

For Office use Only

SHIRLEY MEADOWS
27 HOSPITAL ROAD, DEVENS, MA 01434
(617) 208-0650 | Voice Relay 711

RENTAL APPLICATION

Thank you for your interest in Shirley Meadows, a 2Life Community. Please complete and return this application by mail to the address listed above, or fax to 978-425-5129, or email to Leasing@2lifecommunities.org

AT LEAST ONE APPLICANT MUST BE 62 YEARS OR OLDER

GENERAL INFORMATION

The following information is required for each person who will be living in your apartment at 2Life Communities. (SSN information is excepted for applicants who were age 62 or older on 1/31/2010, and who did not have a SSN and receiving HUD rental assistance at another location on 1/31/2010).

Head of Household	<i>Last Name</i>	<i>First name</i>	<i>Social Security No.</i>	<i>Date of Birth</i>
2nd Occupant	Gender (optional): M or F			
<input type="checkbox"/> Spouse/Partner				
<input type="checkbox"/> Relative	<i>Last Name</i>	<i>First name</i>	<i>Social Security No.</i>	<i>Date of Birth</i>
<input type="checkbox"/> Unrelated	Gender (optional): M or F			

What is your current address? (This must be the address where you are living now.)

Street _____

City _____ State _____ Zip _____

Telephone _____ E-mail _____

Do we have your permission to conduct business with you via email? Yes or No

Whom may we contact if we are unable to reach you?

Name _____

Child Sister or Brother Family or Friend Social Worker Attorney Other

Street _____

City _____ State _____ Zip _____

Telephone (Home) _____ Cell: _____

Which address should we mail a reconfirmation form each year, so that you may indicate your continued interest in 2Life Communities? Applicant Contact Person

INCOME ELIGIBILITY

This worksheet will assist you in estimating your total **gross annual income**.

If this application is for more than one person, please include financial information for all applicants.

Determine the total annual GROSS income from every source. In the case of monthly payments, such as social security, multiply by 12, and enter that amount in the "per year" column. ("Income from assets" includes interest earned on bank accounts, income from stocks, bonds and mutual funds, and cash surrender value of whole life insurance.)

Total Estimate Annual Income:

SOURCE OF INCOME	TOTAL PER YEAR
Social Security (before Medicare deductions)	
S.S.I. and S.S.P.	
Pension (include foreign pension if any)	
Annual Salary (before taxes and other deductions)	
Other Income (such as family contributions)	
Income from Assets (see below to calculate this amount)	**
TOTAL ESTIMATED GROSS ANNUAL INCOME	

Income From Assets:

Source of Income	Total Worth	Interest Rate	Interest or Income Received Annually
Bank Account Balances (Specify Accounts) _____ _____	_____ _____	_____% _____%	_____ _____
Current value of Investments, Including stocks, bonds, cds, money Market accounts, etc. _____	_____ _____	_____% _____%	_____ _____
Value of Real Estate owned, current assessed value less mort. balance and closing costs. _____ _____ _____	_____ _____	0.06% Imputed	_____ _____
TOTAL:			** Place this amount in the box above as "Income from Assets"

UNIT TYPE AND SUBSIDY INFORMATION:

# of Units	Bedrooms	Price *	Rent Share Determined By	Income Limit
16	1 BR	30% of income	Section 8** and MRVP PBV	30% AMI
1	2 BR	30% of income	Section 8 PBV	30% AMI
14	1 BR	30% of income	Section 8 PBV	60% AMI
25	1 BR	\$1,163 - \$1342	LIHTC	60% AMI
2	2 BR	\$1,390	LIHTC	60% AMI

**Rents and Utility Allowances (currently \$103 for a 1 BR, and \$139 for a 2 BR) are subject to change.*

**** Persons interested in additional Section 8 Project Based Voucher subsidies must submit a separate application for Chelmsford Housing Authority which is attached.**

Area Median Income Limits (2022)

Income Category	1 Person Household	2 Person Household	3 Person Household
30% AMI	\$29,460	\$33,660	\$37,860
50% AMI	\$49,100	\$56,100	\$63,100
60% AMI	\$58,920	\$67,320	\$75,720

HUD may adjust income limits for subsidized housing yearly. If you have questions about the subsidies, please call the Management Office.

APARTMENT SELECTION:

Please check off all housing for which you wish to apply. A separate waiting list is maintained for each choice.

1 BEDROOM UNIT

2 BEDROOM UNIT

1 BEDROOM MOBILITY ACCESSIBLE UNIT

or

2 Bedroom MOBILITY ACCESSIBLE UNIT

At least one person with mobility impairment in need of features for units built out for accessibility. Applicants for accessible apartments may also apply for a standard apartment.

1 BEDROOM SENSORY ADAPTED UNIT At least one person with visual impairment in need of features that are built out for sensory accessibility. Applicants for a sensory unit may also apply for a standard apartment.

If you have a disability, you have the right to request a reasonable accommodation in connection with your application for housing. Does any member of your household have a request for any accessibility or reasonable accommodation, require changes in a unit or development, or have alternative requirements for receiving communication from us? Yes ___ No ___

If yes, please explain: _____

HOUSING INFORMATION

What is your current living situation? (Please check all that apply)

_____ I live with another person(s) Who? _____

_____ I live in a home that I own.

_____ I rent an apartment What is your current monthly rent? _____

_____ I live in project-based government-subsidized housing

_____ I have a Mobile Housing Voucher (circle one): MRVP Housing Choice Voucher VASH Other

_____ I have other living arrangements. **Please describe:** _____

Present Landlord _____ Tel. _____

Address _____

How long have you lived at your present address? From _____ To _____

Add additional landlord address if you lived at the above residence for less than seven years: Landlord

_____ Tel. _____

Address _____

Please provide list of all states in which any household member has resided: _____

Have you ever been evicted from your home? Yes ___ No ___

If yes, please explain: _____

Are you or any member of the household subject to lifetime sex offender registration requirement in any state?

Yes ___ No ___

OPTIONAL INFORMATION

It would be helpful to us in performing our responsibilities under Fair Housing Laws if you identify yourself by one of the following designations (*check one in each category*):

Race
<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Amer. Indian/Alaskan Native <input type="checkbox"/> Other

Ethnicity
<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic

How did you hear about Shirley Meadows? _____

Why do you want to move to Shirley Meadows? _____

INFORMATION THAT MAY IMPROVE YOUR RANKING ON THE WAITLIST

Certain circumstances may qualify you for a preference. Applicants with preferences will rank higher than those who do not. 2Life considers these preferences in determining waitlist status:

i. Domestic Violence:

_____ Have you or any member of your household suffered actual or threats of physical violence by a spouse or other member of the household? If so, please provide details:

ii. Accessibility (Owner Adopted Preference):

_____ Those applicants that require the features of a **mobility accessible unit** will have preference for these four units.

_____ Those applicants that require the features of a **visual/sensory accessible unit** will have preference for these three units.

2Life Communities Services, Inc., acting as management agent for Shirley Meadows (the "Development"), does not discriminate on the basis of race, color, religion, sex, national origin, ancestry, marital status, veteran status, sexual orientation, gender identity, age, familial status, or physical or mental disability, and/or the recipient of public assistance/voucher holders, in the access or admission to the Development, its employment, or in its programs, activities, functions or services.

2Life Communities is a faith-based organization receiving federal monies providing non-sectarian housing. We may not discriminate against you on the basis of religion, religious belief, a refusal to hold a religious belief, or a refusal to attend or participate in a religious practice. We may not require you to attend or participate in any explicitly religious activities that are offered by us and any participation by you in these activities must be purely voluntary. We must separate, in time or location, any privately funded explicitly religious activities from activities supported by direct Federal financial assistance. If you object to the religious character of our organization, we must make reasonable efforts to identify and refer you to an alternative provider to which you have no such objection. You may report an organization's violations of these protections, including any denial of services or benefits, by contacting or filing a written complaint to HUD [or the intermediary, if applicable].

RELEASE

I understand that this application is not an offer of housing. I hereby certify that the information furnished on this application is true and complete, to the best of my knowledge and belief. I certify that I understand that false statements or information are punishable as applicable under State or Federal Law and may result in the cancellation of this application.

I hereby authorize 2Life Communities Services, Inc. to obtain a consumer report, and any other information it deems necessary, for the purpose of evaluating my application. I understand that such information may be included, but is not limited to, credit history, civil and criminal information, records of arrest, rental history, employment/salary details, vehicle records, licensing records, and/or any other necessary information.

I hereby expressly release 2Life Communities Services, Inc., and any procurer or furnisher of information, from any liability whatsoever in the use, procurement, or furnishing of such information, and understand that my application information may be provided to various local, state and/or federal government agencies, including, without limitation, various law enforcement agencies.

Signed under the pains and penalties of perjury.

Head of Household/Applicant

Date

Co-Applicant

Date

2Life Communities provides people whose primary language is not English, and as a result have limited English proficiency, the opportunity to request free language interpretation assistance in order to apply to or participate in its programs and activities.

2Life社區為主要語言不是英語和英語水平有限的人提供申請免費語言口譯服務的機會，讓他們可以申請或參與社區的課程和活動。

2Life Communities ofrece servicios gratuitos de traducción en interpretación a personas que no hablan el idioma Inglés, para que puedan participar en eventos y actividades que ofrecemos. Si necesita de estos servicios favor de pedirlos en nuestra administracion.

2 Life Communities предоставляет жильцам, основным языком которых не является английский, и, как следствие, имеют ограниченное владение английским языком, возможность запросить бесплатную помощь в переводе на другие языки, чтобы подать заявку или участвовать в ее программах и мероприятиях.



2Life Communities are all non-smoking

Optional and Supplemental Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Check this box if you choose not to provide the contact information.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.



Chelmsford Housing Authority

10 Wilson Street, Chelmsford, Massachusetts 01824 –3160

Phone: (978) 256-7425 x5 Fax: (978) 256-7098

APPLICATION FOR SECTION 8 PROJECT BASED ASSISTANCE at SHIRLEY MEADOWS

27 Hospital Rd, Devens, MA 01464

Please submit the completed application to: 10 Wilson St. Chelmsford MA 01824

1 & 2 bedroom units available for persons aged 62 years or older

PLEASE PRINT CLEARLY

PART A: GENERAL INFORMATION

Applicant name: _____

Current Address: _____

City: _____ State: _____ Zip code: _____

Home phone: _____ Cell phone: _____

Email: _____

Mailing address: _____

(only if different from current address)

City: _____ State: _____ Zip code: _____

PART B: INFORMATION ABOUT MEMBERS OF THE HOUSEHOLD

List all persons age 62 or older 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.

NAME	Relation to Head	US Citizen Y/N	Disabled? Y/N	Sex M/F	Date of Birth	SS number or Alien number
1.	Head					
2.						

ANSWER THE FOLLOWING QUESTIONS ABOUT ALL MEMBERS OF THE HOUSEHOLD:

1. Race and Ethnicity *(This question is optional):*

Race: Check the appropriate race. (More than one category can be entered if applicable.)

- White
 Black/African American
 American Indian/Alaskan Native
 Asian
 Native Hawaiian/Other Pacific Islander
 Other

Ethnicity: Hispanic or Latino Not Hispanic or Latino

2. Are you, or a member of your household living or working in the Devens region which includes Ashby, Townsend, Pepperell, Dunstable, Fitchburg, Lunenburg, Shirley, Groton, Ayer, Leominster, Lancaster, Sterling, Harvard, Littleton, Carlisle, Acton, Boxborough, Clinton, Bolton, Berlin, Hudson, Maynard?..... Yes No

If yes, please provide proof



3. Are you being displaced by public action? Yes No
4. 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)
5. 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)
-
6. Are you, or any member of your household, subject to a lifetime registered sex offender registration requirement in any state? Yes No
7. 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: _____

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.)

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

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

2. 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 Money market account? Yes No
Please list all bank accounts

Family Member Name	Bank Name	Account Number	Balance

3. Do you or any family member own or have access to any of the following?
 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. Yes No
 Any other type of capital investment? Yes No

If yes, please detail each asset checked

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 your 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 applicants must sign application.

Signature

Date

Signature

Date

Please note: This application does not guarantee a unit. Incomplete applications will not be accepted.

Income limits for participation are as follows:

One Person: \$ 49,100 Two People: \$ 56,100

