

Chelmsford Housing Authority

Project-Based Section 8 Waitlist Application

ELDERLY (age 62+) Waitlists

Development Name	Location	Number of Units by BR Size		
		Studio	1BR	2BR
Westford Village at Mystery Spring	67 Tadmuck Rd, Westford, MA	N/A	36	N/A
Shirley Meadows	27 Hospital Rd, Devens, MA	N/A	19	1
The CHOICE Center	19 Sheila Ave, N. Chelmsford, MA	N/A	22	2
Roberta McGuire Senior Residences	2 Balsam Circle, Westford, MA	7	N/A	N/A
North Village at Crystal Lake	20 Sheila Ave, N. Chelmsford, MA	N/A	50	N/A
Helena Crocker Residences	60 Littleton Rd, Westford, MA	4	4	N/A

FAMILY Waitlists

Development Name	Location	Number of Units by BR Size		
		1BR	2BR	3BR
Chelmsford Woods Residences	267 Littleton Rd, Chelmsford, MA	2	9	1
Littleton Road Apartments	235 Littleton Rd, Chelmsford, MA	3	N/A	N/A
The Elms-Harvard	105 Stow Rd, Harvard, MA	5	1	N/A

2023 MAXIMUM INCOME LIMITS BY HOUSEHOLD SIZE (Chelmsford/Westford area)

Income Restriction	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
30% AMI	27,800	31,800	35,750	39,700	42,900	46,100	49,250	52,450
50% AMI	46,350	53,000	59,600	66,200	71,500	76,800	82,100	87,400

2023 MAXIMUM INCOME LIMITS BY HOUSEHOLD SIZE (Harvard, MA area)

Income Restriction	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
30% AMI	29,150	33,300	37,450	41,600	44,950	48,300	51,600	54,950
50% AMI	48,550	55,500	62,450	69,350	74,900	80,450	86,000	91,550

The chart above shows the maximum income allowed for each household size in order to be eligible for the specified housing program. Some of the developments listed have a certain number of apartments where the household's income must be either below 30% AMI or 50% AMI. These income limits are subject to change annually during the first half of each year.



This is an important notice. Please have it translated.
 Este é um aviso importante. Queira mandá-lo traduzir.
 Este es un aviso importante. Sirvase mandarlo traducir.
 ĐÂY LÀ MỘT BẢN THÔNG CÁO QUAN TRỌNG
 XIN VUI LÒNG CHO DỊCH LẠI THÔNG CÁO ẤY
 Ceci est important. Veuillez faire traduire.
 本通知很重要。請將其譯成中文。
 នេះគឺជាជំពាក់ដ៏សំខាន់ សូមមេត្តាបកប្រែជូនផង
 Это очень важное сообщение. Обязательно переведите

APPLICATION FOR SECTION 8 PROJECT BASED ASSISTANCE

Please submit the completed application to:

Chelmsford Housing Authority, Attn: Section 8, 10 Wilson St. Chelmsford MA 01824

Waiting List Selection (check off your property selection(s) and unit size):

Property Name & Location	Age Restricted	Studio	1BR	2BR	3BR
ELDERLY (age 62+) WAITLIST SELECTION					
Westford Village at Mystery Spring, Westford	62+				
North Village at Crystal Lake, N. Chelmsford	62+				
Shirley Meadows, Devens	62+				
The CHOICE Center, N. Chelmsford	62+				
Roberta McGuire Senior Residences, Westford	62+				
Helena Crocker Residences	62+				
FAMILY WAITLIST SELECTION					
Chelmsford Woods Residences, Chelmsford	No				
Littleton Road Apartments, Chelmsford	No				
The Elms-Harvard, Harvard	No				

PLEASE PRINT CLEARLY

PART A: GENERAL INFORMATION

Head of Household Name:					
Current Address:					
City:		State:		Zip:	
Daytime Phone:				Evening Phone:	
Email:					



PART B: INFORMATION ABOUT MEMBERS OF THE HOUSEHOLD

List all adults and children (head/spouse/co-head regardless of age) 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.

HOUSEHOLD MEMBERS

NAME	Relation to Head	US Citizen Y/N	Disabled Y/N	Gender Identity	Date of Birth	Social Security / Alien Registration Number
1.	Head					
2.						
3.						
4.						
5.						
6.						

ANSWER THE FOLLOWING QUESTIONS ABOUT ALL MEMBERS OF THE HOUSEHOLD:

- Does any adult member, currently live or work in Chelmsford or Westford? Yes No (If yes, provide proof)
- Are you homeless or at risk of being homeless or institutionalization¹? Yes No (If yes, provide proof)
- Does anyone, other than an adult who will live in the home, share custody of any of the children listed?
 Yes No If yes, who? _____
- 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)
- 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.)
- 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)
- Are you, or any member of your household, subject to a lifetime registered sex offender registration requirement in any state? Yes No
- 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:

¹ Homeless or At-Risk of Homelessness/Institutionalization is applicable only to the Westford Village at Mystery Spring property.



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.)

- List the sources and amounts of all income (money) expected for the coming 12 months for all family members from any and all sources. (Earned and Unearned)

Family Member Name	Income Source/Employer Name	Amount \$	Frequency— (Circle one)
			Week Bi-Week Month Year
			Week Bi-Week Month Year
			Week Bi-Week Month Year
			Week Bi-Week Month Year

- 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 Debit Card Account Yes No
 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
 CashApp, Zelle, Venmo, PayPal (any other digital wallet or P2P apps) Yes No

If yes, please detail each asset checked. Use additional space on blank page if necessary.

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 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 adult applicants, 18 or older, must sign application.

Signature of Head of Household _____	Date _____
Other Adult _____	Date _____
Other Adult _____	Date _____
Other Adult _____	Date _____

Please note:

This application does not guarantee a unit. **Incomplete applications will not be accepted and will be returned.**

