



Chelmsford Housing Authority

10 Wilson Street
Chelmsford, Massachusetts 01824 –3160

DAVID J. HEDISON
Executive Director

PRISCILLA AUFIERO
Multifamily Housing Coordinator

Dear Applicant,

Thank you for your interest in the Federally-Funded Supportive Low Income Housing for seniors aged 62 years and older. The Chelmsford Housing Authority and Elder Services of Merrimack Valley, Inc., partnered to create both senior-only developments, with the Chelmsford Housing Authority acting as the management agent for both developments.

The Village at Mystery Spring development is located at 67 Tadmuck Road in Westford, and the North Village development is located at 20 Sheila Avenue in North Chelmsford. The North Village development serves 50 or more seniors, and the Village at Mystery Spring development serves 36 or more seniors. Both developments are smoke-free facilities. In order to be eligible to apply, one member of the household must be at least 62 years old.

You may apply to one location or both by completing one application. Please be certain to complete and sign the application, as incomplete applications will not be processed. Completed applications may be returned to either housing authority office:

Attn: Jillian Comtois
Westford Housing Authority
67 Tadmuck Road
Westford, MA 01886
(978) 692-6011

Attn: Priscilla Aufiero
Chelmsford Housing Authority
10 Wilson Street
Chelmsford, MA 01824
(978) 256-7425

1.) INCOME REQUIREMENTS:

- Maximum 2009 Income Limits for Participation:
One person: \$30,950 **Two people:** \$35,350

2.) APPLICANT REQUIREMENTS FOR WAITING LIST PROCESSING:

- **Family Status:** The head of household, co-head or spouse must be 62 years of age or older.

3. SUPPORTING DOCUMENTATION:

- **Social Security Number Documentation:** all family members must provide a social security card or another form of verification that contains the SSN such as the following: driver's license with SSN; identification issued by a federal, state or local agency, etc.
- **Age Verification:** Head of household members must provide supporting documentation of their age (i.e., birth certificate, driver's license, etc.).
- If applying for **North Village** and you are a **Chelmsford or Lowell resident**, please provide proof of residency from three sources (i.e., driver's license, utility bill, voter registration card, etc.).
- If you require a **wheelchair accessible apartment**, documentation from a physician will be required to qualify.
- If you are **at risk** of being placed in a long-term care facility (nursing home, rehab, assisted living, etc.) or currently reside in one, please provide written verification from a third party.

4. BEFORE YOU RETURN YOUR APPLICATION, MAKE SURE YOU HAVE:

- ✓ Completed and signed the Application (pgs. 1-6)
- ✓ Completed and signed the Contact Information Form (pg. 7)

If you have questions regarding the North Village development located in North Chelmsford, please contact Priscilla Aufiero at (978) 256-7425.

For questions regarding the Village at Mystery Spring development located in Westford, please contact Jillian Comtois at (978) 692-6011.

Please Note: Be certain to complete and sign the application and attachments, as incomplete applications will not be processed. In addition, please provide the required verification/documentation specific to your application.

FOR OFFICE USE ONLY:

Control # _____

Date Received _____

Receipt Date _____

Sent _____

Application for Supportive Low Income Housing for Persons 62 and Older

A HUD 202 Senior Housing Development Sponsored by Elder Services of the Merrimack Valley, Inc.
Managed by the Chelmsford Housing Authority
10 Wilson Street
Chelmsford, MA 01824

Please indicate the desired property location:

____ North Village/Chelmsford ____ Village at Mystery Spring/Westford ____ Both Locations

I. GENERAL INFORMATION

Name of Applicant: _____

Address of Current Residence: _____ Apt. No.: _____

City/Town: _____ State: _____ Zip Code: _____

Mailing Address: _____ Apt. No.: _____

City/Town: _____ State: _____ Zip Code: _____

Home Telephone _____ Work Telephone _____

II. INFORMATION ABOUT MEMBERS OF THE HOUSEHOLD

A. Members of household to live in unit, including Head of Household:

Name: First, Middle, Last	Relationship	Social Security Number *	Sex	Date of Birth	Occupation**
	HEAD				

* This information will be used to verify income, assets, and criminal record information.

** Employed, Handicapped, Student, or Other

A. **Racial Designation:** (Responding to this question is optional.) Your status with respect to tenant selection procedures may be affected by this information. If anyone in your household is a Minority, you may classify your household in that Minority Category. (Circle one)

American-Indian Asian Black Hispanic White (Other)



B. Do you have any special needs due to a disability or need a reasonable accommodation such as a first floor unit for medical reasons? Specify:

C. Do you need a **wheel chair accessible apartment**? (Circle one) **YES** **NO**

D. Does anyone in your **household own a car**? (Circle one) **YES** **NO**

Make of Car _____ Year _____ Reg. Number _____

Make of Car _____ Year _____ Reg. Number _____

E. Do you have any **pets**? (Circle one) **YES** **NO** If **YES**, how many? _____

Description: _____

F. Criminal Record:

Have you or any member of your household who will live in the unit been charged or convicted of a felony or misdemeanor? (Circle one) **YES** **NO**

If **YES**, Please explain:

G. Do you or any members of your household who will live in the unit have any **criminal matters pending**? (Circle one) **YES** **NO**

If **YES**, Please explain:

III. PREFERENCES

A. Are you at risk of being placed in a long-term care facility or currently residing in a long term care facility? (Circle one) **YES** **NO**

If yes, documentation and additional screening will be required in order to qualify for this preference.

IV. INCOME OF HOUSEHOLD MEMBERS

Estimate the Gross (before deductions) Income anticipated for **ALL** Household Members from all sources for the next 12 months. Specify all sources.

Type of Income	Source of Income, Name of Employer	Gross Monthly Amount	Gross Amount For Next 12 Months
Salaries, Wages, Including Overtime/Tips			\$
Net Income From Business or Profession			\$
Trust Income, Interest & Dividends			\$
Pensions and Annuities			\$
Unemployment or Disability Compensation			\$
Regular Social Security			\$
VA Disability Income			\$
Public Assistance			\$
Regular Alimony Support Payments, Gifts			\$
Other Income			\$

TOTAL GROSS INCOME: \$ _____

V. ASSETS & EXPENSES OF HOUSEHOLD MEMBERS

ASSETS

Do you own any real estate? (Circle one) **YES** **NO**

If yes, please provide the address: _____

Have you sold or disposed of any assets in the last 5 years? (Circle one) **YES** **NO**

Market value when sold: _____

Date of transaction: _____

Please list below the assets of everyone to live in the unit. (Stocks, Pensions, Inheritances, Bonds, Trust Funds, Individual retirement accounts, Life insurance policies, Any other capital investment, etc)

Household Member	Asset Type	Cash Value	Name of Financial Institution	Account Number	Asset Value or Current Balance
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$

MEDICAL EXPENSES

Unreimbursed Medical Expenses (Out of Pocket)	\$
Disability Expenses (i.e. durable medical equipment, personal care assistance)	\$
Health Insurance and Long Term Care Premiums	\$
Other Out of Pocket Medical Expenses	\$

TOTAL EXPENSES: \$ _____

VI. REFERENCES

References: List two references. These should not be relatives or household members.

(1) Name: _____ Telephone #: () _____
 City: _____ State: _____ Zip: _____

(2) Name: _____ Telephone #: () _____
 City: _____ State: _____ Zip: _____

VII. HOUSING INFORMATION

List Addresses for each Adult Household Member for the Last Five Years in Reverse Order:

(1) Address: _____ Apt.: _____ Dates: from _____ to _____
City/Town: _____ State: _____ Zip Code: _____
Name of Landlord: _____ Telephone: () _____
Landlord Address: _____ City: _____ State: _____ Zip: _____
Did this landlord bring any court action against you? (Circle one) **YES NO**

(2) Address: _____ Apt.: _____ Dates: from _____ to _____
City/Town: _____ State: _____ Zip Code: _____
Name of Landlord: _____ Telephone: () _____
Landlord Address: _____ City: _____ State: _____ Zip: _____
Did this landlord bring any court action against you? (Circle one) **YES NO**

(3) Address: _____ Apt.: _____ Dates: from _____ to _____
City/Town: _____ State: _____ Zip Code: _____
Name of Landlord: _____ Telephone: () _____
Landlord Address: _____ City: _____ State: _____ Zip: _____
Did this landlord bring any court action against you? (Circle one) **YES NO**

Have you, or any member of your household, received housing assistance from this or any other housing agency? (Circle one) **YES NO**

If **YES**: Name of Head of Household at that time: _____
Relation to Present Applicant: _____
Name of Housing Agency: _____
Date Moved Out: _____
Reason Moved Out: _____

VIII. EMERGENCY CONTACT

Emergency Reference: Name of a relative or friend NOT planning to live with you. We will contact this person if we are not able to reach you or in case of an emergency.

Name _____ Relationship _____
Address _____
City/Town: _____ State _____ Zip Code _____
Telephone: () _____ () _____

APPLICANT'S CERTIFICATION:

I understand that this application is not an offer of housing. I understand that a Housing Authority will make no more than one offer of an appropriate housing unit. If I do not accept that offer, my application will be removed from the waiting list; and, if I reapply, my application will not receive any preference that was granted on the prior application for a three (3) year period.

Based on this application I understand I should not make any plans to move or end my present tenancy until I have received a written Unit Offer from a Housing Authority. **I understand that it is my responsibility to inform the Housing Authority in writing of any change of address, income, or household composition.** I authorize the Housing Authority to make inquiries to verify the information I have provided in this application. I certify that the information I have given in this application is true and correct. I understand that any false statement or misrepresentation may result in the denial of my application. I understand that the Housing Authority will request Criminal Offender Record Information from the Criminal History Systems Board and perform credit checks and internet searches for all adult members of the household.

I understand North Village and Village at Mystery Spring are non-smoking facilities.

I acknowledge receipt of the Fair Information Practices Act Statement of Rights for all adult members of the household.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY.

Applicant's Signature: _____ Date: _____

Co-Applicant's Signature: _____ Date: _____

Please note: Incomplete applications or faxed copies of this application cannot be accepted.