

Full Name:

Address1:

Address2:

City State Zip:

Email:

Case Manager Email:

← **APPLICANT COMPLETE THIS SECTION**

Use Adobe Acrobat Reader and print this application to
"Custom Scale - 100%".

Then, both addresses will appear in the windows of a #10
double-window envelope, saving you time.

← **Mail this application to the address at left.**

Do not fax!

Date Generated:

Fold on this line —

Dear

I am applying to the following waitlist, which I believe is open – please fax HousingWorks if the list is closed.

SECTION BELOW FOR WAITLIST ADMINISTRATORS ONLY:

LANDLORD: IF REJECTING THIS APPLICATION, please email, mail, or fax the form below to HousingWorks. We will forward it on to the applicant. [Include this page so we know who the application is from!](#)

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

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 Stamp – for Office Use Only*

Information Packet

HELENA CROCKER RESIDENCES

Affordable Rental Application
Elderly (62+) Affordable Housing
60 Littleton Road
Westford, MA 01886

This packet contains specific information on eligibility requirements, selection priority categories, and application process for **eighteen (18) affordable apartments** being offered for rent in the town of Westford, 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 **Wednesday, March 29, 2023** at 6 p.m. at the **Westford Public Library**, Westford, MA 01886.

Attendance at the Informational Session is not required for participation in the lottery. You should, however, confirm attendance so that we may be sure we have enough room for all interested parties.

Applications due by May 31, 2023 at 4:30PM

Phone: 978-256-7425, ext. 10 or lottery@chelmsfordha.com

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General Overview

Helena Crocker Residences will include 18 units of supportive and affordable elderly housing, of which there will be 8 studio units and 10 one-bedroom units. The housing will be designed to address the immediate needs of seniors with incomes ranging from moderate (60% Area Median Income) to extremely low (30% AMI). Each of the 18 apartments will have a full bathroom and kitchen with rooms and hallways designed to support the needs of those with disabilities and will be easily converted to full accessibility standards if and when that is needed for the tenants. Particular attention will be paid to accessibility and flexible spaces that allow residents with mobility impairments to remain independent and self-sufficient within their homes.

The project also includes a substantial supportive services component designed to provide access to education and training, and health care services so that will allow seniors to age in place.

As this is a smoke-free building, neither tenants nor visitors will be permitted to smoke in the units or on the premises.

The affordable rents are being set based upon the 2022 Westford Town HUD Metro FMR Area 60% area median income (AMI) limits to households earning no more than 60% of AMI.

Bedroom Size	Baths	Number of Units	Rent 30%*	Rent 60%	Utility Allowance
0	1	8	30% of Income	N/A	N/A
1	1	10	30% of Income	\$1,422	N/A

* 16 of the units will be receiving rental assistance (project-based section 8 or MRVP); therefore, those tenants will only be required to pay 30% of their annual income towards rent and utilities. Three (3) of the project-based MRVP units will also have a preference for homeless applicants.

Since it is anticipated that there will be more interested and eligible applicants than available units, CHOICE, Inc. and the Developer will be sponsoring an application process and lottery to rank the eligible applicants for the program. The application and lottery process, dates and eligibility requirements can all be found within this Information Packet.

Helena Crocker Residences does not discriminate based on race, color, national origin, ancestry, marital status, genetic information, gender identity, public assistance reciprocity, veteran/military status, religion, sex, familial status, sexual orientation or handicap (disability). 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 for 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 Shirley. The maximum incomes allowed for this program are:

Westford, MA HUD Metro FMR Area; effective 04/18/22¹

Household Size	30% of Median	60% of Median
1	\$26,550	\$53,100
2	\$30,350	\$60,660

Approximate Minimum Income

Restriction	Unit Type		Minimum Income Required
	0BR	1BR	
30% AMI / PB-S8	4	4	N/A
30% AMI / PB-MRVP	4	4	N/A
60% AMI	N/A	2	\$42,660
TOTAL	8	10	

*Sixteen (16) units are set to receive project-based rental assistance, therefore the minimum income requirement is waived.

For households who already have a subsidy for housing through the Section 8 Program or similar assistance, this minimum may be waived if you already have a subsidy for housing through the Section 8 Program or similar assistance. In addition, if you have assets that exceed \$35,580 you may also apply.

¹ Income Limits are subject to change with release of annual limits by HUD.

Asset Limits

Section 8 Rental Assistance and Unassisted Units: There is no limit on the amount of assets 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 (.06% as of 2/1/15) 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 401Ks), real property, bonds, capital investments, life insurance policies and foreign bank accounts.

MRVP Rental Assistance Units: At admission a Household's total assets may not exceed one and one half ($1\frac{1}{2}$) times the gross Household income or \$25,000, whichever is greater. There is no asset limitation for continued eligibility.

To be eligible for MRVP, an Applicant may not own residential real estate. If an Applicant does own residential real estate, it must be sold prior to being found eligible for MRVP. The proceeds from the sale shall be counted as an asset and must be less than the greater of one and one half ($1\frac{1}{2}$) the gross Household income or \$25,000.

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 Westford to apply?

A: No, but there will be a local preference at Helena Crocker Residences.

Q: Can I apply if own a home?

A: You may own a home when you apply. Depending upon the type of rental assistance program the applicant may apply for, homes may need to be sold prior to move-in. ***See clarification on previous page about Asset Limits.*** It does not have to be sold before you move in. Your 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: The Chelmsford Housing Authority 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, the CHA 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, 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.

CHOICE, Inc. 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 1%. 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:

Employment	\$25,000	Checking ($\$7,000 \times 1\%$)	= \$70
Child Support	\$12,000	CD ($\$20,000 \times 2.3\%$)	= \$460
Total income = \$37,530			

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

A: Yes, you need to include the net cash value of all your current retirement funds. We realize that most retirement funds assess large penalties for early withdrawal, but this does not technically mean that you cannot withdraw your funds or don't have access to them. The "post-penalty" amount is what you need to provide along with supporting documentation.

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 an affordable unit. The following pages explain each step in greater detail.

Completed with the Guidance of CHOICE, Inc., & the Chelmsford Housing Authority

Step 1:	Program Application	April 1, 2023 – May 31, 2023
Step 2:	Assignment of Lottery Ticket	April 1, 2023 – May 31, 2023
Step 3:	The Lottery	June 15, 2023 11:00 AM
Step 4:	Notification of Lottery Results	June 15, 2023 – June 30, 2023
Step 5:	Formal Review of Eligibility	July 2023

Please note that there will be an Informational Session held for all interested applicants on **Wednesday, March 29, 2023** at 6 p.m. at the **Westford Public Library**, Westford, MA 01886. Attendance at the Informational Session is encouraged, but not required for participation in the lottery. Remote access to the Informational Session will also be available via Microsoft Teams:

Microsoft Teams meeting

Join on your computer, mobile app or room device: [Click here to join the meeting](#)

Meeting ID: 272 153 709 793

Passcode: 57ZdyQ

Step 1: Program Application

From April 1, 2023 – May 31, 2023, CHOICE, Inc., and the Chelmsford Housing Authority will be advertising and publicizing the availability of this affordable housing opportunity in Devens/Shirley 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 **May 31, 2023, at 4:30 p.m.** All applications should be sent to:

Chelmsford Housing Authority
RE: Helena Crocker Residences
10 Wilson St.
Chelmsford, MA 01824

To ensure that applications arrive in time, the CHOICE, Inc. and the CHA recommend 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. CHOICE, Inc. and 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 on June 15, 2023 at 11 a.m. at the **Chelmsford Housing Authority**, 10 Wilson Street, Chelmsford, MA. Households do not have to attend the Lottery to remain eligible; results will be mailed to all participants.

The Process:

The Lottery will have four applicant pools:

Pool (includes subsidized & unsubsidized)	Qualifications	# of Units
0BR Local	Local Applicants	3
0BR Open	All Applicants	5
1BR Local	Local Applicants	4
1BR Open	All Applicants	6

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

Step 4: Notification of Lottery Results

CHOICE, Inc. and the Chelmsford Housing Authority 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.

Income:

- **Wages:** Verify gross earnings by submitting six (6) 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 or Supplemental Income:** A statement no more than one month old from the Social Security Administration. This statement can be obtained online at 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
- **VA Compensation or Benefits:** A statement no more than one month old showing earnings from the Veterans Administration.
- **ADFC/EAEDC/TANF:** 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 six (6) payment checks.
- **Unemployment Benefits:** Current statement or copies of 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 six (6) months of complete 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 Helena Crocker Residences.

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.

SITE NAME	Helena Crocker Residences	PRELIMINARY APPLICATION Elderly (age 62+) Housing Opportunity Equal Housing Opportunity
ADDRESS	60 Littleton Road	
CITY, STATE	Westford, MA 01886	Please print and fill in ALL information
PHONE#	(978) 256-7425 x10	Return application to: CHOICE, Inc., RE: Helena Crocker Residences 10 Wilson Street, Chelmsford, MA 01824
FAX#	(978) 256-1895	
TDD#	(800) 439-0183	
WEBSITE	www.chelmsfordha.com	
EMAIL	lottery@chelmsfordha.com	

Applicant Name			
Address			
City		State/Zip	
Home Phone		Work Phone	
Cell Phone		Employer	
Email Address		@	

Bedroom Size Information: For which bedroom size are you applying (circle one)	
0 Bedroom (Studio)	1 Bedroom

Are you, or any member of your household, in need of a wheelchair/handicapped accessible unit?

☐ Yes ☐ No

Do you currently receive, or do you have, a Section 8 or MRVP mobile voucher or certificate?

(The Lottery Agent does not discriminate based on source of income. This question is asked for the sole purpose of determining ability to pay rent.)

☐ Yes ☐ No



This is an important notice. Please have it translated.
Este es un aviso importante. Por favor, tradúzcalo.
这是一个重要的通知。请翻译一下。
Đây là một thông báo quan trọng. Xin vui lòng có nó dịch.
នេះជាការជូនដំណឹងដ៏សំខាន់។ សូមប្រែសម្រួល។
nih chea kar choundamnoeng da saamkhan. saum bre samruol.
Este é um aviso importante. Por favor, traduza.

Please complete the chart below for everyone who will occupy the unit, including yourself:

Full Name	Relationship	DOB	Last 4 SSN	Full-Time Student
				Yes / No
				Yes / No

Preference Information

Are you interested in applying for a rent-assisted unit through the Section 8 or MRVP Program at this development?

☐ Yes ☐ No

Are you, or any member of your household (a) Westford residents; (b) employees of the Town of Westford or its school system, including Nashoba Valley Technical High School; (c) households of students enrolled in the Westford school system including Nashoba Valley Technical High School.

☐ Yes ☐ No

Helena Crocker Residences is committed to providing a safe and healthy environment and to promoting the health and well-being of its residents, staff, and guests. As such, Helena Crocker Residences is a smoke-free community. Households with members who intend to smoke on the property will be denied. Households who violate the smoke-free policy may be subject to eviction.

Do you, or anyone in your household, smoke? Do you intend to smoke on the premises?

☐ Yes ☐ No

Are you or any member of your household claiming a homeless priority status, which is defined as an applicant who 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.*

☐ Yes ☐ No

Households claiming a homeless priority status will be required to complete a Homeless Certification and to provide the required supporting documentation.

REASONABLE ACCOMMODATION

Persons with disabilities are entitled to request a reasonable accommodation in rules, policies, practices, or services, or to 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 here or write a signed statement and attach it:

MINORITY: (OPTIONAL) Information will be used to determine effectiveness of affirmative outreach. Response is strictly voluntary and will not affect your application.

☐ 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

Related Party: Is any member of the household related to or employed by the developer or related to or employed by CHOICE, Inc. or the Chelmsford Housing Authority.

☐ Yes

☐ No

Please explain:

INSTRUCTIONS FOR COMPLETING THE FOLLOWING INCOME TABLE

Please complete the Income Table on the following two pages. You will later be asked to attach supporting documentation in the form of the **five most recent consecutive pay stubs and/or income statements for all sources of income, W-2 statements** and the **most recent federal income tax returns** (including all attachments and amendments) for each member of the household.

For the purpose of **income determination**, “**Household**” shall mean all persons whose names appear on the lease, and also all persons who intend to occupy the housing unit as their permanent primary residence, even if they are not included on the lease. Legally married couples shall both be considered part of the household, even if separated. The incomes of *all* household members will be included, with the exception of income from employment for household members under the age of 18 or any income over \$480/year of full-time students who are dependents (but please note that documentation of income for those dependents still needs to be supplied).

Please note:

1. Gross income from current wages, salaries, tips, etc. is the full amount, before any deductions, and is the amount used to determine estimated current annualized income.
2. For self-employed applicants- include the contract or job name in the space provided. You will be directed to provide all the additional documentation you will need to submit in **Section 2**.

INCOME

If a section does not apply, write “N/A”; leave nothing blank.

Household Member Name	Source of Income	Current GROSS Monthly Amount
	Employer (name)	
	Employer (name)	
	Self-Employed (contract/job name)	
	Self-Employed (contract/job name)	
	Child Support/Alimony	
	Child Support/Alimony	
	Veteran's Benefits	
	Veteran's Benefits	
	Pension (list source)	
	Pension (list source)	
	Unemployment/Worker's Comp	
	Title IV/TANF/AFDC/EAEDC	
	Full-Time Student Income (18 & older only)	
	Recurring Gift Income	
	Other Income (name/source)	
Gross Monthly Household Income (GMHI)		\$ /month
GMHI X 12 = Gross Annual Household Income		\$ /year

INSTRUCTIONS FOR COMPLETING THE FOLLOWING ASSETS TABLE

Please complete the Asset Table on the following two pages. You will later be asked to attach supporting documentation in the form of the **six months most recent consecutive bank statements for all assets** for each member of the household.

For the purpose of **asset determination**, “**Household**” shall mean all persons whose names appear on the lease, and also all persons who intend to occupy the housing unit as their permanent primary residence, even if they are not included on the lease. Legally married couples shall both be considered part of the household, even if separated.

If a section doesn’t apply, write “N/A”. In the next section you will be directed to submit detailed bank/balance statements for EVERY ASSET listed here. For eligibility purposes, assets divested for less than full market value in the past 2 years will be counted at fair and full market value.

If a section does not apply, write “N/A”; leave nothing blank.

	Bank Name	Last 4 Digits of Acct Number	Amount
Checking Accounts			Balance \$
			Balance \$
			Balance \$
			Balance \$
Savings Accounts			Balance \$
			Balance \$
			Balance \$
			Balance \$
Debit Card (Direct Express, EBT)			Balance \$
Digital Wallet (Venmo, Paypal)			Balance \$
Trust Account			Balance \$
			Balance \$
Whole Life Insurance			Balance \$
			Balance \$
			Balance \$
Certificates of Deposit (CDs)			Balance \$
			Balance \$
			Balance \$
			Balance \$
Savings Bonds	Maturity Date:		Value \$
	Maturity Date:		Value \$
	Maturity Date:		Value \$
	Maturity Date:		Value \$
401k, IRA, Retirement Accounts	Company Name:		Value \$
	Company Name:		Value \$
	Company Name:		Value \$
	Company Name:		Value \$

If a section does not apply, write “N/A”; leave nothing blank.

Mutual Funds	Name:	# of Shares:	Interest/Dividends	Value
			\$	\$
			\$	\$
			\$	\$
Stocks	Name:	# of Shares:	Interest/Dividends	Value
			\$	\$
			\$	\$
			\$	\$
			\$	\$
Bonds	Name:	# of Shares:	Interest/Dividends	Value
			\$	\$
			\$	\$
			\$	\$
Investment Property			Appraised Value \$	

Real Estate

Do you, or anyone on this application, own any property or have owned any in the past 2 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you, or anyone on this application, entitled to receive any amount of money from the sale of any property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes to either, type of property:</i>		
Location of Property:		
Appraised Market Value: \$		
Mortgage or Outstanding Loans balance: \$		

REFERENCE INFORMATION (most recent five years history)

Current Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
Prior Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	

Additional Required Information

NOTE: A failure to respond fully to these questions may result in rejection or denial of this application.

Are you or any member of your household required to register as a sex offender under Massachusetts or any other state law? _____

If yes, list the name of the persons and the registration requirements (i.e., place where registration needs to be filed, length of time for which registration is required).

CHOICE, Inc., acting as management agent for **Helena Crocker Residences** (the “Development”) does not discriminate on the basis of race, color, ancestry, marital status, public assistance reciprocity, veteran/military status, religion, sex, national origin, sexual orientation, age, genetic information, gender identity, familial status or physical or mental disability in the access or admission to the Development, its employment, or in its programs, activities, functions or services.

Please read each item below carefully before you sign:

I hereby declare under pain and penalty of perjury that the information provided on every page of this application is true and correct.

1. I/We understand that this application will be incomplete if I do not sign and date this page and initial at all indicated points in the application.
2. I/We understand that if any of the information provided above is not true and accurate, this application may be removed at any point in the process.
3. The undersigned certify that the affordable unit will be undersigned's principal residence and the undersigned cannot own a home elsewhere or in trust while living in an affordable unit.
4. I/We understand that the lease or residency agreement for the units to be occupied through this affordable housing program may be subject to cancellation if any of the information above is not true and accurate.
5. I/We understand that this is a preliminary application and the information provided **does not** guarantee housing.
6. I/We understand this is not a lease application and if given the opportunity to move forward in the process of leasing an affordable unit, I will need to complete a lease application at the leasing office where my lease eligibility will be determined by additional factors such as credit score, tenant history and criminal background screening.
7. I/We understand that any material change in the income or assets of my household that occurs after the submission of this application may make me ineligible for affordable housing.
8. I/We acknowledge that if my email address is provided in this application, CHA/CHOICE, Inc. will correspond with me by email instead of postal mail unless I make a written request otherwise.
9. The undersigned give consent to the Chelmsford Housing Authority, CHOICE, Inc., Helena Crocker Residences to verify the information provided in this application.
10. I/We hereby certify that the information furnished on this application is true and complete, to the best of my/our knowledge and belief. Inquiries may be made to verify the statements herein. All information is regarded as confidential in nature, and a consumer credit report and a Criminal Offenders Record Information (CORI) report of other criminal background check may also be requested. I/We hereby certify that false statements or information are punishable applicable under State or Federal Law.
11. I/We hereby certify that we have received notice from management describing the right to a reasonable accommodation for persons with disabilities.

Applicant's Signature

Date

Applicant's Signature

Date

FAIR INFORMATION ACT – STATEMENT OF RIGHTS

Local Housing Authorities collect information about applicants and tenants as required by law in order to determine eligibility, amount of rent, and correct apartment size. The information collected is used to manage the housing programs, to protect the public’s financial interest, and to verify the accuracy of information submitted. Where permitted by law, it may be released to government agencies, other housing authorities, and to civil or criminal investigators and prosecutors. Otherwise, the information will be kept confidential and only used by housing authority staff in the course of their duties.

The Fair Information Practices Act established requirements governing housing authorities’ use and disclosure of the information it collects. Applicants and tenants may give or withhold their permission when requested by the housing authority to provide information. However, failure to permit the housing authority to obtain the required information may result in delay, ineligibility for programs, or termination of tenancy or housing subsidy. The provision of false or incomplete information is a criminal offense punishable by fines and/or imprisonment.

As an applicant or tenant, you have the following rights in regards to the information collected about you:

- 1. No information may be used for any purpose other than those described above without your consent.
- 2. No information may be disclosed to any person other than those described above without your consent. If we receive a legal order to release the information, we will notify you.
- 3. You or your authorized representative has a right to inspect and copy any information collected about you.
- 4. You may ask questions and receive answers from the housing authority about how we collect and use your information.
- 5. You may object to the collection, maintenance, dissemination, use, accuracy, completeness, or type of information we hold about you. If you object, we will investigate your objection and will either correct the problem or make your objection part of the file. If you are dissatisfied, you may appeal to the Executive Director who will notify you in writing of the decision and of your right to appeal to the Department of Housing and Community Development.

I have read and understand this Fair Information Practices Statement of Rights and have received a copy for future reference. This form must be signed, dated and mailed with your application to each authority where you apply for housing.

Signature

Signature

Date

Date

RELEASE FOR CREDIT CHECK

EVERYONE OVER THE AGE OF 18 MUST COMPLETE A SEPARATE FORM

First Name:

Last Name:

Middle Name:

Date of Birth:

/

/

SSN:

Current Address:

Employment Income:

/MO Other Income:

/MO

I hereby apply for the apartment through the Chelmsford Housing Authority. With my signature below I hereby authorize and request all credit reporting agencies, employers, credit and personal references release all pertinent information about me/us. A photocopy of this shall be as valid as the original. I understand that the credit report (rental history, arrest and/or conviction records, and retail credit history) will be done thru the facilities of:

CoreLogic SafeRent, 7300 Westmore Rd, Suite 3, Rockville, MD 20850-5223.

Consumer Phone 1-888-333-2413.

RELEASE: In consideration for being permitted to apply for assistance/continued assistance, I, Applicant, do represent all information in this application to be true and accurate and that owner/manager/employee/agent may rely on this information when investigating and accepting this application. Applicant hereby authorizes the owner/manager/agent to make independent investigations to determine my credit, financial and character standing. Applicant authorizes any person, or credit checking agency having any information on him/her to release any and all such information to the owner/manager/employee or their agents or credit checking agencies. Applicant hereby releases, remises and forever discharges, from any action whatsoever, in law and equity, all owners, managers, employees, or agents, both of landlord and their credit checking agencies in connection with processing, investigation, or credit checking this application, and will hold them harmless from any suit or reprisal whatsoever. I understand that the credit report (rental history, arrest and/or conviction records, and retail history) will be done thru the facilities of:

CoreLogic SafeRent, 7300 Westmore Rd, Suite 3, Rockville, MD 20850-5223.

Consumer Phone 1-888-333-2413.

Signature:

| Date:

Consent for Release of Information

NAME:		SS#	
ADDRESS:			

NAME:		SS#	
ADDRESS:			

I/We, the above named individual(s), have authorized the Chelmsford Housing Authority to verify the accuracy of the information which I have provided to the Chelmsford Housing Authority, from the following sources:

- Healthcare providers, including but not limited to: AgeSpan, Mental Health agencies, Social Service agencies, medical providers, PACE, SCO's etc.
- Banks and other financial institutions
- Courts, law enforcement agencies, CORI
- Credit bureaus and credit providers
- Landlords and employers (past and present)
- Permission to use social security number to verify income through Mass Dept. of Revenue
- U.S. Social Security Administration
- U.S. Department of Veterans Affairs
- Utility companies
- Welfare agencies
- Retirement and pension
- Providers of:
 - Alimony, child care, child support, credit, handicap assistance, marital status, schools, colleges & post office

I hereby give you permission to release this information to the Chelmsford Housing Authority/CHOICE, Inc. subject to the condition that it be kept confidential. I would appreciate your prompt attention in supplying the information requested on the attached page to Chelmsford Housing Authority within five (5) days following the receipt of this request. I understand that a photocopy of this authorization is as valid as the original for twelve (12) months from date of signature.

SIGNED:		DATE:	
SIGNED:		DATE:	

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.

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).
-

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: _____