

Don't staple the pages of this application together!

1. Some providers *scan* the application, and if you staple, that means removing staples from 1000 applications every week or month.
2. If you include a letter, don't staple that either: providers need to quickly get to your waitlist data and your cover page just gets in the way.

Use #10 double window envelopes. Fold on the line, and addresses will fit in the windows.

Dear

I am applying to the following waitlist, which I believe is open:

App Generated:

Housing Authority or Management Office Only

Is this waitlist closed? Any other questions or concerns? *Fill in the appropriate circle(s) below and fax this page to HousingWorks at the number below – and we will correct the problem. Hundreds of thousands of applicants check our free website to see what lists are open! Keeping us updated will save you many phone calls, reduces frivolous applications - and takes only 10 minutes a year.*

☐ **This particular waitlist is closed: The only open waitlists we have at present are:**

☐ **This is not the correct application. The correct application is available by/from:**

☐ **Any other info you wish to tell HousingWorks?**

Your position or title at this housing program: _____

Your signature: _____

HousingWorks Fax: 617-536-8561



Head of Household's FIRST NAME

Head of Household's MIDDLE NAME

Head of Household's LAST NAME

YOUR MOTHER'S MAIDEN NAME

HoH's SOCIAL SECURITY NUMBER

HoH's DATE OF BIRTH

GENDER

ETHNICITY

Also provide your race at right!

RACE: Asian , Black, White, Native American, Pacific Islander, Multi-racial

Do **NOT** write Spanish, Hispanic, Latino here – and do **NOT** write your country!REQUESTED ACCOMMODATIONS ☐ = ☒ Do you need a:☐ Fully Accessible Wheelchair Unit☐ Blind Accessible Unit☐ Need an Interpreter☐ No-Steps unit (elevator to any floor)☐ Deaf Accessible Unit☐ Domestic Violence Victim☐ First-Floor unit only☐ unit designed for Environmental Allergies

HoH's CAREER STAGE

☐ Employed☐ Unemployed☐ Retired☐ FT Student☐ PT Student

MOBILE RENTAL ASSISTANCE

☐ I do not have mobile rental assistance☐ Mobile Section 8 voucher☐ MRVP☐ AHVP☐ VASH or similar

Head of Household -Any Felony/Conviction?

☐ Yes ☐ NoAny Misdemeanor Conviction? ☐ Yes ☐ No

Other Members: Any Felony Convictions?

☐ Yes ☐ NoAny Misdemeanor Conviction? ☐ Yes ☐ NoIs anyone in HH subject to a lifetime sex offender registration in any state? ☐ Yes ☐ No

TOTAL HOUSEHOLD SIZE

How much money does your family receive in a year?☐

←# Adults

←# Children

←Total #

☐

.00

YOUR HOME TELEPHONE

SECOND TELEPHONE

YOUR EMAIL ADDRESS

BEST MAILING ADDRESS

This is:

SECOND MAILING ADDRESS

This is:

BEDROOMS NEEDED?

SPECIAL CIRCUMSTANCES? - *some programs may assign you a priority status*☐ Disability☐ Elder☐ Veteran☐ Fleeing Domestic Violence☐ Displaced by: _____☐ Rent-burdened☐ Other



Oak Terrace Apartments
888 Washington Street, Boston, MA 02111
Phone: 617-350-0362 /US Relay: 711
Fax-617-350-0953



1(A)

The information requested in this form is required by the gov't. agency regulating this project.

APPLICATION FOR HOUSING

Low-Income Housing Tax Credit Property
and/or
HUD Subsidized Property

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.

Please Print Clearly

Applications are placed in the order specified in the Tenant Selection Plan located at the management office. An applicant may be interviewed only after the receipt of this tenant application.

Please complete all sections of this application and all applicable attachments and return to the address at the top of the page. If a question is not applicable to you, please write "N/A" in that section. If all sections are not completed, the application will be returned to you for completion, and, as such, will not be placed on the waiting list. Everyone age 18 and over in the household as well as the Head, Co-head and Spouse must report all income and sign all necessary forms. Thank you for your assistance.

A. GENERAL INFORMATION

Applicant Name(s): _____

Address: _____
Street Apt.# City State Zip

Daytime Phone: _____ Evening Phone: _____

No. of BR's in current unit: _____ Do you ☐ RENT or ☐ OWN (check one)

Amount of current monthly rental or mortgage payment: \$ _____

If owned, do you receive monthly rental income from property? ☐ Yes ☐ No (check one)

Check utilities paid by you: ☐ Heat ☐ Electricity ☐ Gas ☐ Other (specify)

Approximate monthly cost of utilities paid by you (excluding phone and cable TV \$ _____)

Bedroom size requested: ☐ Studio ☐ One BR ☐ Two BR ☐ Three BR

The following four questions are asked for the sole purpose of providing an equal opportunity to enjoy your housing. Answering them is voluntary, but if you don't let us know what you need to have an equal opportunity to enjoy your housing we can't satisfy your needs. ***This application includes a copy of our Reasonable Accommodation Policy.***

1. Do you need a fully accessible unit for someone with a mobility impairment? ☐ Yes ☐ No Note: If you only need a unit on the first floor and it doesn't need to be fully accessible please answer "no" here and respond to question 4 below with a "yes" and let us know your needs.

2. Do you need only certain accessible features of a unit? ☐ Yes ☐ No

If yes, please list the features that you need to be accessible:

3. Do you need a unit with special features for someone with a hearing and/or visual impairment? ☐ Yes ☐ No

4. 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:

B. HOUSEHOLD COMPOSITION AND STUDENT STATUS ELIGIBILITY

List ALL persons who will live in the apartment. List the head of household first.

Name	Relationship to Head of Household	Birth Date	Age (optional)	Social Security #	Student Status (F1) (Must circle as Applicable to EACH Member)
Head:	HoH				
Co-T:					
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

Do you anticipate any additions to the in household composition in the next twelve months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain:	

3. 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 or is pursuing a full-time course of institutional on-farm training under the supervision of an accredited agent of an educational organization or of a state or political subdivision of a state? **(F1)** ☐ Yes ☐ No

IF YES, ANSWER THE FOLLOWING QUESTIONS "a" THROUGH "e":

a. Is/Are any full-time student(s) a TANF or a title IV recipient?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Is/Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act or other similar federal, state or local law?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Are all full-time student(s) married (not necessarily to one another) and filing a joint tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are all of the full-time student(s) a single parent living with his/her minor child/children and not a Dependent on another individual's tax return and the child/children aren't a dependent of another person other than a parent of the child/children?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Has any full-time student previously been under the care and placement of a foster care program (under Part B or E of Title IV of the Social Security Act)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

C. INCOME

List ALL sources of gross income anticipated to be received by any/all household members in the next 12 months as requested below. If an income source doesn't apply, cross out or write N/A over that source name.

Household Member Name	Source of Income	Amount
1.	Social Security F12	\$
	Social Security F12	\$
2.	SSI Benefits F12	\$
	SSI Benefits F12	\$
3.	SSP (State Supplement Program) Payments F9a&b	
4.	Pension F13 List source:	\$
5.	Veteran's Benefits F8 List claim #:	\$
		\$
6.	Unemployment Compensation F11	\$
	Unemployment Compensation F11	\$
7.	Worker's Compensation Fall	\$
8.	Title IV/TANF/TAFDC/Public Assistance F9	\$

9.	Interest Income F19 List source:	\$
10.	Other Income (including recurring gifts, lottery winnings, rental property, net income from a business, etc.)? Verify as applicable List source:	\$
11.	*Student Financial Assistance in excess of tuition and any other required fees and charges (scholarships, grants, private sources, work study, etc.) F1 Addendum & F2 List source:	

*Student Financial Assistance in excess of tuition and any other required fees and charges (scholarships, grants, private sources, work study, etc.): Only counted for Sec. 8 and/or LIHTC members with Section 8 assistance if the individual is applying separate from his/her parent(s) and he/she isn't 24+ with a dependent child.

Household Member Name	Source of Income	Monthly Amount
11.	Employment Income F5	\$
	Employer:	
	Employer Address:	
	Employer Phone:	
	Position Held:	How long employed:
12.	Employment Income F5	\$
	Employer:	
	Employer Address:	
	Employer Phone:	
	Position Held:	How long employed:
13.	Employment Income F5	\$
	Employer:	
	Employer Address:	
	Employer Phone:	
	Position Held:	How long employed:
14.	Alimony F15, F16	
	a. Are you <i>entitled</i> by a court order or other legal agreement to receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are <i>entitled</i> to receive.	\$
	b. Do you receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list amount you receive.	\$
15.	Child Support F15, F16	
	a. Are you <i>entitled</i> by a court order or other legal agreement to receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list the amount you are <i>entitled</i> to receive.	\$
	b. Do you receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you receive.	\$

16. Are any adult members 18 or older and not employed but are receiving unearned income such as Social Security, SSI, Public Assistance, Unemployment, etc.? F4: Section B Only			<input type="checkbox"/> Yes	<input type="checkbox"/> No
17. Are any adult members 18 or older, not employed and not receiving any unearned income from any source? F4: Section A Only			<input type="checkbox"/> Yes	<input type="checkbox"/> No
18. TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts listed above x 12)			\$	
19. TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR (Based on last tax year)			\$	
20. Do you anticipate any changes in this income in the next 12 months?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, explain:				
21. Do you file income tax returns? (If yes, please provide a copy with this application.)			<input type="checkbox"/> Yes	<input type="checkbox"/> No
D. ASSETS				
If your assets are too many to list here, please request an additional form. If a section doesn't apply, cross out or write N/A.				
1. Checking Accts F19		Bank:	Balance	
		Bank:	Balance	
		Bank:	Balance	
2. Savings Accts F19		Bank:	Balance	
		Bank:	Balance	
		Bank:	Balance	
3. Direct Express Debit Card (SSA only) Current Stmt/ATM receipt	Member: Member: Member:		Balance: \$ Balance: \$	
4. Other Debit Acct Cards Current Stmt/ATM receipt	Member: Member: Member:		Balance: \$ Balance: \$ Balance: \$	
5. Cash on Hand F30			Amount \$	
6. Trust Account F22		Bank:	Acct:	Balance \$
		Bank:	Acct:	Balance \$
7. Certificates of Deposit F19		Bank:	Acct:	Balance \$
		Bank:	Acct:	Balance \$
8. Savings Bonds F19		Maturity Date		Value \$
		Maturity Date		Value \$
9. Life Insurance Policy F20	Ins. Co:		Acct:	Cash Value \$

10. Life Insurance Policy F20	Ins. Co:	Acct:	Cash Value \$
11. Mutual Funds F19	Shares:	Annual Interest or Dividend \$	Value \$
12. Stocks F19	#Shares:	Annual Interest or Dividend \$	Value \$
13. Bonds F19	#Shares:	Annual Interest or Dividend \$	Value \$
14. Annuities, 401(k), IRA, Keogh F21	Name: Source:		Value \$
15. Investment Property F23	Name: Source:		Value \$
16. Real Estate Property: Does any household member own any property? F24, F25			<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>a. If yes, Name of Household Member:</i>		<i>b. Type of property</i>	
c. Location of property			
d. Appraised Market Value			\$
e. Mortgage or outstanding loans balance due			\$
f. Amount of annual insurance premium			\$
g. Amount of most recent tax bill			\$
17. Has any household member sold/disposed of any property in the last 2 years? F17			<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>a. If yes, Name of Household Member:</i>		<i>b. Type of Property</i>	
c. Market value when sold/disposed			\$
d. Amount sold/disposed for			\$
e. Date of transaction:			
18. Has any household member disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up Irrevocable Trust Accounts F17, F22)			<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>a. If yes, Name of Household Member:</i>		<i>b. Describe Asset:</i>	
c. Date of Disposition			
d. Amount Disposed:			\$
e. Does any member have any other assets not listed above (excluding personal property?)			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list:	Household Member Name:		Type of Asset:

E. ADDITIONAL INFORMATION

1. How were you referred to this property? **via the HousingWorks.net website**

Notice for the following question: We do not discriminate based on Section 8 Voucher/Certificate holder status. These questions are asked for the sole purpose to: (1) determine an applicant household's ability to pay rent for a unit that does not have a Project based Section 8: or (2) to advise applicant households who are applying for a unit with Project-based Section 8 that if they move into such a unit that already has Section 8 with the unit, they will be required by their voucher agency to give up their mobile voucher.

2. Do you current have a mobile Section 8 Voucher/Certificate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Are you or any member of your family currently using an illegal substance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Have you or any member of your family ever been: (A) convicted of a felony; 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.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, specify whether (A) and/or (B) with member name(s) as applicable and describe. Attach separate sheet if necessary:		
5. Provide a complete list of ALL States in which any applicant household member has ever resided:		
6. Are you an owner, developer or sponsor of this project (or officer, employee, agent or consultant of the owner, developer or sponsor)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Has any landlord ever had to take legal action against you or another family member listed in Section B above for non-payment of rent and/or any other material noncompliance with your lease that resulted in your appearance in court?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please describe:		
8. Have you ever filed for bankruptcy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, describe:		
9. Will you take an apartment when one is available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Briefly describe your reasons for applying:		

F. REFERENCE INFORMATION

You must provide all full addresses resided at in the past five years and the names, addresses and phone numbers of all landlords, if applicable. (Please attach a separate sheet if necessary to include all landlords in the last 5 years.)

1. Current Landlord	Name:		
	Address:		
	Home Phone:		
	Bus. Phone:		
	Address You Resided At:		
	How Long?	From:	To:
2. Prior Landlord	Name:		
	Address:		
	Home Phone:		
	Bus. Phone:		
	Address You Resided At:		
	How Long?	From:	To:

3. Personal Reference #1:	
Address:	
Relationship:	Phone #:
4. Personal Reference #2:	
Address:	
Relationship:	Phone #:
5. Personal Reference #3:	
Address:	
Relationship:	Phone #:
6. In case of emergency notify:	
Address:	
Relationship:	Phone #:
7. In case of emergency notify:	
Address:	
Relationship:	Phone #:

G. 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 accurate and complete to the best of my/our knowledge and I/We understand that intentional false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. I/We hereby authorize the release of information regarding a criminal background and credit check, and landlord authorization. All adult household members, 18 or older, must sign the application. Further, any head, co-head or spouse, who is an emancipated minor, must also sign below.

SIGNATURE(S):

(Signature of Tenant)

Date

(Signature of Co-Tenant)

Date

(Signature of Co-Tenant)

Date

(Signature of Co-Tenant)

Date

Attachments: Application Cover Letter, as applicable, based on program(s) at property Application Attachments, as applicable, based on program(s) at property

Attachment A:	Notice of Nondiscrimination, Right to a Reasonable Accommodation
Attachment B:	and Free Language Assistance for People with LEP
Attachment C: Attachment D:	Form HUD-92006, Supplemental and Optional Contact Information for
Attachment E: Attachment F:	HUD Assisted Housing Applicants
	1(A) Application Addendum - Demographics Data Collection & Consent
	DHCD Resident Notice and Consent Form (or other State Agency
	Reporting Form, as required)
	HUD Form-27061-H — Race and Ethnic Data Reporting Form
	NC1 Owner's Notice of Restriction on Assistance to Non-Citizens



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.



THIS IS AN IMPORTANT NOTICE. PLEASE HAVE IT TRANSLATED.

Este es un aviso importante. Sirvase mandarlo traducir.

Este é um aviso importante. Por favor mande traduzi-lo.

C'est important. Veuillez faire traduire.

Questa é una notizia molto importante. Per piacere falla tradurre.

ĐÂY LÀ MỘT BẢN THÔNG CÁO QUAN TRỌNG.

XIN VUI LÒNG CHO DỊCH LẠI THÔNG CÁO NÀY.

Es ê un avizu importanti. Di favor, manda traduzil.

Se yon anons ki enpòtan anpil. Sou Ple, fè tradwi li pou w.

Σπουδαie Πληροφορεια – Παρακαλω να το μεταφρασετε.

這是重要的通知，請將之翻譯成中文

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

Pursuant to state law, Chapter 334 of the Acts of 2000, 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?

Circle 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)? ☐ Yes ☐ No

3) ____ Is the head of household Hispanic/Latino (yes or no)? ☐ Yes ☐ No

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

Circle 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

Oak Terrace Apartments
888 Washington Street, Boston, MA 02111
Phone: 617.350.0362 / Fax: 617.350.0953 TDD: 711

Application Addendum — Self Certification

Applicant name: _____

Address: _____

Date: _____ Number of Household Members: _____

Please check off all the boxes that apply to your household (below):

- ☐ I am applying for the units offered at discounted gross rents: One-Bedroom at \$1,108, Two-Bedroom from \$1,330 and Three-Bedroom from \$1,536, and Four —Bedroom from \$1,714. Annual Income for eligible household cannot exceed 60% of Greater Boston Area Median Income (AMI) — see details in table below.

OR

- ☐ I am applying for the units offered at Market Rents: One-Bedroom from \$2,500. Two-Bedroom from \$3,200. Three-Bedroom from \$3,900, and Four-Bedroom from \$4,500.
- ☐ I currently possess a Housing Choice/Mobile Voucher under the Section 8 Program.

Units with Section 8 Project-Based Rent Subsidy need to be applied through the Boston Housing Authority. Boston Housing Authority manages the application and waiting list process for our Section 8 Project-Based units.

Maximum Annual Income Limits	
Household Size	60% AMI
1	\$41,220
2	\$47,100
3	\$52,980
4	\$58,860
5	\$63,600
6	\$68,280
7	\$73,020
8	\$77,700

I certify that the information given is true to the best of my knowledge and that my annual income
\$ _____

Signature of Head of Household _____

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.



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 race, color, religion, sex, national origin, ancestry, familial status, disability /handicap, age, military background or service, marital status, sexual orientation, public assistance reciprocity or any other status protected by federal, state, or local law, in the admission or access to, or treatment or employment in, its assisted programs and activities.

If you believe you have been discriminated against in seeking housing or as a resident, you should contact the Massachusetts Commission Against Discrimination, (617) 727-3990/MA Relay: 711 or the U.S. Department of Housing and Urban Development, (617) 565-5308.

Reasonable Accommodation

If you have a disability and as a direct result of your disability you need:

- ◆ A change in the rules or policies or how we do things that would give you an equal chance to live here and use the facilities or take part in programs on site;
- ◆ A change or repair in your apartment or a special type of apartment that would give you an equal chance to live here and use the facilities or take part in programs on site;
- ◆ A change or repair to some other part of the housing site that would give you an equal chance to live here and use the facilities or take part in programs on site; and/or
- ◆ A change in the way we communicate with you or give you information.

You may ask for this kind of change, which is called a REASONABLE ACCOMMODATION.

If your disability is obvious or you can verify that you have a disability and if your request is directly related to your disability and reasonable (does not pose an undue financial and administrative burden or fundamental change in the program*), we will try to make the changes you request.

We will give you an answer as to whether we can provide the accommodation within ten (10) business days of your request 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 verification 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 and you can give us more information if you think that will help.

A REASONABLE ACCOMMODATION REQUEST FORM is attached to this notice. If you need help filling it out or if you want to give us your request in some other way, we will help you. Please do not hesitate to contact the management office as listed below.

You can also get another REASONABLE ACCOMMODATION REQUEST FORM by contacting the management office listed below.

Also, Kathy Broderick has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8, dated June 2, 1988). The following is her contact information:

Maloney Properties, Inc.
27 Mica Lane
Wellesley, MA 02481
781-943-0200 ext. 214
MA Relay 711

NOTE: All information you provide will be kept confidential and be used only to help you have an equal opportunity to enjoy your housing and the common areas.

*(*In simple language this legal phrase means if it is not too expensive and too difficult to arrange, or doesn't require us to do something that the housing program isn't designed to do or would cause us not to do what we are required to do).*

Free Language Assistance for People with Limited English Proficiency

If your primary language isn't English and as a result of this you have difficulty reading, writing or understanding English, we will provide a free language interpreter so you can apply to our housing program or communicate with us regarding a housing related matter. We will also provide you oral translation of any important housing related document at no cost to you. If you have limited English Proficiency, please place a checkmark next to the language you'd like us to communicate with you in. We will do our best to try to accommodate your request in a timely manner. Please contact the management office listed below to let us know how we can meet your language needs.