

SITE NAME	William Harvey Estates	PRELIMINARY APPLICATION Affordable Housing Opportunity Equal Housing Opportunity
ADDRESS	57 Carlisle Street	
CITY, STATE	Chelmsford, MA 01824	Please print and fill in ALL information
PHONE#	(978) 256-7425 x10	Return application to: CHOICE, Inc., RE: Carlisle 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)
2 Bedroom

Are you, or any member of your household, in need of a wheelchair/handicapped accessible unit? *If yes, please provide documentation indicating that you use a wheelchair, a walker or double canes.*

Yes No

Do you or any member of your household have pets? *If yes, please provide how many, breed, and brief description.*

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
				Yes / No
				Yes / No
				Yes / No
				Yes / No

Preference Information

Are you or any member of your household (a) a Chelmsford Resident; (b) employees of the Town of Chelmsford or its school system; (c) households of students enrolled in the Chelmsford school system.

Yes

No

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:



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.

<input type="checkbox"/> Alaskan Native or Native American	<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian or Pacific Islander
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Asian India	<input type="checkbox"/> Native Hawaiian
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Chinese	<input type="checkbox"/> Guamanian or Chamorro
<input type="checkbox"/> White (not of Hispanic Origin)	<input type="checkbox"/> Filipino	<input type="checkbox"/> Samoan
<input type="checkbox"/> Other (please specify)	<input type="checkbox"/> Japanese	<input type="checkbox"/> Other Pacific Islander
	<input type="checkbox"/> Vietnamese	
	<input type="checkbox"/> Other Asian	



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
	Social Security Income (SS, SSI, SSDI, SSP)	
	Social Security Income (SS, SSI, SSDI, SSP)	
	Social Security Income (SS, SSI, SSDI, SSP)	



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 \$
Direct Express, EBT debit card			Balance \$
Digital Wallet (Venmo, Paypal)			Balance \$
Trust Account			Balance \$
			Balance \$
Whole Life Insurance			Balance \$
			Balance \$
			Balance \$
Certificates of Deposit (CDs)			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 \$	
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 **William Harvey Estates** (the “Development”) does not discriminate on the basis of Race, Color, National Origin, Religion, Sex, Gender Identity, Sexual Orientation, Familial Status, Disability, Ancestry, Age, Genetic Information, Marital Status, Public/Rental Assistance Reciprocity, Veteran History/Military Status in the access or admission to the Development, its employment, or in its programs, activities, functions or services.



CERTIFICATION

- I/We hereby certify that I/We Do/Will Not maintain a separate subsidized rental unit in another location.
- I/We further certify that this will be my/our 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 management’s selection criteria.
- I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. 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 or other criminal background check will also be required.
- I/We hereby certify that we have received a notice from the management agent describing the right to reasonable accommodations for persons with disabilities.
- All adult applicants, 18 or older, must sign application.

Signed under the pains and penalties of perjury

SIGNATURE (S):

Head of Household Signature	Date
Co- Tenant Signature	Date
Co- Tenant Signature	Date

