

Name: First MI Last:

Address1:

Address2:

City State Zip:

Email:

Case Manager Email:

THIS SECTION FOR APPLICANT:

Date completed:

← Applicant: Mail application to the address at left.

Applying for:

Fold on this line

THIS SECTION FOR WAITLIST ADMINISTRATOR:

Landlords: IF REJECTING THIS APPLICATION, please email, mail, or fax the form below to HousingWorks. We will pass it on to the applicant. Include this page so we know who the application is for!

We will also update our system, so the changed status of your waitlists will reach many thousands of applicants and their housing advocates. Also, you will boost your Fair Housing and ADA compliance exponentially!

For Landlords Only!
support@housingworks.net
HousingWorks
P.O. Box 231104
Boston, MA 02123
617-536-8561 fax

- ☐ This waitlist is closed. The only waitlists open at present are:

- ☐ This is not the right application. We have enclosed the correct application.
- ☐ You do not appear to qualify for this property, because: _____
Name of Waitlist Administrator *optional* _____
Phone of Waitlist Administrator *optional*: _____ - _____ - _____ X _____

Date Time Received. Application will be stamped to show when it was received:

DO NOT LEAVE ANY QUESTION UNANSWERED!

- ☐ HEAD OF HOUSEHOLD'S FIRST NAME
- ☐ HEAD OF HOUSEHOLD'S COMPLETE MIDDLE NAME
- ☐ HEAD OF HOUSEHOLD'S LAST NAME (EX: BAEZ GONZALEZ) ☐ SUFFIX
- ☐ YOUR MOTHER'S LAST NAME WHEN SHE WAS A CHILD

ANSWER THIS: ☐ Yes ☐ No Does the HoH have a Social Security Number? *If "Yes" you must provide the full SSN!*

- ☐ HEAD OF HOUSEHOLD'S SOCIAL SECURITY NUMBER (###-##-####) ☐ HEAD OF HOUSEHOLD'S DATE OF BIRTH mm/dd/yyyy ☐ GENDER
M, F, T, etc.

- ☐ ETHNICITY: Hispanic/Latino, Non-Hispanic/Non-Latino, **Client Refused** ☐ RACE: Asian, Black or African American, White, American Indian or Alaskan Native,
Pacific Islander or Native Hawaiian, Other or Multi-Racial, **Client Refused**

- ☐ I am not claiming any R.A. or Special Circumstances at the moment (else fill in any of the items below)

- ☐ Fully Accessible Wheelchair Unit ☐ Vision-Impaired Unit ☐ Need an Interpreter - Explain:
☐ No-Steps unit (elevator to any floor) ☐ Hearing-Impaired Unit ☐ Domestic Violence Victim
☐ First-Floor unit only ☐ Unit for Environmental Allergies ☐ Personal Care Attendant

- ☐ HoH's CAREER STAGE ☐ ANY VETERANS in HH? ☐ Yes ☐ No
☐ Employed ☐ Unemployed ☐ Retired ☐ FT Student ☐ PT Student

- ☐ PERMANENT MOBILE RENTAL ASSISTANCE, if any
☐ I do not have mobile rental assistance ☐ Mobile Section 8 voucher ☐ MRVP ☐ AHVP ☐ VASH or similar

If yes, name the agency providing the voucher:

- ☐ CRIMINAL RECORD AND SEX OFFENDER

Head of Household: Any **Felony/Conviction?** ☐ Yes ☐ No Any **Misdemeanor Conviction?** ☐ Yes ☐ No
Other Members: Any **Felony Convictions?** ☐ Yes ☐ No Any **Misdemeanor Conviction?** ☐ Yes ☐ No
Is anyone in HH subject to a **lifetime sex offender registration** in any state? ☐ Yes ☐ No Details

- ☐ ANY PETS? ☐ Yes ☐ No Number of Pets: Describe:

- ☐ HOUSEHOLD SIZE AND COMPOSITION ☐ ANNUAL INCOME ☐ DOCUMENTED DISABILITY?
← # Adults ← # Children ← Total # in Household ☐ Yes ☐ No

- ☐ CURRENT HOUSING STATUS ☐ Homeless ☐ Housing Loss in 14 days ☐ Homeless under other federal status
☐ Homeless because Fleeing domestic violence ☐ At risk of homelessness ☐ Stably Housed

- ☐ BEST TELEPHONE NUMBER TO USE ☐ SECOND TELEPHONE

- ☐ EMAIL ADDRESS

- ☐ WHERE YOU LIVE OR BACKUP ADDRESS check this box if backup address is the same as best mailing address below.

AddressLine 1

Apt # or "care of" name

City

State

Zip

- ☐ BEST MAILING ADDRESS

Address Line 1

Apt # or "care of" name

City

State

Zip

- ☐ PREFERRED # OF BEDROOMS? SPECIAL CIRCUMSTANCES? (*some programs may grant you a priority status*)

- ☐ Disability ☐ Elder ☐ Local Resident ☐ Local Employee ☐ Local Student ☐ Homeless Vet. ☐ Fleeing Dom. Viol.
☐ Rent-burdened 40% ☐ Rent-burdened 50% ☐ HUD VAWA Certification ☐ Victim of Hate Crime.
Displaced by: ☐ Urban Renewal ☐ Sanitary Code ☐ Natural Forces ☐ Other _____



Chelmsford Housing Authority

10 Wilson Street, Chelmsford, Massachusetts 01824 –3160

Phone: (978) 256-7425 x12 Fax: (978) 256-1895

APPLICATION FOR SECTION 8 PROJECT BASED ASSISTANCE at THE CHOICE* Center

19 Sheila Ave, North Chelmsford, MA 01863

Please submit the completed application to: 10 Wilson St. Chelmsford MA 01824

1 & 2 bedroom units available for persons aged 62 years or older

PLEASE PRINT CLEARLY

PART A: GENERAL INFORMATION

Applicant name: _____

Current Address: _____

City: _____ State: _____ Zip code: _____

Mailing address: _____

(only if different from current address)

City: _____ State: _____ Zip code: _____

Home phone: _____ Cell phone: _____

Daytime phone: _____ Email: _____

PART B: INFORMATION ABOUT MEMBERS OF THE HOUSEHOLD

List all persons age 62 or older 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. **SS number or**

NAME	Relation to Head	US Citizen Y/N	Disabled? Y/N	Sex M/F	Date of Birth	Alien number
1.	Head					
2.						
3.						
4.						

ANSWER THE FOLLOWING QUESTIONS ABOUT ALL MEMBERS OF THE HOUSEHOLD:

1. Race and Ethnicity (This question is optional):

Race: Check the appropriate race. (More than one category can be entered if applicable.)

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

Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino

2. Are you, or your spouse, currently living or working in Chelmsford? ☐ Yes ☐ No



3. Are you being displaced by public action? ☐ Yes ☐ No
4. 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)
5. 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.)
6. 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)
-
7. Are you, or any member of your household, subject to a lifetime registered sex offender registration requirement in any state? ☐ Yes ☐ No
8. 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.

Family Member Name	Income Source	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? ☐ Yes ☐ No Checking account? ☐ Yes ☐ No
- Certificate of deposit? ☐ Yes ☐ No Money market account? ☐ Yes ☐ No

Please list all bank accounts

Family Member Name	Bank Name	Account Number	Balance

3. Do you or any family member own or have access to any of the following?
- Stocks? ☐ Yes ☐ No Bonds? ☐ Yes ☐ No
- Real property (land)? ☐ Yes ☐ No Trust Funds? ☐ Yes ☐ No
- Pensions? ☐ Yes ☐ No Individual retirement accounts? ... ☐ Yes ☐ No
- Inheritances? ☐ Yes ☐ No Life insurance policies? ☐ Yes ☐ No
- Any other type of capital investment? ☐ Yes ☐ No

If yes, please detail each asset checked.

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 applicants 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.

Income limits for participation are as follows:

One Person:	\$ 37,700	Two People:	\$ 43,050
Three People	\$ 48,450	Four People	\$ 53,800





THE CHOICE* CENTER

*Choice Housing Opportunities for Intergenerational and Community Endeavors, Inc., a non-profit organization of the Chelmsford Housing Authority.

The CHOICE Center is an affordable rental housing development for elders aged 62 years or older. This development consists of 37 units: 32 one-bedroom units and five two-bedroom units and is administered by CHOICE, a non-profit organization of the Chelmsford Housing Authority.

The two-bedroom units recognize the changing definition of senior housing. For example, this may be elderly parents caring for a disabled adult child, two elderly siblings living together, an elderly couple, one of whom would otherwise have to be placed in a long-term care facility or a resident requiring a live-in medical aide.

The CHOICE Center is located on an existing campus, which contains both state and federal housing programs. It is also close to the Chelmsford Senior Center.

Available services on this campus include:

24-hour on-call emergency care
vendor-contracted homemaking
services
on-site service coordinator

free prescription delivery service
foot care clinic
full service beauty salon
brown bag food program

The Section 8 Project-Based program is administered by the Leased Housing Department of Chelmsford Housing Authority. There are thirteen (13) Section 8 Project-based units in this complex: eleven 1-bedroom units and two 2-bedroom units.

- Each program participant will be required to pay 30% of gross income towards the rent.
- All utilities are included.
- Landlord requires a security deposit equal to one month's rent.

Current 2018 rents for the project based units at the CHOICE* Center are as follows:

Bedroom Size	# of Units	Rent	Approx. Sq. Ft.
1	11	\$1237	658
2	2	\$1589	872

