

Franklin Highlands
278 Humboldt Ave
Dorchester MA 02121
Phone:617-442-1500 /US Relay: 711 Fax: 617-427-0627
Email: Franklinhighlands@maloneyproperties.com

Dear Applicant Household:

Attached please find the Pre Application for Franklin Highlands. It is extremely important that you fully understand the pre application as well as all documents enclosed; therefore, if you should need assistance understanding and/or filling anything out, please contact the management office and we will be happy to assist you. This property is subsidized by the Department of Housing and Urban Development (HUD) and is also governed by the Low Income Housing Tax Credit (LIHTC) Program.

Please note this is an pre application for a lottery to be added to the properties existing waitlist list. Please note that they are not any units immediately available.

Listed below you will find a brief description of all forms that are attached to this application.

Please be aware that if the application is incomplete at submission, it will be rejected, returned to you, and will not be evaluated and eligible for entry into the lottery entry until all required information has been re-submitted.

The following is included with this package. Please complete and return with your application if specified below:

Notice of Non-Discrimination and the Right to Reasonable Accommodation for Persons with Disabilities, and the Right to Free Language Assistance for People with Limited English Proficiency; and Reasonable Accommodations Request Form: Maloney Properties, Inc. is committed to complying with all applicable Fair Housing laws; making reasonable accommodations which are changes in rules, policies and procedures, and physical modifications to enable applicants and tenants with disabilities to have an equal opportunity to apply to and enjoy their housing; and providing free language assistance to applicants/residents who have limited English proficiency. Please review this important notice, and follow the applicable procedures if you would like to request a reasonable accommodation.

Form HUD-92006, Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants: Maloney Properties, Inc. is required by HUD to provide each applicant household member the opportunity to provide supplemental contact information to management. **One form must be completed by each adult household member and returned with this application.** For household members who choose to provide the information, complete the entire form, sign, date and return it with your application. For household members who do NOT choose to provide supplemental contact information, fill in your name at the top, check the box at the bottom of the form directly above the signature area stating that you choose not to provide the contact information, sign, date and return the form with your application.

1(A) Application Addendum - Demographics Data Collection and Consent Form: State agencies that fund and/or monitor state and federal affordable housing programs other than HUD programs must gather information from Owners/Agents to determine the populations who are and are

not being served by these programs. This form asks the necessary questions and includes the necessary consent to gather and share this information with state agencies so they can in turn report on the information, as applicable. **Please read this form carefully, complete it in accordance with the instructions on the form and have all adult members of the household sign/date it and return with your completed application.**

DHCD Resident Notice and Consent Form: Similar to the above, this form is required to be completed for state and federal affordable housing programs (other than HUD programs). This form asks the necessary questions and is required to be completed and filed for any household applying to/participating in the applicable programs. **Please read, complete and sign/date this form and return with your completed application.**

Restriction on Assistance to Noncitizens: Only U.S. citizens and eligible noncitizens may receive rental assistance at this property, verification will be conducted at the time of application processing.

Once your application is completed it can be returned by:

Mailing it to Franklin Highlands, Attn. MGT Office, 278 Humboldt Ave Dorchester MA 02121. Mailed applications must be postmarked no later than April 1, 2022.

Dropping your application in person off at the Franklin Highlands Management Office in the designated application return box Monday- Friday between 9am-4pm

Deadline: All completed applications must be received or post-marked no later than 5:00 pm on April 1st, 2022. Any application received after the deadline will be entered into the waitlist after the lottery result placement by the date and time the application was received. Please be advised that incomplete applications will not be included in the lottery.

A letter will be mailed to you atleast 10 days prior to the lottery date detailing the lottery process and procedures along with the date, time and location where the lottery will be conducted.

Please feel free to contact the management office if you have any questions and please let us know if we can be of any assistance in explaining or filling out your application. You may contact the management office in-person or by phone 617-442-1500 / US Relay 711.

Sincerely,
Franklin Highlands Management Team
Maloney Properties Inc.



Maloney Properties Inc. does not discriminate on the basis of any protected status, including disability, in the admission of or access to, or treatment or employment in its programs and activities. Maloney Properties, Inc. provides persons with disabilities the opportunity to request a Reasonable Accommodation in order to apply to and participate in such programs and activities. Maloney Properties, Inc. also provides people whose primary language isn't English and as a result have limited English proficiency the opportunity to request free language assistance in order to apply to or participate in its programs and activities. Kathy Broderick coordinates Maloney Properties' compliance with all nondiscrimination requirements, including Section 504. Contact her with any questions or concerns relating to Maloney Properties' compliance with nondiscrimination requirements: Telephone (781) 943-0200 x255, Relay #711 or at Maloney Properties, Inc. 27 Mica Lane, Wellesley, MA 02481.



The information requested in this form is required by the government. Agency regulating this project.

Franklin Highlands
 278 Humboldt Ave
 Dorchester MA 02121
 Tel: (617) 442-1500 MA Relay 711

Please do not use whiteout. If you make a mistake, cross it out, write the correct answer and put initials next to the crossed out information.

PRELIMINARY APPLICATION FOR HOUSING

Please Print Clearly

Preliminary applications are used to pre-qualify prospective applicants for the waiting list/ lottery as specified in the Tenant Selection Plan located at the management office. All applicants will be asked to complete a full application upon being selected from the waiting list and may be interviewed for housing only after the receipt of the full application.

Bedroom Size: (Circle One) 1BR 2BR 3BR 4BR

Please complete all sections of this preliminary application and return to the address listed above. If a question is not applicable, write "N/A" in that section. If all sections are not completed, the preliminary application will be returned to you for completion and will not be placed on in the lottery or waiting list. Every family member age 18 and over, as well as the Head, Co-head or Spouse must sign and date the application.

Head of Household Name:					
Address:					
	Street	Apt. #	City	State	ZIP
Daytime Phone:	Evening Phone:	Email Address:			

Preferences: Verification of Preferences will be requested at time of application processing.

Homeless due to Displacement by Natural Forces	<input type="checkbox"/> Yes
Homeless due to Displacement by Urban Renewal	<input type="checkbox"/> Yes
Homeless due to Displacement by Sanitary Code Violations	<input type="checkbox"/> Yes
Involuntary Displacement or in Immediate Risk of Displacement as a Result of Domestic Violence, Dating Violence, Sexual Assault or Stalking	<input type="checkbox"/> Yes
Homeless Preference: Are you currently homeless as defined as living in a shelter and/or on the street without access to housing?	<input type="checkbox"/> Yes
Homeless Veteran Preference: Are you a US Military Veteran that is Homeless?	<input type="checkbox"/> Yes

Do you or any member of your household need any specific features or apartment designs, such as wheelchair accessibility, visual aids (braille), or apparatus for hearing assistance? Yes No

If Yes, please describe:

Does any member of the household have any accessibility or reasonable accommodation requests or alternate ways we need to communicate with you?

Yes No If yes, please explain: _____



PLEASE LIST ALL PERSONS WHO WILL RESIDE IN THE APARTMENT INCLUDING THE HEAD OF HOUSEHOLD

	Name	Relationship to Head of Household	Birth Date	Social Security Number*	Student Status (Must Circle as Applicable to EACH Member)
1.		Head			Full-time / Part-time / Not Student
2.					Full-time / Part-time / Not Student
3.					Full-time / Part-time / Not Student
4.					Full-time / Part-time / Not Student
5.					Full-time / Part-time / Not Student
6.					Full-time / Part-time / Not Student
7.					Full-time / Part-time / Not Student
8.					Full-time / Part-time / Not Student

*Not providing your social security number on the pre application will not exclude you from the lottery or waitlist

Will all of the persons in the household be or have been full time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i><u>If you answered yes to the above question, please complete the following:</u></i>	
Are any full-time student(s) married and filing a joint tax return?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any student(s) enrolled in a job-training program receiving assistance under the Workforce Investment Act or similar federal, state or local program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any full-time student(s) a TANF/AFDC or a title IV recipient?	<input type="checkbox"/> Yes <input type="checkbox"/> No
A single parent living with his/her minor children and such parent is not a dependent (as defined in Section 152) and whose children are not dependents of another individual other than a parent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
A student who was previously in a foster care program under Part B or Part E of title IV of the Social Security Act?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please list all sources of income for all household members anticipated over the next 12 months.

NOTE: "Income" includes but is not limited to all money received as a result of Employment, Social Security benefits, Supplemental Security Payments, Pensions, Veteran's Benefits, Unemployment Compensation, Public Assistance, Child Support, Alimony and interest earned from assets. Please indicate the total annual income PRIOR to deductions (taxes, etc.).

Household Member Name	Source of Income	Annual Amount



Please list all household members' assets. **NOTE: "Assets" include but are not limited to money held in checking accounts, savings accounts, trust accounts, certificates of deposit, credit unions, savings bonds, life insurance policies, mutual funds, stocks, bonds, annuities, 401(K), Keogh, brokerage accounts, investments, real estate, and investment properties.**

Household Member Name	Type of Asset	Amount	% Interest

<p>Have you or any member of your household been: (A) convicted of a felony in the last 5 years; and/or (B) subject to any State Sex Offender Lifetime Registration requirement? Failure to respond to this question may jeopardize the approval of your application.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>If yes, specify whether (A) and/or (B) is applicable including member name(s) and description of convictions etc. including dates. Attach separate sheet if necessary:</p>	
<p>Provide a complete list of ALL States in which any applicant household member has ever resided:</p>	

Certification: I/We further certify that this will be my/our sole and permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility and suitability for housing will be based on applicable income limits and by management's tenant selection plan. I/We certify that all above information is true to the best of my/our knowledge. I/We understand that intentional false statements or information are punishable by law and will lead to cancellation of this preliminary application or termination of tenancy after occupancy. I/We understand that this is a preliminary application to determine my eligibility for available waitlists, and that I/We will be required to complete a full application once an apartment becomes available for me/us. I/We understand all changes to this application, including but not limited to address change, family composition change, and annual household income change must be made to the management office in writing, and that failure to do so may result in my application being cancelled. All household members aged 18 or older or who is an emancipated minor must sign below:

Signature (Head of Household): _____ Date: _____

Signature (Co Head / Spouse): _____ Date: _____

Signature: (Other Adult) _____ Date: _____

- Attachments: Pre Application Cover Letter, as applicable, based on program(s) at property
 Application Attachments below, as applicable, based on program(s) at property
- Attachment A RA1 Notice of Nondiscrimination, Right to a Reasonable Accommodation and Free Language Assistance for People with LEP
- Attachment B Application Addendum - Demographics Data Collection & Consent
- Attachment C DHCD Resident Notice and Consent Form (or other State Agency Reporting Form, as required)
- Attachment D Form HUD-92006, Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

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NOTICE OF NON-DISCRIMINATION, THE RIGHT TO REASONABLE ACCOMMODATION FOR PERSONS WITH DISABILITIES, AND THE RIGHT TO FREE LANGUAGE ASSISTANCE FOR PEOPLE WITH LIMITED ENGLISH PROFICIENCY

Non-Discrimination

Maloney Properties, Inc. does not discriminate on the basis of any status protected by federal, state, or local law, in the admission or access to, or treatment or employment in, its programs, services and activities including, but not limited to, the following: race, color, religion, sex (including actual and perceived gender identity and sexual orientation), national origin, familial status, disability, marital status, age, ancestry, genetic information, membership in the armed services or status as a veteran, receipt of public assistance, because someone is, has been or is threatened with being the victim of domestic violence, dating violence, sexual assault or stalking, or has obtained, or sought, or is seeking relief from any court in the form of a restraining order for protection from domestic abuse.

Maloney Properties, Inc. has designated Kathy Broderick to coordinate compliance with applicable federal and state nondiscrimination requirements and to address grievances applicants and residents may have. The following is her contact information:

Maloney Properties, Inc.
27 Mica Lane
Wellesley, MA 02481

Also, if you believe you have been discriminated against, you may file a formal complaint with the Department of Housing and Urban Development (HUD) and local Fair Housing Agency. The contact information for HUD's Fair Housing Office and the Fair Housing Agencies in the states where our sites are located is attached to this notice.

Reasonable Accommodation for People with Disabilities

If you or any member of your household have a disability and as a result need any of the following to have an equal opportunity to apply to or live in our development, or participate in services and programs we offer, please let us know:

- A change in a rule, policy, procedure or service;
- A physical change or modification in your apartment, such as grab bars or lowering the cabinets;
- A specific type of unit such as one that is accessible to individuals with mobility impairments, visual impairments or hearing impairments;
- A physical change or modification in some other part of the housing site; and
- A preferred way for us to communicate with you or give you information, such as Braille, large print or using a hearing interpreter.

These kinds of changes are called reasonable accommodations. We will provide a requested reasonable accommodation if:

- your disability is obvious, or you can document that you have a disability;
- the nexus or connection between your disability and the need for the accommodation is obvious or you can document it; and
- your request does not pose an undue financial and administrative burden or fundamental change in the program, which means in simple language if it is not too expensive and too difficult to arrange or do or does not require us to do something that the housing program is not designed to do or would prevent us from doing what we are required to do.

We will give you an answer as to whether we can provide the accommodation within ten (10) business days unless there is a problem getting the information we need, or unless you agree to a longer time. We will let you know if we need more information or documentation from you or if we would like to talk to you about other ways to meet your needs.

If we turn down your request, we will explain the reasons. If you want, you may then give us information that addresses the reason why we turned down your request.

A REASONABLE ACCOMMODATION REQUEST FORM is available at the management office listed below. Let us know if you need help filling out the form or if you want to give us your request in some other way. Reasonable Accommodations may be requested orally or in writing. Please do not hesitate to contact the management office.

NOTE: All information you provide will be kept confidential and be used only to enable you to have an equal opportunity to apply to or enjoy your housing, including services and the common areas.

Free Language Assistance for People with Limited English Proficiency

If your primary language is not English and as a result you have difficulty reading, writing, or understanding English, we will provide you free language assistance so you can apply to our housing program or communicate with us regarding a housing related matter. If your primary language is not English and as a result you have Limited English proficiency, please put a checkmark next to your primary language on the attached "I SPEAK" form and return the form to the management office as listed below. We will do our best to try to accommodate your request in a timely manner. Please contact the management office if you have any suggestions regarding how we can best meet your language needs or if you have any questions about our free language assistance.

Property Contact Information:

Name of Property: Franklin Highlands
Address: 278 Humboldt Avenue Dorchester MA 02121
Telephone: 617-442-1500 Relay: 711
Email: Franklinhighlands@maloneypropeties.com

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Contact Information for the Department of Housing and Urban Development Region I FHEO Office and State Fair Housing Agencies Where Maloney Properties, Inc. Conducts Business**The Department of Housing and Urban Development**

Boston Regional Office of FHEO
U.S. Department of Housing and Urban Development
Thomas P. O'Neill, Jr., Federal Building
10 Causeway Street, Room 321
Boston, MA 02222-1092
Phone: (617) 994-8300
Toll Free: (800) 827-5005
TTY: (800) 877-8339
Fax: (617) 565-6558
E-Mail: ComplaintsOffice01@hud.gov

Massachusetts

Massachusetts Commission Against

Boston Office
One Ashburton Place Sixth Floor,
Room 601
Boston, MA 02108
Phone: (617) 994-6000
TTY: (617) 994-6196
Fax: (617) 994-6024
E-Mail: mcad@mass.gov

Springfield Office
436 Dwight Street, Room
220
Springfield, MA 01103
Phone: (413) 739-2145
TTY: (617) 994-6196 (Boston Office)
Fax: (413) 784-1056
E-Mail: mcad@mass.gov

Worcester Office Worcester
City Hall
484 Main Street, Room 320
Worcester, MA 01608
Phone: (508) 453-9630
TTY: (617) 994-6196 (Boston Office)
Fax: (508) 755-3861
E-Mail: mcad@mass.gov

New Bedford Office
128 Union Street, Suite 206
New Bedford, MA 02740
Phone: (774) 510-5801
TTY: (617) 994-6196 (Boston Office)
Fax: (774) 510-5802
E-Mail: mcad@mass.gov

Connecticut

Connecticut Commission on Human Rights and
Opportunities
450 Columbus Boulevard
Hartford, CT 06103-1835
Phone: (860) 541-3400
Connecticut Toll Free: (800) 477-5737
TTY: (860) 541-3459
FAX: (860) 541-4701

Capitol Region Office
450 Columbus Boulevard
Hartford, CT 06103
Phone: (860) 566-7710
TTY: (860) 566-7710
Fax: (860) 566-1997
E-Mail: CHRO.Capitol@ct.gov

Eastern Region Office
100 Broadway
Norwich, CT 06360
Phone: (860) 886-5703
TTY: (860) 886-5707
Fax: (860) 886-2550
E-Mail: CHRO.Eastern@ct.gov

West Central Region Office
Rowland State Government Center
55 West Main Street, Suite 210
Waterbury, CT 06702-2004
Phone: (203) 805-6530
TTY: (203) 805-6579
Fax: (203) 805-6559
E-Mail: CHRO.WestCentral@ct.gov

Southwest Region Office
350 Fairfield Avenue, 6th Floor
Bridgeport, CT 06604
Phone: (203) 579-6246
TTY: (203) 579-6246
Fax: (203) 579-6950
E-Mail: CHRO.Southwest@ct.gov

New Hampshire

NH Commission for Human Rights
2 Industrial Park Drive, Bldg. One
Concord, NH 03301
Phone: (603) 271-2767
Fax: (603) 271-6339
E-mail: humanrights@nh.gov

Rhode Island

Rhode Island Commission for Human Rights
180 Westminster Street, 3rd Floor
Providence, RI 02903
Phone: (401) 222-2661
TTY: (401) 222-2664
Fax: (401) 222-2616
E-Mail: <mailto:RICHR.Housing@richr.ri.gov>

Vermont

Vermont Human Rights
Commission 14-16 Baldwin Street
Montpelier, VT 05633
Phone: 802-828-2480
Vermont Toll Free: (800) 416-2010
TDD: (877) 294-9200
Fax: (802) 828-2481
E-mail: human.rights@vermont.gov

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I SPEAK FORM

LANGUAGE IDENTIFICATION FLASHCARD

<input type="checkbox"/> ضع علامة في هذا المربع إذا كنت تقرأ أو تتحدث العربية.	1. Arabic
<input type="checkbox"/> Խոսո՞ւմ ե՞ս և՛ «հայերեն» և՛ «անգլերեն» լեզուներով, կամ «հայերեն» և՛ «անգլերեն» լեզուներով:	2. Armenian
<input type="checkbox"/> यदि आपमि बोलो पढ़ेन वा कलेन ज्ञा हले ऐह कलेन भाष निम ।	3. Bengali
<input type="checkbox"/> ឈ្មួចញាត់ភ្នំប្រែអប់រំនេះ បើអ្នកអាន ឬនិយាយភាសា ខ្មែរ ។	4. Cambodian
<input type="checkbox"/> Motka i kahhon ya yangin ûntûngnu' manaitai pat ûntûngnu' kumentos Chamorro.	5. Chamorro
<input type="checkbox"/> 如果你能读中文或讲中文，请选择此框。	6. Simplified Chinese
<input type="checkbox"/> 如果你能读中文或讲中文，请选择此框。	7. Traditional Chinese
<input type="checkbox"/> Označite ovaj kvadratić ako čitate ili govorite hrvatski jezik.	8. Croatian
<input type="checkbox"/> Zaškrtněte tuto kolonku, pokud čtete a hovoříte česky.	9. Czech
<input type="checkbox"/> Kruis dit vakje aan als u Nederlands kunt lezen of spreken.	10. Dutch
<input type="checkbox"/> Mark this box if you read or speak English.	11. English
<input type="checkbox"/> اگر خواندن و نوشتن فارسی، بلد هستید، این مربع را علامت بزنید.	12. Farsi

<input type="checkbox"/> Cocher ici si vous lisez ou parlez le français.	13. French
<input type="checkbox"/> Kreuzen Sie dieses Kästchen an, wenn Sie Deutsch lesen oder sprechen.	14. German
<input type="checkbox"/> Σημειώστε αυτό το πλαίσιο αν διαβάζετε ή μιλάτε Ελληνικά.	15. Greek
<input type="checkbox"/> Make kazyè sa a si ou li oswa ou pale kreyòl ayisyen.	16. Haitian Creole
<input type="checkbox"/> अगर आप हिन्दी बोलते या पढ़ सकते हैं तो इस बक्स पर चिह्न लगाएँ।	17. Hindi
<input type="checkbox"/> Kos lub voj no yog koj paub twm thiab hais lus Hmoob.	18. Hmong
<input type="checkbox"/> Jelölje meg ezt a kockát, ha megérti vagy beszélí a magyar nyelvet.	19. Hungarian
<input type="checkbox"/> Markaam daytoy nga kahon no makabasa wenno makasaoka iti Ilocano.	20. Ilocano
<input type="checkbox"/> Marchi questa casella se legge o parla italiano.	21. Italian
<input type="checkbox"/> 日本語を読んだり、話せる場合はここに印を付けてください。	22. Japanese
<input type="checkbox"/> 한국어를 읽거나 말할 수 있으면 이 칸에 표시하십시오.	23. Korean
<input type="checkbox"/> ໃຫ້ໝາຍໃສ່ຊ່ອງນີ້ ຖ້າທ່ານອ່ານຫຼືປາກພາສາລາວ.	24. Laotian
<input type="checkbox"/> Prosimy o zaznaczenie tego kwadratu, jeżeli posługuje się Pan/Pani językiem polskim.	25. Polish

<input type="checkbox"/> Assinale este quadrado se você lê ou fala português.	26. Portuguese
<input type="checkbox"/> Însemnați această casuță dacă citiți sau vorbiți românește.	27. Romanian
<input type="checkbox"/> Поставьте этот квадратик, если вы читаете или говорите по-русски.	28. Russian
<input type="checkbox"/> Обележите овај квадратик уколико читате или говорите српски језик.	29. Serbian
<input type="checkbox"/> Označte tento štvorček, ak viete čítať alebo hovoriť po slovensky.	30. Slovak
<input type="checkbox"/> Marque esta casilla si lee o habla español.	31. Spanish
<input type="checkbox"/> Markahan itong kuwadrado kung kayo ay marinong magbasa o magsalita ng Tagalog.	32. Tagalog
<input type="checkbox"/> ให้ทำเครื่องหมายลงในช่องถ้าท่านอ่านหรือพูดภาษาไทย.	33. Thai
<input type="checkbox"/> Maaka 'i he puha ni kapau 'oku ke lau pe lea fakatonga.	34. Tongan
<input type="checkbox"/> Відмітьте цю клітинку, якщо ви читаете або говорите українською мовою.	35. Ukrainian
<input type="checkbox"/> اگر آپ اردو پڑھتے یا بولتے ہیں تو اس خانے میں نشان لگائیں۔	36. Urdu
<input type="checkbox"/> Xin đánh dấu vào ô này nếu quý vị biết đọc và nói được Việt Ngữ.	37. Vietnamese
<input type="checkbox"/> באצייכנט דעם קעסטל אויב איר לייענט אדער רעדט אידיש.	38. Yiddish

Maloney Properties Inc. does not discriminate on the basis of any protected status, including disability, in the admission of or access to, or treatment or employment in its programs and activities. Maloney Properties, Inc. provides persons with disabilities the opportunity to request a Reasonable Accommodation in order to apply to and participate in such programs and activities. Maloney Properties, Inc. also provides people whose primary language isn't English and as a result have limited English proficiency the opportunity to request free language assistance in order to apply to or participate in its programs and activities. Kathy Broderick coordinates Maloney Properties' compliance with all nondiscrimination requirements, including Section 504. Contact her with any questions or concerns relating to Maloney Properties' compliance with nondiscrimination requirements: Telephone (781) 943-0200 x255, Relay #711 or at Maloney Properties, Inc., 27 Mica Lane, Wellesley, MA 02481.



Supplemental and Optional 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.

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.



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。请将之译成中文。
 នេះគឺជាជំណាច់សំខាន់ សូមមេត្តាបកប្រែជូនផង

ЭТО ОЧЕНЬ ВАЖНОЕ СООБЩЕНИЕ ОБЯЗАТЕЛЬНО ПЕРЕВЕДИТЕ

Massachusetts Department of Housing and Community
 Development Resident Notice and Consent Form

Pursuant to state law, Chapter 334 of the Acts of 2006, the Department of Housing and Community Development (DHCD) must gather, compile, and report data in order to provide current, accurate, and detailed information on the number, location, and residents of assisted housing units (including privately owned housing with state subsidy or federal subsidy administered by the state). DHCD will also evaluate the data to ensure that housing choice and inclusive patterns of housing are available across the Commonwealth.

In response to the above cited law and the regulations at 760 CMR 61.00, DHCD and the quasi-public agencies Massachusetts Housing Partnership, MassHousing, and MassDevelopment are requiring development sponsors/owners or their delegates to collect and report certain resident household data to a web-based reporting system, including income level and the information requested below. DHCD will annually report to the state legislature on its data collection efforts. DHCD may also share information with the quasi-public agencies and provide reports to other interested parties in a manner consistent with privacy laws, including Massachusetts General Laws Chapter 66A. Massachusetts General Laws Chapter 66A also provides for the rights of data subjects: this includes your right to inspect and copy your personal data and to object to the collection, maintenance, dissemination, use, accuracy, completeness, or relevance of the personal data or type of information held about you.

Please respond to the following data questions:

1) What is the race of the head of household?

Check all that apply:

- White
- Black or African American
- Asian
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander
- Other (specify) _____

2) Is at least one adult member of the household a racial minority (Black or African American, Asian, American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, or other minority) (yes or no)? _____

3) Is the head of household Hispanic/Latino (yes or no)? _____

4) Is at least one adult member of the household Hispanic/Latino (yes or no)? _____

5) What is the number of children under 6 years of age in the household that reside in the unit?

6) What is the number of children in the household that are 6 years of age or older but under 18 years of age that reside in the unit? _____

7) What is the household type?

Check one of the following choices below:

- Single/non-Elderly
- Elderly
- Related/Single Parent (a single parent household with a dependent child or children)
- Related/Two parent (a two-parent household with a dependent child or children)
- Other (any household not included in the above four definitions, including two or more unrelated individuals)

In signing this consent form, you acknowledge that after reading this form you **voluntarily** provided the information above, that you understand that there are **no penalties** if you do not wish to provide the information, and that you have received a copy of this form for future reference.

Head of household signature

Date

1(A) Application Addendum Demographics Data Collection & Consent Form

Use an additional form for households with 6 or more members

Purpose: The information requested below is being gathered by State Agencies to determine the populations who are and are not being served by state and federal housing assistance programs in the state. State agencies will evaluate and report on this data to state legislature (and other interested parties in a manner consistent with all applicable privacy laws) to ensure that housing choice, equitable housing opportunities, and inclusive patterns of housing are available across the state in an effort to affirmatively further fair housing.

Instructions: This form must be completed and signed/dated by the head of household, all adult members of the household and the Owner/Agent. The designation of a specific race (including choosing a sub-category for Asian or Native Hawaiian/Pacific Islander), ethnicity and whether a household member has a disability that meets the Fair Housing Act definition for handicap/disability (definition detailed below) are completely voluntary; however, if any household member chooses not to disclose race, ethnicity and/or disability status for any member, the applicable “I do not wish to disclose” box under the Race, Ethnicity and Disability Status sections for each member must be checked.

Fair Housing Act Definition for Handicap/Disability

The member has a physical or mental impairment which substantially limits one or more major life activities; a record of such an impairment, or being regarded as having such an impairment. For a definition of “physical or mental impairment” and other terms used in this definition, please see 24 CFR 100.201, available at

http://www.fairhousing.com/index.cfm?method=page.display&pagename=regs_fhu_100-201.

“Handicap” does not include current, illegal use of or addiction to a controlled substance.

An individual shall not be considered to have a handicap solely because that individual is a transvestite.”

1. Full Name of Head of Household: _____ **Date of Birth:** _____

Race of Head of Household

- 1 - White
- 2 - Black/African American
- 3 - American Indian/Alaska Native
- 4 - Asian (please choose a sub-category)
 - 4a - Asian India
 - 4b - Chinese
 - 4c - Filipino
 - 4d - Japanese
 - 4e - Korean
 - 4f - Vietnamese
 - 4g - Other Asian
- 5 - Native Hawaiian/Other Pacific Islander (please choose a sub-category)
 - 5a - Native Hawaiian
 - 5b - Guamanian or Chamorro
 - 5c - Samoan
 - 5d - Other Pacific Islander
- 6 - Other
- 7 - I do not wish to disclose

Ethnicity of Head of Household

- 1 - Hispanic or Latino
- 2 - Not Hispanic or Latino
- 3 - I do not wish to disclose

Disability Status of this Member that Meets the Fair Housing Act Definition Above:

- 1 - Member has a disability
- 2 - Member does not have a disability
- 3 - I do not wish to disclose the disability status.

2. Full Name of Spouse/Co-head: _____ Date of Birth: _____

Race of Spouse/Co-head

- 1 - White
- 2 - Black/African American
- 3 - American Indian/Alaska Native
- 4 - Asian (please choose a sub-category)
 - 4a - Asian India
 - 4b - Chinese
 - 4c - Filipino
 - 4d - Japanese
 - 4e - Korean
 - 4f - Vietnamese
 - 4g - Other Asian
- 5 - Native Hawaiian/Other Pacific Islander (please choose a sub-category)
 - 5a - Native Hawaiian
 - 5b - Guamanian or Chamorro
 - 5c - Samoan
 - 5d - Other Pacific Islander
- 6 - Other
- 7 - I do not wish to disclose

Ethnicity of Spouse/Co-head

- 1 - Hispanic or Latino
- 2 - Not Hispanic or Latino
- 3 - I do not wish to disclose

Disability Status of this Member that Meets the Fair Housing Act Definition Above:

- 1 - Member has a disability
 - 2 - Member does not have a disability
 - 3 - I do not wish to disclose the disability status.
-

3. Full Name of HH Member #3: _____ Date of Birth: _____

Race of HH Member #3

- 1 - White
- 2 - Black/African American
- 3 - American Indian/Alaska Native
- 4 - Asian (please choose a sub-category)
 - 4a - Asian India
 - 4b - Chinese
 - 4c - Filipino
 - 4d - Japanese
 - 4e - Korean
 - 4f - Vietnamese
 - 4g - Other Asian
- 5 - Native Hawaiian/Other Pacific Islander (please choose a sub-category)
 - 5a - Native Hawaiian
 - 5b - Guamanian or Chamorro
 - 5c - Samoan
 - 5d - Other Pacific Islander
- 6 - Other
- 7 - I do not wish to disclose

Ethnicity of HH Member #3

- 1 - Hispanic or Latino
- 2 - Not Hispanic or Latino
- 3 - I do not wish to disclose

Disability Status of this Member that Meets the Fair Housing Act Definition Above:

- 1 - Member has a disability
- 2 - Member does not have a disability
- 3 - I do not wish to disclose the disability status.

4. Full Name of HH Member #4: _____ Date of Birth: _____

Race of HH Member #4

- 1 - White
- 2 - Black/African American
- 3 - American Indian/Alaska Native
- 4 - Asian (please choose a sub-category)
 - 4a - Asian India
 - 4b - Chinese
 - 4c - Filipino
 - 4d - Japanese
 - 4e - Korean
 - 4f - Vietnamese
 - 4g - Other Asian
- 5 - Native Hawaiian/Other Pacific Islander (please choose a sub-category)
 - 5a - Native Hawaiian
 - 5b - Guamanian or Chamorro
 - 5c - Samoan
 - 5d - Other Pacific Islander
- 6 - Other
- 7 - I do not wish to disclose

Ethnicity of HH Member #4

- 1 - Hispanic or Latino
- 2 - Not Hispanic or Latino
- 3 - I do not wish to disclose

Disability Status of this Member that Meets the Fair Housing Act Definition Above:

- 1 - Member has a disability
 - 2 - Member does not have a disability
 - 3 - I do not wish to disclose the disability status.
-

5. Full Name of HH Member #5: _____ Date of Birth: _____

Race of HH Member #5

- 1 - White
- 2 - Black/African American
- 3 - American Indian/Alaska Native
- 4 - Asian (please choose a sub-category)
 - 4a - Asian India
 - 4b - Chinese
 - 4c - Filipino
 - 4d - Japanese
 - 4e - Korean
 - 4f - Vietnamese
 - 4g - Other Asian
- 5 - Native Hawaiian/Other Pacific Islander (please choose a sub-category)
 - 5a - Native Hawaiian
 - 5b - Guamanian or Chamorro
 - 5c - Samoan
 - 5d - Other Pacific Islander
- 6 - Other
- 7 - I do not wish to disclose

Ethnicity of HH Member #5

- 1 - Hispanic or Latino
- 2 - Not Hispanic or Latino
- 3 - I do not wish to disclose

Disability Status of this Member that Meets the Fair Housing Act Definition Above:

- 1 - Member has a disability
- 2 - Member does not have a disability
- 3 - I do not wish to disclose the disability status.

Certification and Consent by Applicant(s)/Resident(s):

I/We, the adult members of the household, do hereby give consent to the Owner/Manager to share with state agencies and offices of the state and federal governments, and their designated subcontractors and agents, the information I/we have supplied above, as well as demographic and other information about my household (income, age of members, family composition, use of Section 8 assistance, and monthly rental payments) in accordance with the Housing and Economic Recovery Act (HERA) of 2008 and in a manner that is compliant with federal and state privacy laws and regulations. I/We, the adult member(s) of this household, understand there is no penalty if I/we chose to not disclose the race, ethnicity and/or disability status of household member(s).

Head of Household Signature

Date Signed

Co-Head, Spouse or Other Adult Member

Date Signed

Other Adult Household Member

Date Signed

Other Adult Household Member

Date Signed

Management

Date Signed

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