

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

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*

HEAD OF HOUSEHOLD'S (HoH) FIRST NAME ONLY, type or write in the row below:

HEAD OF HOUSEHOLD'S COMPLETE MIDDLE NAME:

HEAD OF HOUSEHOLD'S LAST NAME (EX: BAEZ GONZALEZ):

DOES THE HoH HAVE A SOCIAL SECURITY NUMBER or ITIN?

☐ Yes☐ No

Enter the COMPLETE SSN or ITIN below:

DATE OF BIRTH

Type birthyear first, using dashes YYYY-MM-DD

GENDER

F M T-MTF T-FTM

ETHNICITY: (Hispanic or Non-Hispanic, Client Refused) RACE: (Asian, Black, White, Native American, Pacific Islander, Multi-racial, Client Refused – do not write Spanish)

REQUESTED ACCOMMODATIONS: Do you need any of these? ☐ = **X** ☐ I don't need any of the accommodations listed below

☐ Fully Accessible Wheelchair Unit☐ No-Steps unit (elevator to any floor)☐ First-Floor unit only

☐ Bathroom modifications☐ Hearing Impaired Unit☐ Unit designed for Environmental Allergies

☐ Vision Impaired Unit☐ Need an Interpreter☐ Domestic Violence Victim☐ Live-In Aide or PCA

HEAD OF HOUSEHOLD'S CAREER STAGE:

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

ANY VETERANS IN YOUR HOUSEHOLD:

☐ Yes☐ No

PERMANENT MOBILE RENTAL ASSISTANCE, if any - you must select one of these answers

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

CRIMINAL RECORD AND SEX OFFENDER INFORMATION

Head of Household: Any Felony/Conviction? ☐ Yes☐ No Any Misdemeanor Conviction? ☐ Yes☐ No

Other HH Members: Any Felony Convictions? ☐ Yes☐ No Any Misdemeanor Conviction? ☐ Yes☐ No

Is anyone in HH subject to a lifetime sex offender registration in any state? ☐ Yes☐ No

ANY PETS: ☐ Yes☐ No Breed, Size, Weight,

HOUSEHOLD SIZE AND COMPOSITION:

← # Adults

← # Children

← Total # in Household

ANNUAL INCOME

\$.00

DOCUMENTED DISABILITY?

☐ Yes☐ No

CURRENT HOUSING STATUS:

☐ Homeless☐ Housing Loss 14 days☐ Fleeing Dom. Violence☐ At risk of homelessness☐ Stably Housed

HAVE YOU BEEN DISPLACED: ☐ No☐ by Accessibility/health issues☐ by Addiction behaviors☐ by Cost of living☐ by Pandemic☐ by fire/flood/earthquake☐ by Domestic Violence or Sexual Assault☐ by Urban development, eminent domain☐ by Condemnation of home, code violations☐ by Threat to life or safety

PREFERRED TELEPHONE NUMBER: SECOND TELEPHONE

PREFERRED METHOD OF CONTACT FOR VACANCY OFFERS AND UPDATES:

☐ Email☐ Mail☐ Cellphone

BEST EMAIL ADDRESS:

BLUE MAILING ADDRESS (include apt #): ☐ where I currently live☐ a shelter☐ a P.O. Box☐ a "care of" address☐ a co-applicant's address

Street or PO: Apt # or c/or Name:

City, State, and Zip Code:

City: State: Zip:

BACKUP ADDRESS

☐ same as above☐ a shelter☐ a P.O. Box☐ a "care of" address☐ a co-applicant's address

Street or PO: Apt # or c/or Name:

City, State, and Zip Code:

City: State: Zip:

BEDROOMS NEEDED→ ARE YOU WISHING TO CLAIM ANY OF THESE PRIORITIES and PREFERENCES?

☐ Disability☐ Elder☐ Local Resident☐ Local Employee☐ Local Student☐ Homeless Veteran

☐ Rent-burdened 40%☐ Rent-burdened 50%☐ Fleeing domestic violence☐ HUD VAWA Certificate

☐ Victim of Hate Crime☐ Community Based Housing

Displaced by: ☐ Urban Renewal☐ Sanitation Code☐ Natural Forces☐ Other:



Uphams Corner Apartments

288 Columbia Rd

Dorchester, MA 02121 but mail to 414 Columbia Rd, Dorchester, MA 02125

Tel: 617.288.3490 Fax: 617.265.3478

US Relay: 711

Date: _____

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 attached to this application.**

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

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

Notice of Non-Discrimination and the Right to Reasonable Accommodation for Persons with Disabilities, and the

Right to Free Language Assistance for People with Limited English Proficiency ; and Reasonable Accommodations Request Form.

Maloney Properties, Inc. is committed to complying with all applicable Fair Housing laws; making reasonable accommodations which are changes in rules, policies and procedures, and physical modifications to enable applicants and tenants with disabilities to have an equal opportunity to apply to and enjoy their housing; and providing free language assistance to applicants/residents who have limited English proficiency. Please **review this important notice and follow the applicable procedures if you would like to request a reasonable accommodation.**

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

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

1(A) Application Addendum - Demographics Data Collection and Consent Form: State agencies that fund and/or monitor state and federal affordable housing programs other than HUD programs must gather information from Owners/Agents to determine the populations who are and are not being served by these programs. This form asks the necessary questions and includes the necessary consent to gather and share this information with state agencies so they can in turn report on the information, as applicable. **Please read this form carefully, complete it in accordance with the instructions on the form and have all adult members of the household sign/date it and return with your completed application.**

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

Race and Ethnic Data Reporting Form (HUD-27061-H): HUD requires that we 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 HUD housing. **This form must be completed for each household member and submitted with this application.** 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.

NOTE: Student Status Requirement when a student (full or part-time) enrolled in an institution of higher education (other than correspondence schools) applies independent of his/her "parent(s)" – A household is not eligible for Section 8 assistance if a student is 18-23 years of age unless he/she is a veteran married, or has a dependent child, or the student's parents are also income eligible or if the student is determined independent from his/her parents.

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 list, 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 **Uphams Corner Apartments if you have any** questions and please let us know if we can be of any assistance in explaining or filling out your application. You may contact the management office in-person or by phone **617.288.3490 / MA Relay 711.**

Sincerely,

Property Manager

Maloney Properties Inc.



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



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

APPLICATION FOR HOUSING

Low-Income Housing Tax Credit Property
And/or
HUD Subsidized Property with Mass Housing Financing

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

Please Print Clearly

Applications are placed in the order specified in the Tenant Selection Plan located at the management office. An applicant may be interviewed only after the receipt of this tenant application. Upon request, you also have the right to receive a Tenant Selection Plan Summary and a Property Description Insert.

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: _____

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 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 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.

Name	Relationship to Head of Household	Birth Date	Age (optional)	SS#	Student Status (F1) (Must circle as application to each member)
Head:	HOH				Full-time Part-time Not a Student
Co-T:					Full-time Part-time Not a Student
1.					Full-time Part-time Not a Student
2.					Full-time Part-time Not a Student
3.					Full-time Part-time Not a Student
4.					Full-time Part-time Not a Student
5.					Full-time Part-time Not a Student
6.					Full-time Part-time Not a Student
7.					Full-time Part-time Not a Student
8.					Full-time Part-time Not a Student

Do you anticipate any changes 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 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
	Social Security F12	\$
	Social Security F12	\$
	Social Security F12	
		\$
	SSI Benefits F12	\$
	SSI Benefits F12	\$
	SSI Benefits F12	\$
	SSP Payments (State Supplement Program) F9a&b	\$
		\$
	Pension (list source) F13	\$
	Veteran's Benefits List claim # F8	\$
	Unemployment Compensation F11	\$
	Unemployment Compensation F11	\$
	Worker's Compensation F11	\$
		\$
	Title IV/TANF/TAFDC/Public Assistance F9	\$
	Interest Income List source F19	\$
	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 other required fees and charges (scholarships, grants private sources, work study, etc. F1 Addendum and 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 LITCH 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 dependent child.		

Household Member Name	Source of Income	Monthly Amount
	Employment Income F5	\$
	Employer:	
	Employer Phone:	
	Position Held:	How Long Employed
	Employment Income F5	\$
	Employer:	
	Employer Phone:	
	How Long Employed	
	Employment Income F5	\$
	Employer:	
	Employer Phone:	
	How Long Employed	
	Alimony F15, F16	
	a. Are you legally entitled to receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are entitled to receive.	\$
	b. Do you receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you receive.	\$
	Child Support	
	a. Are you legally entitled to receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are entitled to receive.	\$
	b. Do you receive alimony?	<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 and 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 (Based on the monthly amounts x 12)		\$
20. TOTAL GROSS ANNUAL INCOME FROM PREVIOUS 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:		
21. Do you file 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 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:	Acct:	Balance
1. Checking Accounts F19				Balance \$
				Balance \$
				Balance \$
2. Savings Accounts F19				Balance \$
				Balance \$
				Balance \$
3. Direct Express Debit Card (SSA) <small>Current Stmt/ATM Receipt</small>	Member:			Balance \$
	Member:			
	Member:			
4. Other Debit Acct Cards <small>Current Stmt/ATM Receipt</small>	Member:			Balance \$
	Member:			
	Member:			
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:			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 Houseohld 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				\$

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. <i>If yes</i> , Name of Household Member:		b. 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 to relatives, set up Irrevocable Trust Accounts)? F17, F22		<input type="checkbox"/> Yes <input type="checkbox"/> No
a. <i>If yes</i> , 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)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, please list:</i> Household Member Name:		b. Type of Assess

E. ADDITIONAL INFORMATION	
1. How were you referred to this property? <u>via the HousingWorks.net website</u>	
Notice for the following question: We do not discriminate based on Section 8 Voucher/Certificate holder status. These questions are asked for the sole purpose to: (1) determine an applicant household's ability to pay rent for a unit that does not have a Project Based Section 8: or (2) to advise applicant households who are applying for a unit with Project-based Section 8 that if they move into such a unit that already has Section 8 with the unit, they will be required by their voucher agency to give up their mobile voucher.	
2. Do you current have a mobile Section 8 Voucher/ Certificate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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?)	<input type="checkbox"/> Yes <input type="checkbox"/> No
3b. Do you, or any member of your household (including live-in aide) listed in Section B above, have a pettern or illegal drug use or abuse of alchold that has threatened or would threaten the health, safety and right to peaceful enjoyment of other?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a. Have you, or any member of your household (including live-in aide) listed in Section B above, been convicted of a felony in the last 7 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4b. Are you, or any member of your household (including 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 4(b), specify whether (a) or (b) along with member name(s) and descirbe. Attach additional pages if necessary:	
5. In the line below, provide a complete list of ALL states in which any applicant household member every resided:	
6. Are you an owner, developer, or sponsor of this project (of office, emplyee, agenty, 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 or 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 (except 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, please describe:	
9. Will you take an apartment when one is available?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Briefly descxribe your reasons for applying:	
<div style="border: 1px solid black; height: 40px; width: 100%;"></div>	

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

<u>Attachment A:</u>	Notice of Nondiscrimination, Right to a Reasonable Accommodation and Free Language Assistance for People with LEP
<u>Attachment B:</u>	Form HUD-92006, Supplemental and Optional Contact Information for HUD Assisted Housing Applicants
<u>Attachment C:</u>	1(A) Application Addendum - Demographics Data Collection & Consent
<u>Attachment D:</u>	DHCD Resident Notice and Consent Form (or other State Agency Reporting Form, as required)
<u>Attachment E:</u>	HUD Form-27061-H – Race and Ethnic Data Reporting Form
<u>Attachment F:</u>	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 #711or at Maloney Properties, Inc. 27 Mica Lane, Wellesley, MA 02481.



Application – MassHousing Site

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

Non-Discrimination

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

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

Maloney Properties, Inc.
27 Mica Lane
Wellesley, MA 02481
Telephone: (781) 943-0200, extension 255; Relay: 711

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

Reasonable Accommodation for People with Disabilities

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

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

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

- your disability is obvious or you can document that you have a disability;

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

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

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

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

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

Free Language Assistance for People with Limited English Proficiency

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

Property Contact Information:

Name of Property: _____

Office Address: _____

Telephone: _____ Relay: 711

Email: _____

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.

- | | | |
|--------------------------|--|------------------------|
| <input type="checkbox"/> | ضع علامة في هذا المربع إذا كنت تقرأ أو تتحدث العربية. | 1. Arabic |
| <input type="checkbox"/> | Խոսողո՞ւմ ե՞ս, և չո՞ւմ կատարե՞ք այս քանակություն, եթե խոսո՞ւմ կա՞մ կարդո՞ւմ ե՞ք հայերեն: | 2. Armenian |
| <input type="checkbox"/> | যদি আপনি বাংলা পড়েন বা বলেন তা হলে এই বাক্সে দাগ দিন। | 3. Bengali |
| <input type="checkbox"/> | ល្អប្រសើរណាស់ប្រសិនបើ ប្រើអ្នកអាន ឬនិយាយភាសា ខ្មែរ ។ | 4. Cambodian |
| <input type="checkbox"/> | Motka i kahhon ya yangin ûntûngnu' manaitai pat ûntûngnu' kumentos Chamorro. | 5. Chamorro |
| <input type="checkbox"/> | 如果你能读中文或讲中文，请选择此框。 | 6. Simplified Chinese |
| <input type="checkbox"/> | 如果你能讀中文或講中文，請選擇此框。 | 7. Traditional Chinese |
| <input type="checkbox"/> | Označite ovaj kvadratić ako čitate ili govorite hrvatski jezik. | 8. Croatian |
| <input type="checkbox"/> | Zaškrtněte tuto kolonku, pokud čtete a hovoříte česky. | 9. Czech |
| <input type="checkbox"/> | Kruis dit vakje aan als u Nederlands kunt lezen of spreken. | 10. Dutch |
| <input type="checkbox"/> | Mark this box if you read or speak English. | 11. English |
| <input type="checkbox"/> | اگر خواندن و نوشتن فارسی بلد هستید، این مربع را علامت بزنید. | 12. Farsi |

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

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

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.

1(A) Application Addendum

Demographics Data Collection & Consent Form

Use an additional form for households with 6 or more members

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

Instructions: This form must be completed and signed/dated by the head of household, all adult members of the household and the Owner/Agent. The designation of a specific race, 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



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. Queira mandá-lo traduzir.
Este es un aviso importante. Sirvase mandarlo traducir.
ĐÂY LÀ MỘT BẢN THÔNG CÁO QUAN TRỌNG
XIN VUI LÒNG CHO DỊCH LẠI THÔNG CÁO ẤY
Ceci est important. Veuillez faire traduire.

本通知很重要。請將之譯成中文。

នេះគឺជាជំពូកដ៏សំខាន់ សូមមេត្តាបកប្រែជូនផង

Этот очень важное сообщение необходимо перевести

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 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?
_____ children

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

7) What is the household type?

Circle one of the following choices below:

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

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

Head of household signature

Date

**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)

Uphams Corner MA06 E000 027 414 Columbia Road

Name of Property

Project No.

Address of Property

Maloney Properties, Inc.

Sect 8/LIHTC

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.

Owner's Notice of Restriction on Assistance to Non-Citizens

Dear Applicant:

Section 214 of the Housing and Community Development Act of 1980, as amended, prohibits the Secretary of HUD from making financial assistance available to persons other than U.S. citizens or nationals, or certain categories of eligible noncitizens, in the following HUD programs:

- a. Section 8 Housing Assistance Payments programs;
- b. Section 236 of the National Housing Act including Rental Assistance Payment (RAP); and
- c. Section 101/Rent Supplement Program.

You have applied, or are applying for, assistance under one of these programs; therefore, you are required to declare U.S. Citizenship or submit evidence of eligible immigration status for each of your family members for whom you are seeking housing assistance. You must do the following.

1. Complete the attached Family Summary Sheet to list all family members who will reside in the assisted unit.
2. Each family member (including you) listed on the Family

Summary Sheet must complete a Citizenship Declaration. If there are 10 people listed on the Family Summary Sheet, you should have 10 completed copies of the Citizenship Declaration. The Citizenship Declaration has easy-to-follow instructions and explains what, if any other forms and/or evidence must be submitted with each Citizenship Declaration.

3. Submit the Family Summary Sheet, the Citizenship Declaration(s), and any other forms and/or evidence with the return of your application to the management office at Uphams Corner 414 Columbia Rd, Dorchester, MA 02125

This Section 214 review will be completed in conjunction with the verification of other aspects of eligibility for assistance. If you have any questions or difficulty in completing the attached items or determining the type of documentation required, please contact me at the management office phone number listed and I will be happy to assist you. Also, if you are unable to provide the required documentation by the date shown above, you should immediately contact this office and request an extension, using the block provided on the Citizenship Declaration Format. Failure to provide this information or establish eligible status may result in your not being considered for housing assistance.

If this Section 214 review results in a determination of ineligibility, you will have an opportunity to appeal the decision. Also, if the final determination concludes that only certain members of your family are eligible for assistance, your family may be eligible for proration of assistance. That means that when assistance is available, a reduced amount may be provided for your family based on the number of members who are eligible.

If assistance becomes available and the other aspects of your eligibility review show that you are eligible for housing assistance, that assistance may be provided to you if at least one member of your household has submitted the required documentation. Following verification of the documentation submitted by all family members, assistance may be adjusted depending on the immigration status verified. You will be contacted as soon as we have further information regarding your eligibility for assistance.

If you or any member of your family has: a disability and needs a reasonable accommodation to participate in the application process; limited English proficiency and requires free language assistance; and/or any need for assistance in completing the attached documents, please contact our management office at 414 Columbia Rd at M/MA Relay 711 and we will be happy to assist you and your family! Thank you very much.

Sincerely,

Name of Property Manager (or Leasing Agent)
Title of Property Manager (or Leasing Agent)
Property Name



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.



Acceptable DHS Documents

- Form I-551, **Permanent Resident Card**.
- Form I-94, *Arrival-Departure Record* annotated with one of the following:
 - ◆ “Admitted as a Refugee Pursuant to Section 207”;
 - ◆ “Section 208” or “Asylum”;
 - ◆ “Section 243(h)” or “Deportation stayed by Attorney General”; or
 - ◆ “Paroled Pursuant to Section 212(d)(5) of the INA.”
- Form I-94, *Arrival-Departure Record* (with no annotation) accompanied by one of the following:
 - ◆ A final court decision granting asylum (but only if no appeal is taken);
 - ◆ A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (application filed was before October 1, 1990);
 - ◆ A court decision granting withholding of deportation; or
 - ◆ A letter from an asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
- A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
- Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the *Federal Register*.



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Citizenship Declaration

INSTRUCTIONS: Complete a separate Declaration for each member of the family listed on the Family Summary Sheet.

LAST NAME _____

FIRST NAME _____

RELATIONSHIP TO
HEAD OF HOUSEHOLD _____

DATE OF
BIRTH _____

SOCIAL ALIEN
SECURITY NO. _____ REGISTRATION NO. _____

ADMISSION NUMBER _____ if applicable (this is an 11-digit number found on DHS Form I-94, *Departure Record*)

NATIONALITY _____ (Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth.)

SAVE VERIFICATION NO. _____
(To be entered by owner if and when received.)

INSTRUCTIONS: Complete the Declaration below by: 1) printing or typing the person's first name, middle initial, and last name in the space provided; 2) reviewing Option Blocks #1, #2 and #3; 3) checking off the applicable declaration Option Block #1, #2 or #3 that accurately completes your declaration statement; 4) following the additional instructions within the option block chosen (for completion of form and submission of documents, if/as applicable); 5) signing/dating within the lower portion of selected Option Block; and 6) if signing on behalf of a child, the adult who will be residing in the unit who is responsible for the child must sign their own adult name (not the child's), date the form, check off the space below the signature to confirm adult signature on behalf of a child and print adult's first name, middle initial and last name clearly.

DECLARATION

I, _____, hereby declare under
(print or type first name, middle name, last name)

penalty of perjury, that I am:

OPTION BLOCK #1

1. A citizen or national of the United States.

If this is checked, you must sign and date below and return this form to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit who is responsible for the child must sign their own adult name, date the form, check the space stating he/she signed for a child and print his/her full adult name.

Signature* _____ Date _____

*Check Here if _____ *Print Full Name of
Adult signed for a child: _____ of Adult Signing for Child: _____

OPTION BLOCK #2

_____ 2. A noncitizen with eligible immigration status as evidenced by one of the documents listed in "a" or "b" below:

Instructions: You must check off "a" or "b", as applicable, and follow corresponding instructions.

_____ a) I am **62 years of age or older** as evidenced by the attached proof of age document.

Instructions: Sign/date below and submit with birth certificate, certificate of naturalization or valid passport.

b) I am **under 62 years of age** and understand I must submit evidence of my declared eligible immigration status for verification with DHS as follows:

Instructions: Check off (i) and (ii); and check the applicable DHS-approved document from list under (ii) below, that you are submitting to establish your eligible immigration status:

_____ i) Signed/dated Verification Consent Form; and

_____ ii) One of the following DHS-Approved Documents:

a. _____ Form I-551, *Permanent Resident Card*.

b. _____ Form I-94, *Arrival-Departure Record*, with one of the following annotations:

If this is checked, you must also check off the annotation below that appears on your I-94:

- 1) _____ "Admitted as Refugee Pursuant to section 207";
- 2) _____ "Section 208" or "Asylum";
- 3) _____ "Section 243(h)" or "Deportation stayed by Attorney General"; or
- 4) _____ "Paroled Pursuant to Sec. 212(d)(5) of the INA."

c. _____ If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following:

If this is checked, you must also check off & submit one of the following 4 accompanying documents:

- 1) _____ A final court decision granting asylum (but only if no appeal is taken);
- 2) _____ A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1, 1990);
- 3) _____ A court decision granting withholding or deportation; or
- 4) _____ A letter from a DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).

d. _____ A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.

If this is checked, you must also check off "a", "b" or "c" above, as applicable.

e. Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the *Federal Register*.

*If this Option Block #2 is checked in upper left corner (and throughout form, as applicable) you must sign and date below; and submit this signed Citizenship Declaration form, the documentation required above that you have checked off/identified as establishing your eligible immigration status and the signed/dated Verification Consent form to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit who is responsible for the child must sign their own adult name, date the form, check the space stating he/she signed for a child and print his/her full adult name. **If for any reason, the documents identified above in subparagraph 2.b.ii (a-e) are not currently available, complete the Request for Extension block on next page.***

NC1

Signature* _____ Date _____

*Check here if adult signed for a child: _____ *Printed Full Name of Adult Signing for Child: _____

REQUEST FOR EXTENSION

I, _____, hereby certify that I am a noncitizen with eligible immigration status, as declared in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence

If this block is checked on behalf of a child, the adult who will reside in the assisted unit who is responsible for the child must sign their own adult name, date the form, check the space stating he/she signed for a child and print his/her full adult name.

Signature*

Date

*Check Here if Adult Signed for a Child: _____ *Printed Full Name of
Adult Signing for Child: _____

OPTION BLOCK #3

3. I am not contending eligible immigration status and I understand that I am not eligible for financial assistance.

If you checked this Option Block #3, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit who is responsible for the child must sign their own adult name, date the form, check the space stating he/she signed for a child and print his/her full adult name.

Signature* _____

Date _____

*Check Here if
Adult Signed for a Child: _____

*Printed Full Name of
Adult Signing for Child: _____

FAMILY SUMMARY SHEET

ATTACHMENT 5

[illegible]

NC4



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NAME: _____