsford Housing Authority
Re: Village at Robin Lane
10 Wilson St.
Chelmsford, MA 01824

Applications may also be submitted by fax (978) 256-1895 or email (lottery@chelmsforhda.com).

For questions, please call Christina Andersen at the Chelmsford Housing Authority at (978) 256-7425 ext. 21.

Telephone: (978) 256-7425
TTY/TDD: (800) 439-2370

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Deed Rider Signature of Understanding

I/We have read the Deed Rider Summary and Property Restrictions as outlines in the Information Packet and agree to the restrictions. I/We have been advised that a copy of the Deed Rider is on file at the following location and available for my/our review weekdays from 8:30 a.m. to 4:30 p.m., Monday through Friday.

The Chelmsford Housing Authority
10 Wilson St.
Chelmsford, MA 01824

A copy is also available online at www.chelmsfordha.com.

I/We also understand that, if selected to purchase a unit, a full copy of the deed rider will be provided.

_____ _____

Applicant Signature Date

_____ _____

Co-Applicant Signature Date

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Section 3

Additional Forms

(if applicable)

These are the forms that you need to complete ***only if directed to do so*** in Section 2.

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VERIFICATION OF TERMINATED EMPLOYMENT

To Be Completed By Applicant:

Applicant: _____

Contact Information for Previous Employer:

Name of Contact					
Company Name					
Street Address					
City, State, Zip					
Tel. #		Fax #		Email	

To Be Completed by Previous Employer:

Date of Termination: _____ Last Day Actually Worked: _____

Total Gross Income paid to employee over the last calendar year employed: _____

Reason for Termination: ☐ Employee Quit ☐ Other _____

Do you anticipate rehiring this employee? ☐ YES ☐ NO If yes, when? _____

Will the employee receive Worker's Compensation? ☐ YES ☐ NO

If yes, provide the name and address of the company through which this can be verified:

_____

Total severance pay anticipated for the next 12 months: _____

Is employee entitled to receive unemployment compensation? ☐ YES ☐ NO

AUTHORIZED SIGNATURE

Print Name: _____ Title: _____

Signature: _____ Date: _____ Phone: _____

Please fax form to Chelmsford Housing Authority at (978) 256-1895 or mail to:

Chelmsford Housing Authority
Re: Village at Robin Lane
10 Wilson St.
Chelmsford, MA 01824

Telephone: (978) 256-7425
TTY/TDD: (800) 439-2370

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Self-Employment Income Affidavit

Name of Applicant: _____

Name of Business: _____

Business Address: _____

Type of Business: _____

Position Held: _____ Start Date: _____

Anticipated Gross Annual Income: _____

Anticipated Annual Business Expenses: _____

Anticipate Annual Profit: _____ Previous Year Profit: _____

Cash Withdrawals from Business: _____

Do you file tax returns? [ ] Yes Taxpayer ID # _____ [ ] No

If yes please submit tax returns with Schedule C for past three years.

If no, please state reason:

_____

_____

_____

- If tax returns were not filed, please submit a profit/loss report for each month since the business started
- Please include documents such as invoices, receipts, written business plan, or accountant statement of business income.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the nest of my knowledge. The undersigned further understand that providing false representation herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of this application.

_____ _____

APPLICANT SIGNATURE DATE

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Certification of Zero Income

(To be completed by all **adult** household members with no reported income)

Name of Household Member: _____

1.) I hereby certify that I have no income of any kind and I do not expect this to change in the next 12 months:

a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
b. Income from operation of business;
c. Rental income from real or personal property;
d. Interest or dividends from assets;
e. Social Security payments, annuities, insurance policies, retirement funds, pensions or death benefits;
f. Unemployment or disability payments
g. Public assistance payments
h. Periodic allowances, such as alimony, child support or gifts received from persons not living in my household;
i. Grants of any kind;
j. Sales from self-employed resources (e.g., Avon, Mary Kay, Cutco, Pampered Chef);
k. Any other source not named above.

2.) I plan to pay the following expenses as stated below:

Expense Type	**Source of Funds**
Food:	_____
Shelter:	_____
Medical:	_____
Other Living Expenses	_____

I certify that the information given above is true and complete to the best of my knowledge. I understand that provided false or misleading information may be subject to criminal penalties.

Signature of Applicant: _____ Date: _____

Signature of Notary Public: _____ Date: _____

State Commission Issued: _____ Commission Expiration Date: _____

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Recurring Gifts and Contributions Verification

To Be Completed By Applicant:

Applicant/Tenant: _____

Property Name: Village at Robin Lane

Property Address: Old Mill Road

Harvard, MA 01451

To Be Completed By Contributor:

Please complete the following:

I, (Contributor's Name) _____,

contribute $_____ each (week, month, or year) _____ to the above named household for the purpose of _____.

Non-Monetary Contributions:

I, (Contributor's Name) _____,

Contribute any of the following on a regular basis:

Gas for the car	$_____	Car Payments Directly to Bank	$_____
Alcohol	$_____	Utility Payments	$_____
Cigarettes	$_____	Clothing	$_____
Diapers	$_____	Other	$_____
Child Care Payments	$_____	**NOTE: Food is excluded**	

Contributor

Print Name: _____ Signature: _____

Telephone: _____ Date: _____

Witness

Print Name: _____ Signature: _____

Date: _____

Include this form with the Program Application, fax it to (978) 256-1895 or have the Contributor mail it to:

Chelmsford Housing Authority
Re: Village at Robin Lane
10 Wilson Street
Chelmsford, MA 01824

Telephone: (978) 256-7425
TTY/TDD: (800) 439-2370

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AUTHORIZATION FOR RELEASE OF INFORMATION

Household Name:_____ Unit #: _____

Property Name and Address: _____

Printed Name:		SS#	
Printed Name:		SS#	
Printed Name:		SS#	
Printed Name:		SS#	

As lottery agents for this Project, Federal Regulations require we verify the program eligibility of all members of families applying for admission and verify this information periodically for residents.

CONSENT

I authorize and direct any Federal, State or local agency, organization, business, or individual to release to and verify my application for participation, and/or to maintain my continued assistance under this housing program. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) and/or Lottery Agent in administering and enforcing program rules and policies. I also consent for the Lottery Agent to release information from my file about my rental history, and any violations of my lease or occupancy policies.

INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding my household or me may be needed. Verifications and inquiries that may be requested include but are not limited to:

Identity and Marital Status
Residences and Rental Activity
Employment, Income, and Assets Activity
Credit and Criminal Check

GROUP OR INDIVIDUAL THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information (depending on program requirements) include but not limited to:

Past and Present Landlords	Courts and Post Offices	Schools and Colleges
Law Enforcement Agencies	Veterans Administration	Financial Institutions
Credit Providers and Bureaus	Past and Present Employers	Welfare Agencies
State Unemployment Agencies	Child Support Providers	Alimony Providers
Retirement/Pension Systems & Banks	Utility Companies	Social Security Administration

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. The original copy of this authorization is on file in the management office and will stay in effect for a year and one month from the date signed.

SIGNATURES

Head of Household	**Print Name**	**Date**
Adult Household Member	**Print Name**	**Date**

REVISED: 10.28.2026

Telephone: (978) 256-7425
TTY/TDD: (800) 439-2370

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lottery@chelmsfordha.com

APPLICATION CHECKLIST

THIS APPLICATION IS NOT COMPLETE

IF NOT SUBMITTED WITH:

- ☐ A completed application signed by all individuals over the age of 18
- ☐ A copy of your 2025, 2024 and 2023 tax returns including all 1099s, W-2s and schedules. Please do not submit originals.
- ☐ A copy of last five pay stubs for all household members.
- ☐ Copies of the three most recent statements showing the transaction details for all your bank accounts.
- ☐ A current letter from all sources of income including but not limited to Public Assistance, Social Security, pensions and annuities showing the gross amount.
- ☐ A copy of all assets showing current value including all investment accounts, cash life insurance policies, retirement accounts.
- ☐ A mortgage pre-approval and proof of adequate assets to cover the down payment, purchase of unit and closing costs.
- ☐ Any documentation included in Section 3 that may apply to your household.

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