

Full Name:

Address1:

Address2:

City State Zip:

Email:

Case Manager Email:

← **APPLICANT COMPLETE THIS SECTION**

Use Adobe Acrobat Reader and print this application to  
"Custom Scale - 100%".

Then, both addresses will appear in the windows of a #10  
double-window envelope, saving you time.

← **Mail this application to the address at left.**

**Do not fax!**

Date Generated:

Fold on this line —

**Dear**

I am applying to the following waitlist, which I believe is open – please fax HousingWorks if the list is closed.

**SECTION BELOW FOR WAITLIST ADMINISTRATORS ONLY:**

**LANDLORD: IF REJECTING THIS APPLICATION**, please email, mail, or fax the form below to HousingWorks. We will forward it on to the applicant. [Include this page so we know who the application is from!](#)

We will also update our system, so the changed status of your waitlists will reach thousands of applicants and their housing advocates. Also, you will boost your Fair Housing and ADA compliance exponentially!

[support@housingworks.net](mailto:support@housingworks.net)

**HousingWorks**  
**P.O. Box 231104**  
**Boston, MA 02123**  
**617-536-8561 fax**

☐ **This waitlist is closed. The only waitlists open at present are:**

\_\_\_\_\_

\_\_\_\_\_

☐ **This is not the right application. We have enclosed the correct application.**

☐ **You do not appear to qualify for this property, because:** \_\_\_\_\_

Name of Waitlist Administrator optional \_\_\_\_\_

Phone of Waitlist Administrator optional: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ X \_\_\_\_\_

← *Date Time Stamp – for Office Use Only*



Monsignor Neagle Apts.  
350 Charles St.  
Malden, MA 02148  
Tel: 781-388-9600  
MA Relay: 711

Dear Applicant Household:

Thank you for your interest in our apartments. Attached please find the application package that you requested. It is extremely important that you fully understand the 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). Listed below you will find a brief description of all forms that are required by HUD for its subsidized properties. Please be aware that if the application is incomplete at submission, it will be rejected, returned to you, and will not be evaluated until all required information has been re-submitted.

The following is included with this package. To be eligible for our waiting list your annual income cannot exceed \$49,100 for one person and \$56,100 for two persons. Please complete and return with your application if specified below:

Attachment A - 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.

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.

**Race and Ethnic Data Reporting Form (HUD-27061-H):** Maloney Properties, Inc. is required by HUD to provide applicants/tenants the opportunity to complete a form titled Race and Ethnic Data Reporting (Form HUD-27061-H) for the sole purpose of gathering race and ethnic data in assisted housing. A separate form must be completed for each household member. Parents or guardians are to complete the form for children under the age of 18. There is no penalty for persons who do not want to release this information; however, if you choose not to fill out this form you must fill in the top section of the form. write "refuse" across the data reporting table, sign and date the form and send it back with your application. Otherwise, please complete the form. sign and date it and send it back with your application.

**DHCD Resident Notice and Consent Form:** Similar to the above form, Maloney Properties, Inc. is required by the Massachusetts Department of Housing and Community Development (DHCD) to provide applicant/tenant heads of households the opportunity to complete this form. There is no penalty for persons who do not want to provide this information; however, if you choose not to fill out this form you must write "refuse to complete" before the signature area, sign and date the form and send it back with your application. Otherwise, please complete the form, sign and date it and send it back with your application.

**NOTE: Student Status Requirement:** A student enrolled at an institution of higher education is not eligible for assistance unless he/she: is of legal contract age under state law; established a household separate from parents or legal guardians for at least one year prior to application for occupancy or meet the U.S. Department of Education's definition of an independent student; not claimed as a dependent by parents or legal guardians pursuant to IRS regulations; and obtained a certification of the amount of financial assistance that will be provided by parents in accordance with this Tenant Selection Plan.

#### **Social Security Number Disclosure Requirements**

Applicants do not need to disclose or provide verification of a SSN for all non-exempt household members at the time of application and for placement on the waiting list. However, applicants must disclose and provide verification of a SSN for all non-exempt household members before they can be housed.

Within 30 days of receiving a complete application submission, Management will send written notification informing you as to the status of your application, i.e., the approximate wait for an apartment as well as your placement on the waiting list, if applicable.

**When you reach the top of the waiting 11st, we will contact you for an interview. At that time, the head, spouse, co-head, and all adult members of the family will be asked to sign the required individual verification forms authorizing management to verify family income, assets, expenses, and other eligibility factors throughout the application process.**

**We look forward to hearing from you! Please feel free to contact Dawn Pantano, Property Manager, 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 781-388-9600, fax: 781-388-9682 /MA Relay 711.**

**Sincerely,**

**Dawn Pantano  
Property Manager  
Monsignor Neagle Apts.**



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



**Monsignor Neagle Apartments**  
**350 Charles Street**  
**Malden, MA 02148**  
**Phone: 781-388.9600 Fax: 781-388-9682**  
**US Relay: 711**

**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**

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. Thank you for your assistance.

### **A. GENERAL INFORMATION**

**Applicant Name(s):** \_\_\_\_\_

**Address:** \_\_\_\_\_  
                     Street                                      Apt. #                                      City                                      State                                      ZIP

**Daytime Phone:** \_\_\_\_\_ **Evening Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Current Unit Size**  
**(# of BRs):** \_\_\_\_\_ **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 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:** ☐ **One 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 notice of the right to request a Reasonable Accommodation (Attachment A).*

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 & STUDENT STATUS ELIGIBILITY

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

1.	Name	Relationship to head of household	Birth Date	Age (Optional)	Social Security#*	Student Status (F1) (Must Circle as Applicable to EACH Member)
Head		HOH				Full-time / Part-time / Not Student
Co-T						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

\*Note re: HUD SSN Eligibility Requirements: Applicant & Management confirm that Applicant has supplied documentation of Social Security Numbers (SSNs) for all household members unless family members qualify for an exemption in accordance with HUD requirements. Exemptions include all applicants: age 62 or older as of 1/31/10 whose initial determination of eligibility began before 1/31/10 (based on the effective date of a form HUD-50059 or form HUD-50058, whichever is applicable) and/or those who do not contend eligible immigration status.

2. Do you anticipate any additions to the household in the next twelve months? ☐ Yes ☐ No

If yes, explain

### 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	Gross Monthly Amount
1.	Social Security F12	\$
	Social Security F12	\$
	Social Security F12	\$
2.	SSI Benefits F12	\$
	SSI Benefits F12	\$
	SSI Benefits F12	\$
3.	SSP Payments (State Supplement Program) 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 F11	\$
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 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 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 or older with a dependant child.



Household Member Name	Source of Income	Monthly Amount
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.	Employment Income F5	\$
	Employer:	
	Employer Address:	
	Employer Phone:	
	Position Held:	How long employed:
15.	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.	\$
16.	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.	\$
17. 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
18. 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
19. TOTAL GROSS ANNUAL INCOME (Monthly amounts listed above x 12)?		\$
20. TOTAL GROSS ANNUAL INCOME FROM PRIOR YEAR (Based on last tax year)?		\$
21. Do you anticipate any changes in this income in the next 12 months?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain:		
22. Do you file income tax returns? <input type="checkbox"/> Yes <input type="checkbox"/> No		
(If yes, provide prior year's taxes with W-2(s), 1099(s), etc. for all members 18 and older with application)		
<b>D. ASSETS</b>		
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.		

Household Member Name:				
1. Checking Accts F19		Bank:	Acct:	Balance \$
		Bank:	Acct:	Balance \$
		Bank:	Acct:	Balance \$
2. Savings Accts F19		Bank:	Acct:	Balance \$
		Bank:	Acct:	Balance \$
		Bank:	Acct:	Balance \$
3. Direct Express Debit Card (SSA) <small>Current Stim/ATM Receipt</small>	Member: _____			Balance: \$
	Member: _____			Balance: \$
	Member: _____			Balance: \$
4. Other Debit Acct Cards <small>Current Stim/ATM Receipt</small>	Member: _____			Balance: \$
	Member: _____			Balance: \$
	Member: _____			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	Name: _____	#Shares: _____	Annual Interest or Dividend \$	Value \$
	Bank Name: _____			
12. Stocks F19	Name: _____	#Shares: _____	Annual Interest or Dividend \$	Value \$
	Bank Name: _____			
13. Bonds F19	Name: _____	#Shares: _____	Annual Interest or Dividend \$	Value \$
	Bank Name: _____			
14. Annuities, 401(k), IRA, Keogh F21	Name: _____			Value \$
	Source: _____			
15. Investment Property F23	Name: _____			Appraised
	Source: _____			Value \$
16. Real Estate Property: Does any household member own any property? F24, F25				<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, Name of Household Member:		b. 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, Name of Household Member:		Type of property:
Market value when sold/disposed		\$
Amount sold/disposed for		\$
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
a. If yes, Name of Household Member:		b. Describe Asset:	
c. Date of disposition:			
d. Amount disposed:		\$	
e. Does any member have any assets not listed above? <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?		
<b>Notice for the following question:</b> 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 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 currently have a mobile Section 8 Voucher/Certificate?		
		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Failure to respond to the questions below may jeopardize approval of your application.</b>		
3a. Are you, or any member of your household (including any live-in aide) listed in Section B above, currently illegally using a controlled substance?		<input type="checkbox"/> Yes <input type="checkbox"/> No
3b. Do you, or any member of your household (including any live-in aide) listed in Section B above, have a pattern or illegal drug use or abuse of alcohol that has threatened or would threaten the health, safety and right to peaceful enjoyment of others?		<input type="checkbox"/> Yes <input type="checkbox"/> No
4a. Have you, or any member of your household (including any live-in aide) listed in Section B above, been convicted of a felony in the last 7 years? NOTE: A "yes" answer does not automatically result in the household's inability to obtain housing. Mitigating circumstances are considered.		<input type="checkbox"/> Yes <input type="checkbox"/> No
4b. Are you, or any member of your household (including any live-in aide) listed in Section B above, subject to any State Sex Offender Lifetime Registration requirement?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to 4 (a or b), specify whether (a) and/or (b) along with member name(s) and describe. Attach additional pages(s) if necessary:		
5. Provide a <u>complete list of ALL States</u> 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

7a. Has any landlord ever had to take legal action against you, or another household member (except any live-in aide) listed in Section B above, for non-payment of rent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7b. Has any landlord ever had to take legal action against you or another household member (including any live-in aide) listed in Section B above, for 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, 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. In case of emergency notify:

Address:	
Relationship:	Phone #:

4. 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 below, 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:** 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.



**MONSIGNOR NEAGLE APTS.  
350 CHARLES STREET  
MALDEN, MA 02148**

**HOUSING STATUS**

**The following conditions may be considered in placing your application on a waiting list for an apartment. A qualified third party prior to offering you an apartment must verify these. If your status changes at any time, you should notify Monsignor Neagle Apartments immediately.**

- |   |  |
|---|--|
| <b>___Malden/ Medford</b>               | <b>You are currently a resident of Malden or Medford, MA</b>   |
| <b>___Rent Burden</b>                   | <b>You are paying 50% or more of your income for your housing</b>  |
| <b>___Homeless</b>                      | <b>You are staying in a shelter, half-way house, or institution</b>  |
| <b>___Condemned<br/>Housing</b>         | <b>Your current housing has been declared unfit by the city or other public agency.</b>  |
| <b>___Substandard<br/>Housing</b>       | <b>Your current housing lacks bathroom or kitchen fixtures, water, electricity or sufficient heat, or it has another health or dangerous condition.</b>                  |
| <b>___Domestic<br/>Violence</b>         | <b>You have lost or will lose your housing due to violence or threats of violence from someone in your residence.</b>  |
| <b>___Fire, Flood,<br/>Disaster</b>     | <b>You have lost your housing due to damage from fire, flood, or other natural disaster.</b>   |
| <b>___Displaced by<br/>Govt. Action</b> | <b>You have lost your housing due to state or city governmental action.</b>  |
| <b>___Displaced by<br/>Priv. Action</b> | <b>You have lost or will lose your housing through action by a private owner that you could not control or prevent. (excluding eviction for cause or rent increase).</b> |
| <b>___Displaced by<br/>Inaccess</b>     | <b>You are unable to use critical elements of your housing unit because you have a medical or physical impairment.</b>   |

# **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, familial status, disability /handicap, age, marital status, sexual orientation, 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 New Hampshire Commission for Human Rights at (603)271-2767 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, Susan Stockard 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, extension 208  
MA Relay: 1-800-439-2370

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.



## **Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)**

### **A. General Instructions:**

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

**1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.**

- 1. Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
- 2. Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

**2. The five racial categories to choose from are defined below: You should check as many as apply to you.**

- 1. American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- 2. Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
- 3. Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
- 4. Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- 5. White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

**Race and Ethnic Data  
Reporting Form**U.S. Department of Housing  
and Urban Development  
Office of HousingOMB Approval No. 2502-0204  
(Exp. 08/30/2017)

Monsignor Neagle Apts.

**023-EE-034**

350 Charles st., Malden, MA 02148

Name of Property

Project No.

Address of Property

**Maloney Properties****Section 202 PRAC**

Name of Owner/Managing Agent

Type of Assistance or Program Title:

Name of Head of Household

Name of Household Member

Date (mm/dd/yyyy): \_\_\_\_\_

Ethnic Categories	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

**\*Definitions of these categories may be found on the reverse side.****There is no penalty for persons who do not complete the form.**

Signature

Date

Public reporting burden for this collection is estimated to average 10 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. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the form as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

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.

<b>Applicant Name:</b>			
<b>Mailing Address:</b>			
<b>Telephone No:</b>	<b>Cell Phone No:</b>		
<b>Name of Additional Contact Person or Organization:</b>			
<b>Address:</b>			
<b>Telephone No:</b>	<b>Cell Phone No:</b>		
<b>E-Mail Address (if applicable):</b>			
<b>Relationship to Applicant:</b>			
<b>Reason for Contact:</b> (Check all that apply) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Emergency  <input type="checkbox"/> Unable to contact you  <input type="checkbox"/> Termination of rental assistance  <input type="checkbox"/> Eviction from unit  <input type="checkbox"/> Late payment of rent         </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Assist with Recertification Process  <input type="checkbox"/> Change in lease terms  <input type="checkbox"/> Change in house rules  <input type="checkbox"/> Other: _____         </td> </tr> </table>		<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____		
<b>Commitment of Housing Authority or Owner:</b> 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.			
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.			
<b>Legal Notification:</b> 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.

--	--

**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.