

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



<input type="radio"/>	Head of Household's FIRST Name
<input type="radio"/>	Head of Household's MIDDLE Name
<input type="radio"/>	Head of Household's LAST Name

HoH's SOCIAL SECURITY NUMBER	<input type="radio"/>	GENDER	<input type="radio"/>	HoH's DATE OF BIRTH	<input type="radio"/>
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ETHNICITY Also provide your race at right!	RACE: Asian , Black, White, Native American, Pacific Islander, Multi-racial Do <u>NOT</u> write Spanish, Hispanic, Latino here – and do <u>NOT</u> write your country!
<input type="radio"/>	<input type="radio"/>

<input type="radio"/>	YOUR MOTHER'S MAIDEN NAME
-----------------------	---------------------------

YOUR HOME TELEPHONE	SECOND TELEPHONE
<input type="radio"/>	<input type="radio"/>
YOUR EMAIL ADDRESS	
<input type="radio"/>	

CURRENT ADDRESS <u>OR</u> LONG-TERM CONTACT ADDRESS	
This is:	
<input type="radio"/>	
<input type="radio"/>	

SECOND CONTACT ADDRESS	
This is:	
<input type="radio"/>	
<input type="radio"/>	

TOTAL HOUSEHOLD SIZE			# BEDROOMS		How much money does your family receive in a year?	
<input type="radio"/>	# Adults	# Children	Total #	<input type="radio"/>		.0 0

INCOME SOURCES	
<input type="radio"/>	

MOBILE RENTAL ASSISTANCE, if any	
<input type="radio"/>	

REQUESTED ACCOMMODATIONS	
<input type="radio"/>	

SPECIAL CIRCUMSTANCES THAT <u>SOME</u> PROGRAMS MAY USE TO ASSIGN PRIORITY OR PREFERENCE	
<input type="radio"/>	

St. Cecilia's House
108 Kilmarnick St
Boston, MA 02215
617-536-3658 / US Relay: 711 / Fax: 617-236-6436

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 order of 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 your 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 an 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.

Application

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? If yes, please explain: _____

B. HOUSEHOLD COMPOSITION					
Name	Relationship to Head of Household	Birth Date	Age (optional)	Social Security #	Full-Time Student (F1) <i>(Must circle as applicable for EACH Member)</i>
Head:	HOH				Full-time Part-time Not Student
Co-T:					Full-time Part-time Not Student
1.					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

1. Do you anticipate any changes 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 agency 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. Are any full-time students(s) a TANF or a title IV recipient?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. 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 any full-time students(s) married (not necessarily to one another) and filing a joint tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are any full-time student(s) a single parent living with his/her minor child/children and not a Dependant 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 or 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 any income source doesn't apply, cross out or write N/A over that source name.

Household Member Name	Source of Income	Gross Monthly 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)	\$
	Pension F13 (list source)	\$
	Pension F13 (list source)	\$
5.	Veteran's Benefits F8 (list claim #)	\$
	Veteran's Benefits F8 (list claim #)	\$
6.	Unemployment Compensation F11	\$
	Unemployment Compensation F11	\$

Application

7.	Worker's Compensation	F11	\$
8	Title IV/TANF/TAFDC/Public Assistance	F9	\$
	Title IV/TANF/TAFDC/Public Assistance	F9	\$
	Title IV/TANF/TAFDC/Public Assistance	F9	\$
9.	Interest Income (source)	F19	\$
	Interest Income (source)	F19	\$
	Interest Income (source)	F19	\$
10.	Other Income (including recurring gifts, lottery winnings, rental property, net income from a business, etc. Verify as applicable List source: _____)		
	*Student Financial Assistance in excess of tuition and any other required feeds and charges (scholarships, grants, private sources, work study, etc.) F1 Addendum & F2 List source: _____		

***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	Gross 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

Application

Household Member Name	Source of Income	Gross Monthly Amount
14.	Alimony F15, F16	
	a. Are you legally entitled to receive alimony?	\$
	If yes, list the amount you are entitled to receive.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b. Do you receive alimony?	\$
	If yes, list the amount you receive.	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$
15.	Child Support F15, F16	
	a. Are you legally entitled to receive child support?	
	If yes list the amount you are entitled to receive.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b. Do you receive child support?	\$
	If yes, list the amount you receive.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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
TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts x 12)		\$
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
21. Do you file 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 numerous to list here, please request an additional form.				
If a section doesn't apply, cross out or write N/A.				
	Household Member Name:	Bank	Account #	Balance
1. Checking Accounts F19			#	\$
			#	\$
			#	\$
2. Savings Accounts F19			#	\$
			#	\$
			#	\$

3. Direct Express Debit Card (SSA Only) Current Stmt/ATM receipt)	Member: _____ Member: _____ Member: _____			Balance \$ _____ Balance \$ _____ Balance \$ _____
4. Other Debit Card Acct Cards Current Stmt/ATM receipt)	Member: _____ Member: _____ Member: _____			Balance \$ _____ Balance \$ _____ Balance \$ _____
5. Cash on Hand F30				Amount \$ _____
6. Trust Account F22		Bank:	Acct#	\$
7. Certificates of Deposit F19			#	\$
			#	\$
8. Savings Bonds F19		Maturity Date	#	Value \$
		Maturity Date	#	Value \$
9. Life Insurance Policy F20		Ins. Co:	Acct:	Cash Value \$
11. Mutual Funds F19	Name: Bank Name:	#Shares:	Annual Interest or Dividend \$	Value \$
12. Stocks F19	Name: Bank Name:	#Shares:	Annual Interest or Dividend \$	Value \$
13. Bonds F19	Name: Bank Name:	#Shares:	Annual Interest or Dividend \$	Value \$
14. Annuities, 401(K), IRA, Keogh F21	Name: Source:			Appraised Value \$
15. Investment Property F23	Name: Source:			Appraised Value \$
16. Real Estate Property: <i>Do any household member own any property?</i> F24, F25				<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, name of household member		b. If yes, Type of property		
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
a. If yes, name of household member		b. If yes, Type of property		
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 up Irrevocable Trust Accounts) F17, F22				<input type="checkbox"/> Yes <input type="checkbox"/> No

Application

a. If yes, name of household member	b. Describe Asset
c. Date of Disposition	
d. Amount disposed	\$
e. Does any member have any other assets not listed above (excluding personal property)? F17	<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?	through 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 for a unit that does not have a Project Based Section 8; or (2) to advise applicant household 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 currently 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) is 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 (of 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 non-compliance with your lease that resulted in your appearance in court?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, 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:	
	How Long?	
2. Prior Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	

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 #:

Application

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 true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All adult applicants, 18 or older, must sign 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 and Free Language Assistance for People with LEP

Attachment B: Form HUD-92006, Supplemental and Optional Contact Information for HUD Assisted Housing Applicants

Attachment C: 1(A) Application Addendum - Demographics Data Collection & Consent

Attachment D: DHCD Resident Notice and Consent Form (or other State Agency Reporting Form, as required)

Attachment E: HUD Form-27061-H — Race and Ethnic Data Reporting Form

Attachment F: Family Summary Sheet & Citizenship Declaration(s) for each Applicant

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.



Application

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I(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, 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

- ☐ White
- ☐ Black/African American
- ☐ American Indian/Alaska Native
- ☐ Asian
- ☐ Native Hawaiian/Other Pacific Islander
- ☐ Other
- ☐ I do not wish to disclose

Ethnicity of Head of Household

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino
- ☐ I do not wish to disclose

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

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

2. Full Name of Household Member: _____ Date of Birth: _____

Race of this Household Member

- ☐ White
- ☐ Black/African American
- ☐ American Indian/Alaska Native
- ☐ Asian
- ☐ Native Hawaiian/Other Pacific Islander
- ☐ Other
- ☐ I do not wish to disclose.

Ethnicity of this Household Member

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino
- ☐ I do not wish to disclose.

Disability Status of This Member That Meets the Fair Housing Act Definition on Page 1:

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

3. Full Name of Household Member: _____ Date of Birth: _____

Race of this Household Member

- ☐ White
- ☐ Black/African American
- ☐ American Indian/Alaska Native
- ☐ Asian
- ☐ Native Hawaiian/Other Pacific Islander
- ☐ Other
- ☐ I do not wish to disclose.

Ethnicity of this Household Member

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino
- ☐ I do not wish to disclose.

Disability Status of This Member That Meets the Fair Housing Act Definition on Page 1:

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

4. Full Name of Household Member: _____ Date of Birth: _____

Race of this Household Member

- ☐ White
- ☐ Black/African American
- ☐ American Indian/Alaska Native
- ☐ Asian
- ☐ Native Hawaiian/Other Pacific Islander
- ☐ Other
- ☐ I do not wish to disclose.

Ethnicity of this Household Member

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino
- ☐ I do not wish to disclose.

Disability Status of This Member That Meets the Fair Housing Act Definition on Page 1:

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

5. Full Name of Household Member: _____ Date of Birth: _____

Race of this Household Member

- ☐ White
- ☐ Black/African American
- ☐ American Indian/Alaska Native
- ☐ Asian
- ☐ Native Hawaiian/Other Pacific Islander
- ☐ Other
- ☐ I do not wish to disclose.

Ethnicity of this Household Member

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino
- ☐ I do not wish to disclose.

Disability Status of This Member That Meets the Fair Housing Act Definition on Page 1:

- ☐ Member has a disability
- ☐ Member does not have a disability
- ☐ 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

Other Adult Household Member

Date Signed

Management Agent

Date Signed



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