

Full Name:
Address1:
Address2:
City State Zip:
Email:
Case Manager Email:

THIS SECTION FOR APPLICANT:

Date Generated:

← Mail this form to the address at left

Dear

Fold on this line

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

THIS SECTION FOR WAITLIST ADMINISTRATORS:

IF REJECTING THIS APPLICATION, please email, mail, or fax the form below to HousingWorks. We will pass it on to the applicant. Include this page so we know who the application is for!

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

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 Received. Application will be stamped to show when it was received:



Riley House Senior Housing

39 Maple Street, Hyde Park, MA 02136

Telephone: 617.364.4388/ Fax: 617-364-4663 TTY: 800-439-2370

Riley House Senior Housing offers 40 affordable (Income restricted) apartments located at 39 Maple Street, Hyde Park, 02136. The building features numerous community rooms with various amenities. Riley House Senior Housing is conveniently close to shopping, banks, restaurants and public transportation.

All 40 apartments are 1-bedroom units for individuals or two person families earning no more than **50%** of the median income. The combined total gross annual income for the entire household must meet these guidelines to be income eligible for the apartments in this category.

House Hold Size Maximum Annual Gross Income:

Maximum Income for all Units

One Person \$57,100.00

Two People \$65,300.00

Monthly Rent:

**Gross Rent Amount for all Units
\$1,460.00**

**The Household's Share of the rent is 30%
of Household's Total Income**

GENERAL GUIDELINES

1. In order to be eligible, you must be 62 years or older.
2. There is a maximum of two people per apartment.
3. Current Income Limits and Current Monthly Rent Charges are subject to change based on new HUD Income Limits being issued prior to income certification.
4. Riley House Senior Housing offers 2 accessible apartments.

Eligibility Requirements: Riley House Senior Housing does not discriminate against any applicant because of race, color, creed, religion, sex, national or ethnic origin, ancestry, citizenship, class, marital status, sexual orientation, or other basis prohibited by law. In accordance with Federal regulations, no otherwise qualified individual with handicaps, shall solely by reason of his/her handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity of Riley House Senior Housing.



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, MA Relay #711 or at Maloney Properties, Inc. 27 Mica Lane, Wellesley, MA 02481.

Screening and Verification of Eligibility: Prior to being offered an apartment, income will be verified pursuant to HUD/HOME income guidelines. Additionally, the following items will be considered but inquiries may not be limited to: Income, Landlord References, Credit References, Criminal History Report, and verification to substantiate the need for a specially adapted apartment and/or reasonable accommodation. The Tenant Selection Plan is available for review upon request at the Management Office at 39 Maple Street, Hyde Park, MA 02136

How to Apply: Applications are available in person at the Management Office located at 39 Maple Street, Hyde Park, MA 02136. Call for office hours at 617-364-4388. Office hours are typically 9:00am – 4:00pm; Monday through Friday. Reasonable accommodations made.

How the application will be processed: Applicants are informed of their initial eligibility or ineligibility by mail. When applicable, the applicant will be invited to participate in a full application interview process. Please do not hesitate to contact us at 617-364-4388 with any further questions that you may have.

Reasonable Accommodation: If you are considered disabled under applicable state or federal law, you have the right to request a REASONABLE ACCOMMODATION. 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. These may include:

- ◆ 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 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 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.

Language Assistance: 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 let us know which language you would 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 to let us know how we can meet your language needs.

Thank you for your interest in Riley House Senior Housing.



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Riley House Senior Housing
39 Maple St.
Hyde Park, MA 02136
Phone: 617.364.4388 Fax: 617.364-4663 TTY: 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)		
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.		

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) Current Stmt/ATM Receipt	Member: _____			Balance: \$
	Member: _____			Balance: \$
	Member: _____			Balance: \$
4. Other Debit Acct Cards Current Stmt/ATM Receipt	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: _____ 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: _____			Value \$
15. Investment Property F23	Name: _____ Source: _____			Appraised 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?

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 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?

☐ Yes

☐ No

Failure to respond to the questions below may jeopardize approval of your application.

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?

☐ Yes

☐ No

3b. Do you, or any member of your household (including any live-in aide) listed in Section B above, have a pattern of illegal drug use or abuse of alcohol that has threatened or would threaten the health, safety and right to peaceful enjoyment of others?

☐ Yes

☐ 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.

☐ Yes

☐ 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?

☐ Yes

☐ 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 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)?

☐ Yes

☐ 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?

☐ Yes

☐ No

If yes, describe:

9. Will you take an apartment when one is available?

☐ Yes

☐ 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 #:
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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 , M



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Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

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

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

--	--

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.

Riley House Senior Housing
36 Maple St.
Hyde Park, MA 02136
Tel: 617.361.4388 / Fax: 617.364.4663
TTY: 711

1(A) Application Addendum

Demographics Data Collection & Consent Form

Use an additional form for households with 2 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

Ethnicity 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.

- ☐ 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

Management

Date Signed



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 é um aviso importante. Quem manda-lo traduzir.

Este est un avis important. S'ilvise mandarlo traduire.

ĐÂY LÀ MỘT BẢN THÔNG CÁO QUAN TRỌNG

XIN VUI LÒNG CHO DỊCH LẠI THÔNG CÁO ẤY

Ceci est important. Veuillez faire traduire.

本通知很重要。請將其譯成中文。

ខេត្តជាតិពិភពលោក សូមមេត្តាបកប្រែជូនផង

Этот очень важный уведомление обязательно переведите

**Massachusetts Department of Housing and community
Development Resident Notice and Consent Form**

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

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

Please respond to the following data questions:

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

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 or ethnic minority (Black or African American, Asian, American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, or other minority) (yes or no)? _____

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

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

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

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

7) What is the household type?

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 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 reference. this form you voluntarily are no penalties if you do not of this form for future

Head of household signature

Date

**Race and Ethnic Data
Reporting Form**U.S. Department of Housing
and Urban Development
Office of HousingOMB Approval No. 2502-0204
(Exp. 06/30/2017)

Riley House Senior Housing

39 Maple St., Hyde Park, Ma 02136

Name of Property

Project No.

Address of Property

Maloney Properties, inc.

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 format 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.

Instructions for the Race and Ethnic Data Reporting form (HUD-27061)

A. General Instructions:

This form is intended to be used by two categories of respondents: (1) applicants requesting funding from the Department of Housing and Urban Development (HUD); and (2) organizations who receive HUD Federal financial assistance that are required to report race and ethnic information.

In compliance with OMB direction to revise the standards for collection of racial data, HUD has revised its standards as depicted on this form. The revised standards are designed to acknowledge the growing diversity of the U.S. population. Using the revised standards, HUD offers organizations that are responding to HUD data requests for racial information, the option of selecting one or more of nine racial categories to identify the racial demographics of the individuals and/or the communities they serve or are proposing to serve. HUD's collection of racial data treats ethnicity as a separate category from race and has changed the terminology for certain racial and ethnic groups from the way it has been requested in the past using two distinct ethnic categories. The revised definitions of ethnicity and race have been standardized across the Federal government and are provided below.

1. The two ethnic categories as revised by the Office of Management and Budget (OMB) are defined below.

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."

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 as revised by the Office of Management and Budget are defined below:

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.

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.

Black or African American. A person having origins in any of the black racial groups of Africa. A term such as "Haitian" can be used in addition to "Black" or "African American."

Native Hawaiian or Other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White. A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Note: The information required to be reported may be collected and submitted to HUD via the use of this form or by other means, such as summary reports or via electronic reporting mechanisms. The primary goal is a consistent manner of summarizing, across all HUD programs, the racial and ethnic data of the population(s) served or proposed to be served by your organization.