Applicant: Write your full name and address, including your apartment # and zipcode.

Mail this application to the address you see at left.

Dear I am applying to the following waitlist, which I believe is open:

App Generated:



DO NOT LEAVE ANY QUESTION UNANSWERED!

| 0 | HEAD OF HOUSEHOLD'S FIRST NAME | | | | |
|----|--|--|--|--|---|
| 0 | HEAD OF HOUSEHOLD'S <u>COMPLETE MIDDLE NA</u> | AME | | | |
| 0 | HEAD OF HOUSEHOLD'S LAST NAME (EX: BAEZ | GONZALEZ) | | | OSUFFIX |
| 0 | YOUR MOTHER'S LAST NAME WHEN SHE WAS A | A CHILD | | | |
| AN | SWER THIS: O Yes O No Does the HoH have a | Social Security Number? <i>If "Ye</i> s | s" you must provide t | he full SSN! | |
| 0 | HEAD OF HOUSEHOLD'S SOCIAL SECURITY NUM | BER O HEAD OF | HOUSEHOLD'S DATE | OF BIRTH C | GENDER |
| 0 | ETHNICITY | O RACE: Asian , Black, V | Vhite, Native American, | Pacific Islander, Mul | ti-racial |
| 0 | REQUESTED ACCOMMODATIONS Fill in the cire O Fully Accessible Wheelchair Unit O No-Steps unit (elevator to any floor) O First-Floor unit only | cle for anything you need: O Blind Accessible Unit O Deaf Accessible Unit O Unit for Environmental . | C | D Need an Interpr D Domestic Viole D Personal Care A | nce Victim |
| 0 | HoH's CAREER STAGE O Employed O Unemployed O Retired | O FT Student O PT Stude | OANY VETERANS | in HH? OYes | O No |
| 0 | PERMANENT MOBILE RENTAL ASSISTANCE, if a O I do not have mobile rental assistance O | ny Mobile Section 8 voucher | O MRVP O A | HVP O VASH | H or similar |
| 0 | CRIMINAL RECORD AND SEX OFFENDER Head of Household: Any Felony/Conviction Other Members: Any Felony Conviction Is <u>anyone</u> in HH subject to a lifetime sex offer | ∎s? OYesONo | Any Misdemeand Any Misdemeand ? O Yes O No | | |
| 0 | ANY PETS? O Yes O No Describe: | | | | |
| 0 | HOUSEHOLD SIZE AND COMPOSITION | ←Total # in Househo | O ANNUAL INCOME | | ED DISABILITY? 3 O No |
| 0 | CURRENT HOUSING STATUS O Homeless | O Housing Loss in 14 days | O Homeless under o | other federal status | |
| | O Homeless bec | ause Fleeing domestic violence | O At risk of homeles | ssness O St | ably Housed |
| 0 | BEST TELEPHONE NUMBER TO USE | O s | ECOND TELEPHONE | | |
| 0 | EMAIL ADDRESS | | | | |
| 0 | WHERE YOU LIVE OR BACKUP ADDRESS | | | | |
| 0 | BEST MAILING ADDRESS | | | | |
| 0 | # BEDROOMS NEEDED? O Disa Displace | O SPECIAL CIRCUMST bility O Elder O Veteran ed by O Public Action O Sanita | O Fleeing Domest | ic Violence O R | <i>priority status)</i> ent-burdened |

Princeton Commons

PRINCETON COMMONS is a 108 unit development consisting of one-and-two bedroom garden style rental units located in four three-story buildings. Of the 108 units, twenty two of the units have been designated as affordable. Of the twenty two units there are 2 two-bedroom and 2 one-bedroom handicap accessible units. As there are no elevators, it is extremely important that you indicate and provide documentation if you are unable to climb stairs. The one bedroom units range in size from 739 to 847 sq. ft. The two bedroom units range in size from 1093 sq ft to 1154 sq ft.

The one bedroom units consist of a bedroom, one bath, an open kitchen with a dining room, and living room with a balcony/patio. The two bedroom units consist of two bedrooms and two baths with a dining room, and living room with a balcony/patio. All units come with a dishwasher and washer/dryer. There is a clubhouse on site with a great room, a community kitchen and exercise room.

The affordable units are set aside for eligible families earning less than 50% of the median income. The total rent for these units is \$765 for a one-bedroom and \$971 for a two-bedroom unit excluding utilities. In order to make these units more affordable, the Chelmsford Housing Authority has set aside up to 22 Section 8 Vouchers that will be assigned to the unit. Residents will pay 30% of their income towards the rent and the Chelmsford Housing Authority will make up the difference. For example, if 30% of your income is \$300 a month, the CHA will pay the remaining \$465 of your rent. All eligible lottery winners would be required to execute all necessary documents associated with the Section 8 Housing Choice Voucher Program in order to receive this assistance and reside at this development.

15 of the 22 units have been set aside for applicants that meet the definition for local preference. The remaining units will be available to all applicants. If the local pool of applicants does not have adequate minority representation, increased opportunities will be provided to reflect the percentage of minorities as defined by HUD.

Applications will only be distributed and accepted during the period of January 16, 2007 and February 23, 2007 during regular business hours of 8:30 a.m. to 4:30 p.m. at the Chelmsford Housing Authority offices located at 10 Wilson Street, Chelmsford, MA 01824. Applications may be requested by calling (978) 256-7425 x10. Completed applications with all supporting documentation must be received no later than February 28, at 4:00 p.m.





10 Wilson Street Chelmsford, Massachusetts 01824-3160 (978)256-7425 x10

PRELIMINARY APPLICATION FOR ELIGIBILITY FOR SECTION 8 PROJECT BASED ASSISTANCE AT PRINCETON COMMONS

PLEASE PRINT CLEARLY

A. General Information

| Applicant name: | | | | | | | |
|--|---------------------|--------|---------|------------------|----------|------------------|------|
| Address: | | | | | Zip cod | e | |
| Daytime phone: | | | | | | | |
| Social security number: | | | | I | | | |
| Date of birth: Place of birth: | | | | | | | |
| B. Family Composition | | | | | | | |
| Special Family Type: Head / Spouse 62 years or older Hea | d / Spouse | Hand | icappe | d | | | |
| Minority (Optional): | ıdian/Alaska | an Nat | ive 🗌 | Asian/Pacific | Islander | Other | |
| Ethnicity (Optional): | | | | | | | |
| Pursuant to 24 CFR 982, please list all other men | mbers of yo | ur hou | sehold: | | | | |
| Names of all Persons to Reside in Unit (First Name, Middle Initial, Last Name) | Relation to Head | Sex | Age | Date of Birth | SS # | Student Y / N | |
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| Are you a resident of Chelmsford? | | | | | [] | Yes | 🗌 No |
| Do you work in Chelmsford at least 20 hours a v If yes, please slate name and address of employer | week? | | | | | Yes | 🗌 No |





| Do you currently have a Section 8 Voucher? | | | 🗌 No | | |
|--|---|-------------|----------|--|--|
| If ye | es, from what agency? | | | | |
| Hav | there been any changes in household composition in the last twelve months? | Yes | 🗌 No | | |
| If ye | es, explain: | | | | |
| Do | you anticipate any changes in household composition in the next twelve months? | Yes | 🗌 No | | |
| If ye | es, explain: | | | | |
| plar | all all of the persons in the household be, or have been, full-time students during five calendar to be in the next calendar year at an educational institution (other than a correspondence alty and students? | | • | | |
| If y | es answer the following questions: | | | | |
| | Are any full-time student(s) married and filing a joint tax return? | Yes | No | | |
| | Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act? | Yes | 🗌 No | | |
| | Are any full-time student(s) a TANF or a Title IV recipient? | Yes | No | | |
| | Are any full-time student(s) a single parent living with his/her minor child who is not a dependant on another's tax return? | Yes | 🗌 No | | |
| C. | Bedroom size required: | | | | |
| | One BdrmOne Bdrm handicappedTwo BdrmTwo | vo Bdrm han | dicapped | | |
| | Do you need a wheelchair accessible unit? Yes No | | | | |
| | (If yes, you must provide a letter from a medical practitioner that you use a wheelchair, walker or double canes.) | | | | |
| | Do you require a first floor unit if an elevator is not available? Yes | | | | |
| | (If yes, you must provide a letter from a medical practitioner that you require a first level unit.) | | | | |
| р | Income | | | | |

D. Income:

List ALL income of all members listed on application. Cross out or write N/A if a section doesn't apply.

| Household member name | Source of income | Gross monthly |
|-----------------------|--|---------------|
| | | name |
| | SSI benefits | \$ |
| | Pension (list source) | \$ |
| | Veteran's benefits (list claim #) | \$ |
| | Unemployment compensation | \$ |
| | Title IV/TANF / TAFDC | \$ |
| | Contributions to the Household (monetary or not) | \$ |
| | Contributions to the Household (monetary or not) | \$ |



TEL# 978-256-7425 x 10 TDD# 978-256-7425 FAX# 978-256-1895 Email: chaadmin@speakeasy.net



| Household Member Name | Source of Income | Monthly Amount |
|-----------------------|---|----------------|
| | Full-Time Student Income (18 & over only) | \$ |
| | Full-Time Student Income (18 & over only) | \$ |
| | | |
| | Employment amount | \$ |
| | Employer: | |
| | Position Held | |
| | How long employed: | |
| | | |
| | Employment amount | |
| | Employer: | \$ |
| | Position Held | |
| | How long employed: | |
| | | |
| | Employment amount | \$ |
| | Employer: | |
| | Position Held | |
| | How long employed: | |
| | | |
| | Employment amount | \$ |
| | Employer- | |
| | Position Held | |
| | How long employed: | |
| | | |
| | Alimony | |
| | Are you legally entitled to receive alimony? | \$ |
| | If yes, list the amount you are entitled to receive. | Yes No |
| | Do you receive alimony? | \$ |
| | If yes, list the amount you receive. | Yes No |
| | | \$ |
| | Child Support | |
| | Are you legally entitled to receive child support? | |
| | If yes list the amount you are entitled to receive. | Yes No |
| | Do you receive child support? | \$ |
| | If yes, list the amount you receive. | Yes No |
| | | |
| | Other Income | |
| | Other Income | |
| | Other Income | |
| | | |
| | TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts x 12) | \$ |
| | TOTAL GROSS ANNUAL INCOME FROM PREVIOUS | |
| | YEAR | \$ |





| Have you disposed of any other assets in the last 2 years? | Yes No | |
|--|-------------------------------|--------|
| (Example: Given away money to relatives, set up Irrevoca | able Trust Accts)? | |
| 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 | | |
| | \$ | |
| | \$ | |
| Have you owned real estate, land or mobile home and sold | l/disposed of it within the | Yes No |
| last five years | | |
| If yes. type of property | | |
| Market | t Value when sold / disposed: | |
| | | |
| | Date of Transaction: | |
| Do you have any other assets not listed above (excluding p | Yes No | |
| If yes, please list | | |
| | | |
| | | |

F. Additional Information

| Are you or any member of your family currently using an illegal substance? | Yes No |
|---|--------|
| Have you or any member of your household, who will live in the unit, been arrested, or convicted of a misdemeanor in the last five years? | Yes No |
| If yes, describe | |
| | |
| Have you or any member of your family ever been convicted of a felony? | Yes No |
| If yes, describe: | |
| | |
| | |
| Have you or any member of your family ever been evicted from any housing? | Yes No |
| If yes, describe: | |
| | |
| Have you ever filed for bankruptcy? | Yes No |
| If yes, describe: | |
| | |
| | |





| Will you take an apartment when one is available? | Yes No |
|---|--------|
| Briefly describe your reasons for applying: | |

G. PREVIOUS ASSISTANCE:

| Have you or any member of your household, ever received household | | Yes No |
|---|---------------------|--------|
| any housing agency or group? This includes Rental Assistance | programs. | |
| If yes: | | |
| Name of head of | Relation to present | |
| household at that time: | applicant: | |
| Name of Housing | Date moved out: | |
| Agency: | | |
| Reason moved out: | | |
| | | |
| Did you leave as a tenant in good standing? | | |
| If no, please explain: | | |
| | | |

H. <u>REFERENCE INFORMATION</u>

| Current Landlord: | Name: | |
|------------------------|-----------------|--|
| | Address: | |
| | Home Phone: | |
| | Business Phone: | |
| | How long? | |
| Prior Landlord: | Name: | |
| | Address: | |
| | Home Phone: | |
| | Business Phone: | |
| | How long? | |
| Personal Reference #1: | Name: | |
| | Address: | |
| | Home Phone: | |
| | Relationship: | |
| Personal Reference #2: | Name: | |
| | Address: | |
| | Home Phone: | |
| | Relationship: | |
| Personal Reference #3: | Name: | |
| | Address: | |
| | Home Phone: | |
| | Relationship: | |



TEL# 978-256-7425 x 10 TDD# 978-256-7425 FAX# 978-256-1895 Email: chaadmin@speakeasy.net



| In case of emergency | Name: | |
|----------------------|---------------|--|
| | Address: | |
| | Home Phone: | |
| | Relationship: | |

I. VEHICLE AND PET INFORMATION (If applicable)

List any cars, trucks, or other vehicles owned

| Type of vehicle: | License Plate #: |
|----------------------|------------------|
| Year / Make: | Color: |
| Type of vehicle: | License Plate #: |
| Year/Make: | |
| Do you own any pets? | Yes No |
| If yes, describe: | |
| | |





J. <u>CERTIFICATION</u>

I/We understand that it is my responsibility to inform the Housing Authority in writing of any change of address, income or household composition.

I/We understand that I/We must respond promptly to all Housing Authority 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 or termination of tenancy after occupancy.

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 subsidized rental unit in another location. I/We further certify that this will be my permanent residence.

I/We understand I/We must pay a security deposit for this apartment prior to occupancy.

I/We 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. When your name comes to the top of the list, we will request additional information to determine your eligibility.

With our signatures below, we hereby authorize all credit reporting agencies, employers, credit and personal references to release all pertinent information to the CHA. The CHA will utilize First Advantage, Tampa, Florida 1-800-327-0334 to verify all information provided.

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 |
| <u>lease note</u> : | |

This application does not guarantee a unit. Incomplete applications will not be accepted. Faxed copies of this application cannot be accepted **Income Limits for participation are as follows:** Two People: One Person: \$ 28,550

\$ 36,700





Three People:

TEL# 978-256-7425 x 10 TDD# 978-256-7425 FAX# 978-256-1895 Email: chaadmin@speakeasy.net

Four People:





10 Wilson Street Chelmsford, Massachusetts 01824-3160

CORI REQUEST FORM

Chelmsford Housing Authority has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant for______ the Chelmsford Housing Authority, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

Applicant Signature

APPLICANT INFORMATION (PLEASE PRINT)

LAST NAME

FIRST NAME

MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE)

DATE OF BIRTH: ______ SOCIAL SECURITY NUMBER: _____ (Requested but not required)

ADDRESS:

REQUESTED BY.

SIGNATURE OF CORI AUTHORIZED EMPLOYEE

CHSB USE ONLY

RECORD ATTACHED: _____

NO RECORD: _____

Email:chaadmin@speakeasy.net



10 Wilson Street Chelmsford, Massachusetts 01824-3160

CORI REQUEST FORM

Chelmsford Housing Authority has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant for______ the Chelmsford Housing Authority, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

Applicant Signature

APPLICANT INFORMATION (PLEASE PRINT)

FIRST NAME

MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE)

DATE OF BIRTH: ______ SOCIAL SECURITY NUMBER: _____

(Requested but not required)

ADDRESS:

REQUESTED BY.

SIGNATURE OF CORI AUTHORIZED EMPLOYEE

CHSB USE ONLY

RECORD ATTACHED: _____

NO RECORD: _____

Email:chaadmin@speakeasy.net



10 Wilson Street Chelmsford, Massachusetts 01824-3160

GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

NAME: _____

SS# ___

(Social Security Number)

ADDRESS: _____

I, the above named individual, 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:

Banks and other financial institutions Courts, law enforcement agencies, CORI Credit Bureaus, Credit Providers Landlords and employers, past and present

PROVIDERS OF: Alimony, Child Care, Child Support, Credit, Handicapped Assistance, Marital Status, Schools, Colleges and Postal Services U.S. Social Security Administration, U.S. Department of Veterans Affairs Utility Companies, Welfare Agencies, Retirement and Pension Agencies

I hereby give you permission to release this information to the Chelmsford Housing Authority 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 the 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.

| SIGNED: | DATE: | SS# |
|---------|-------|-----|
| SIGNED: | DATE: | SS# |
| SIGNED: | DATE: | SS# |
| SIGNED: | DATE: | SS# |

THIS AUTHORIZATION IS VALID FOR A PERIOD OF ONE YEAR FROM THE DATE NOTED ABOVE



10 Wilson Street Chelmsford, Massachusetts 01824-3160

RELEASE FOR CREDIT CHECK

STREET

TOWN

I/We hereby apply for the apartment listed above. With my/our signature(s) below I/we 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 First Advantage SaveRent, P.O. Box 988, Longwood, FL 32752, Consumer Phone (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 First Advantage SaveRent, P.O. Box 988, Longwood, FL 32752, Consumer Phone (888) 333-2413.

EVERYONE OVER THE AGE OF 18 MUST SIGN BELOW

| NAME | DATE |
|------|------|
| NAME | DATE |
| NAME | DATE |
| NAME | DATE |

releasecreditchecks.shared

Eligibility Requirements

Income and Asset Eligibility

In order to be eligible to rent a unit at Princeton, annual income and assets must be within the guidelines listed below: There is no minimum income.

Maximum Income

Eligible applicants must have a combined annual household income from all sources for all income-earning members of the household of not more than 50% of area median income, as defined by HUD and adjusted for household size. Income in most cases is defined as gross taxable income as reported to the IRS. According to the 2006 Income Guidelines released by HUD, 50% of the area median income for Chelmsford, MA and therefore the maximum allowable household income is as follows:

| Household Size | Maximum Income |
|----------------|----------------|
| 1 | \$28550 |
| 2 | \$32650 |
| 3 | \$36700 |
| 4 | \$40800 |

Assets

There is no limit to assets. The income from the assets will count towards your income. If an asset is not earning interest, the Authority will use 1% or the actual, whichever is greater.

Liquid assets include all cash, cash in savings accounts, checking accounts, certificates of deposit, bonds, stocks, IRA's, 401(k)'s, any and all retirement accounts, and the value of real estate holdings as outlined above, as well as other forms of capital investment. Bonus pay, overtime pay or other compensation will be reviewed on a case-by-case basis. While it will be reviewed to determine income-eligibility, consideration will be taken if it was a one-time occurrence, or is not a regular occurrence, especially if it renders the household over the income eligibility guidelines. In this case, it could be determined that the household will remain income-eligible.

Lottery Process and Preferences

The lottery will be held at The Chelmsford Housing Authority Community Room located at 10 Wilson Street, Chelmsford, MA. The date is to be determined. Applicants need not be present to preserve their place in the lottery.

Lottery Process

Households submitting a complete application prior to the application deadline will be pre-screened for completeness, income eligibility, and appropriate household size, and placed in a category for consideration through a lottery process. Eligible applicants will be notified in writing regarding the preference pool(s) for which they qualify, their assigned number to be used in the lottery, and any further information.

There will be six preference pools for Princeton Commons, as follows:

One Bedroom — Local Preference Pool One Bedroom — Accessible Unit One Bedroom — General Pool Two Bedroom — Local Preference Pool Two Bedroom — Accessible Units Two Bedroom — General Pool

Preferences

15 affordable units at Princeton Commons have been set aside for applicants in the local preference categories. Applicants who qualify for a Local Preference will also be included in the General Pool. Applicants who do not qualify for the Local Preference will only be included in the General Pool. Applicants that claim Accessible Units and provide documentation will be placed in the accessible pooi.

Local Preference Pools

A Local Preference Designation will be given to current residents of Chelmsford, and/or persons who work 20 or more hours a week in Chelmsford. Applicants requesting Local Preference will be required to provide proof.

General Pool

All applicants, whether included in the Local Preference Pool or not, are included in the General Pool.

Accessible Pool

Applications with documentation indicating their need for an accessible unit will be placed in the accessible pool.

Household Size

Maximum Occupancy is two residents per one bedroom, three residents of non-familial status per two bedroom or four residents of familial status per two bedroom. Units will be assigned based upon their household composition pursuant to HUD 24 CFR 982.

Minority Representation

If the percentage of minority applicants in the Local Preference Pool is less than the percentage of minorities in the surrounding HUD-defined area (as determined by the 2000 Census data), a preliminary lottery will be held comprised of all the minority applications who do not qualify for the Local Preference Pool and applicants will be ranked in the order in which they are drawn. The Local Preference Pools will then be adjusted by adding the required number of minority applicants according to their ranking from the General Pool to the Local Preference Pool to achieve appropriate minority representation.

Minority households are identified in accordance with the regulatory classifications established by HUD: Native American or Alaskan Native; Asian or Pacific Islander; African-American; or Hispanic/Latino. Applicants requesting minority status will be required to provide proof.

Lottery Tickets

All eligible applicants will receive one blue lottery ticket. Applicants in the Local Preference Pool will receive one additional red ticket, and applicants with minority status will receive one additional white ticket.

For the one bedroom lottery, 6 units will be offered to applicants with a local preference. Tickets will be drawn first from the local accessible pool. Then tickets will be drawn from the open accessible pool and the numbers ranked in the order in which they are drawn. The tickets will be drawn until all tickets have been pulled and the numbers ranked in the order in which they are drawn. Then they are drawn. Then the tickets in the one bedroom local pool will be pulled until they are all drawn. Then the general pool will be drawn until no more remain.

When the one bedrooms have all been drawn, there will be a ranked list of local accessible, non-local accessible, local one bedroom and general pool one bedrooms. Six units will be provided to applicants that have been deemed eligible for a local preference and the remaining two units will be provided to applicants that are drawn from the general pools.

The same process will take place for the two bedroom units. The only difference will be that 9 units will be provided to applicants that deemed eligible for a local preference and 5 units will be available to applicants from the general pool.

The ranked lists will be used for the initial occupancy of the units and once the units are filled, all future vacancies will be filled from the Chelmsford Housing Authority's Project Based Waiting List. If you are not selected in the lottery, you will have the opportunity to apply to be on the waiting list. This waiting list is for placement at other rental developments similar to Princeton Commons. If there are not enough applicants from the lottery, the Chelmsford Housing Authority will utilize the CHA Section Project Base Section 8 Waiting List that currently exists.

Applicants Selected

Once the top ranked applicants are selected, they will be forwarded to the Management Company at the site for final review and approval. The Management Company reserves the right to conduct landlord references and credit checks to make sure that the top ranked applicants meet their criteria for eligibility.

All new residents will be required to pay a security deposit. We are working the Management Company to determine what the security deposit will be. The most the security deposit could be is \$622 for a one bedroom and \$731 for a two bedroom. This amount will be re-determined at the time of lease up.

Application Instructions

An application will be sent to anyone that is interested in the lottery. Successful completion of the application will be the first step in the lottery process. An application will be considered complete when the Authority has received the following:

- o A completed application signed by all individuals over the age of 18
- o A copy of your 2004 & 2005 tax returns including all 1099's, W-2's and schedules.
- o A copy of last five pay stubs, a current letter from all sources of income including but not limited to Public Assistance, Social Security, pensions and annuities showing the gross amount.
- o A copy of all assets showing current value including all bank accounts, investment accounts, cash life insurance policies, retirement accounts.

Persons who have not submitted the completed application along with all requested supporting documentation by February 28, 2007 (no later than 4:00 pm) will automatically waive their rights to proceed. Persons who have not submitted a residency verification and/or minority status verification by February 28, 2007 (no later than 4:00 p.m.) will waive their right to claim any preference and will be treated as a standard applicant.

Faxed applications or applications mailed and received after the above date will not be accepted. Late applications and applications that are incomplete will not be accepted.

One application per household will be distributed (all persons who intend to live in the unit must be indicated on the application). If a household submits more than one application, they will be disqualified from receiving a lottery number and lottery form.

Applicants who have been deemed ineligible will be notified in writing of our decision before the lottery numbers and lottery forms are mailed.

The Fair Housing Act

The Fair Housing Act prohibits discrimination in housing because of:

- Race or color National origin
 - •Religious Creed •Marital Status
- Age • Disability
- Ancestry Children
 - •Public Assistance Recipients

- Sex
- Sexual Orientation Veteran/Armed Forces Member

Notification of Equal Opportunity & Fair Housing Rights

An applicant who believes that they have been discriminated against in the rental selection and/or lottery 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.

COMMONLY ASKED QUESTIONS

WHAT ARE THE INCOME LIMITS?

The following figures are the maximum total **gross household** income limits (the total gross income of all residents of the household):

1 person: *\$28,550* **2 person:** *\$32,650* **3** person: *\$36,700* **4 person:** *\$40,800*

WHAT ARE THE ASSET LIMITS?

There are no asset limits for this development. You must report all assets and income associated with these assets. The CHA will calculate the income from these assets as actual or 1% whichever is greater and add this to your annual income.

CAN I QUALIFY TO APPLY IF I ALREADY OWN A HOUSE/CONDO?

Yes. You may apply for this assistance if you currently own a home. However, the value of you home will be counted as an asset minus any outstanding mortgages/liens.

WHAT IS CONSIDERED INCOME?

You must report any type of income that you receive. The Authority needs to see verification showing all gross income. Some examples are public assistance, employment wages, social security, child support, alimony, annuities, tips, pensions, income from a business such as daycare etc., and any other type of payments that you receive including lottery winnings.

The Authority will calculate your income which will include any income derived from your assets. Assets are bank accounts, certificates of deposit, retirement accounts, IRAs, stock and bonds, ownership of a business, Savings Bonds, property held by someone else in your name, etc. The Authority 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 from a job and \$12,000 a year from 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 |
|-------------------------|----------|
| Child Support | \$12,000 |
| Checking (\$7,000 x 1%) | \$ 70 |
| CD (\$20,000 x 2.3%) | \$ 460 |
| Total Income | \$37,530 |
| | |

Mrs. Smith is eligible to apply as her income including asset income is less than \$40,800. The income limit for a family of four people is \$40,800.

WHAT TYPE OF VERIFICATION DO I NEED TO SUBMIT WITH THE APPLICATION?

If you have bank accounts including CD's, money market accounts, savings, checking etc, you will need to provide a current bank statement showing the current value, your name and the account number. If it is a passbook, you will need to make copies of the first page showing your name and the last two pages showing updated interest less than 30 days old.

If you have investment accounts or cash life insurance, you will need to provide a statement less than 60 days old showing the current market value.

If you receive a pension or have Social Security, you will need to provide a letter less than 60 days old showing the gross amount you receive.

If you work, you will need to provide five current pay stubs or a letter from your employer stating what your gross earnings are.

You will need to provide copies of your 2004 and 2005 Federal Tax Returns including all schedules filed, 1099 forms and any W-2's.

If you are claiming resident preference, you will need to provide documentation showing that you either currently live in Chelmsford or that you work at least 20 hours a week in Chelmsford.

If you need an accessible unit, please provide documentation from a medical practitioner indicating that you require an accessible unit.

If you are unable to do stairs, please provide a letter from a medical practitioner as well indicating this.

WHY ARE THERE SPECIAL CONDITIONS ON THE USE OF THESE APARTMENT?

The Chelmsford Housing Authority ("CHA") and the Town of Chelmsford have made a commitment to provide affordable rental opportunities to the residents of Chelmsford and the Commonwealth of Massachusetts. Using special financing assistance and relief from regulation granted through Chapter 40B, housing is made affordable by reducing the rent below market prices and providing opportunities to low/moderate income applicants.

Description of Restriction Provisions for Affordable Rental Housing Units

You are applying to live in an affordable housing unit built under Chapter 40B, the Massachusetts Comprehensive Permit Law. In addition, this unit has a Section 8 subsidy and required the resident of the unit to adhere to the rules and regulation of the Section 8 Program. Because of this, there are requirements that the household be income eligible for the duration of the tenancy. This means that if you income exceeds 50% of median income or you are paying the full amount of rent and no longer require a subsidy that you will no longer qualify for this unit. If this occurs, you will be provided up to a six month period to locate another unit.

As a participant of a Section 8 Project Based Development, you will be required to sign a number of housing forms during a briefing session with our agency. In the event that you violate the program guidelines, you will be terminated from the program and be required to vacate the premises if terminated.

CERTIFICATE

Acknowledgement of CHA Income Certification

I/We understand that the Unit I/we propose to rent at the development known as Princeton Commons will be deed-restricted by the Town of Chelmsford and Chelmsford Housing Authority.

I/We further understand that these restrictions include an income-eligibility requirement. I/We shall submit an Affidavit of Eligibility to the CHA with all necessary back-up information to verify my/our household income, so that the CHA can certify whether my/our household is eligible to rent the Unit.

If the CHA determines that my/our household is eligible, the CHA shall prepare a Certificate of Compliance with the deed restrictions. This Certificate shall be good for 90 days and shall be made part of our application. I/We understand that if more than 90 days elapse between the execution of the Certificate and my/our occupancy of the Unit, my/our household income will need to be recertified by the CHA. If my/our household is still income-eligible, the CHA shall issue a new Certificate.

I/We understand that if my/our household income is determined to exceed the income limits for this Unit at certification or re-certification, 1/we will not be eligible to rent this Unit.

I/We understand that the CHA determination of my/our household income is based on information provided by me/us, as verified by the CHA, and that such determination is administrative in nature and therefore final when made.

I/We understand that we must notify the CHA immediately when my/our income changes and/or when there are changes to our family composition. I/We understand that our tenancy and assistance under the Section 8 Project Based Program will be terminated if I/We fail to provide this information as required.

Renter

Renter

Date: _____

APPLICATION CHECKLIST

| THIS A | PPLICATION IS NOT COMPLETE IF NOT SUBMITTED WITH: | |
|--------|--|--|
| | A completed application signed by all individuals over the age of 18 | |
| | A copy of your 2004 & 2005 tax returns including all 1099's, W-2's and schedules. | |
| | A copy of last five pay stubs, 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 bank accounts, investment accounts, cash life insurance policies, retirement accounts. | |