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Applicant: Write your full name and address,  
including your apartment # and zipcode.



Mail this application to the address you  
see at left.

Dear

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

App Generated:

 **ATTN: WAITLIST ADMINISTRATOR** 

**Is this waitlist closed? Anything else you want to tell the 900 Housing Advocates and the nearly 200,000 applicants using our system?**

**USE BLOCK PRINT to fill in the appropriate information below.** Save paper and ink by faxing only this one page to HousingWorks – we will immediately update your information! See fax number below.

☐ **This particular waitlist is closed: At present, our only open waitlists are:**

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☐ **This is not the correct application. The correct application is available in this way:**

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Your position or title at this housing program: 

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Your signature: 

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**HousingWorks Fax: 617-536-8561**

*If you direct applicants to try our free search to locate OTHER HOUSING OPTIONS,  
you reduce frivolous applications and eliminate possibly hundreds of phone calls:*

**www.HousingWorks.net**



**DO NOT LEAVE ANY QUESTION UNANSWERED!**

- ☐ HEAD OF HOUSEHOLD'S FIRST NAME
- ☐ HEAD OF HOUSEHOLD'S COMPLETE MIDDLE NAME
- ☐ HEAD OF HOUSEHOLD'S LAST NAME (EX: BAEZ GONZALEZ) ☐ SUFFIX \_\_\_\_\_
- ☐ YOUR MOTHER'S LAST NAME WHEN SHE WAS A CHILD

ANSWER THIS: ☐ Yes ☐ No Does the HoH have a Social Security Number? *If "Yes" you must provide the full SSN!*

- ☐ HEAD OF HOUSEHOLD'S SOCIAL SECURITY NUMBER ☐ HEAD OF HOUSEHOLD'S DATE OF BIRTH ☐ GENDER

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

- ☐ REQUESTED ACCOMMODATIONS Fill in the circle for anything you need:
- |  |   |   |
|--|---|---|
| <input type="radio"/> <b>Fully Accessible Wheelchair</b> Unit      | <input type="radio"/> <b>Blind Accessible</b> Unit            | <input type="radio"/> Need an <b>Interpreter</b>      |
| <input type="radio"/> <b>No-Steps unit</b> (elevator to any floor) | <input type="radio"/> <b>Deaf Accessible</b> Unit             | <input type="radio"/> <b>Domestic Violence Victim</b> |
| <input type="radio"/> <b>First-Floor unit only</b>                 | <input type="radio"/> Unit for <b>Environmental Allergies</b> | <input type="radio"/> <b>Personal Care Attendant</b>  |

- ☐ HoH's CAREER STAGE ☐ ANY VETERANS in HH? ☐ Yes ☐ No
- ☐ Employed ☐ Unemployed ☐ Retired ☐ FT Student ☐ PT Student

- ☐ PERMANENT MOBILE RENTAL ASSISTANCE, if any
- ☐ I do not have mobile rental assistance ☐ Mobile Section 8 voucher ☐ MRVP ☐ AHVP ☐ VASH or similar

- ☐ CRIMINAL RECORD AND SEX OFFENDER
- Head of Household:** Any **Felony/Conviction?** ☐ Yes ☐ No Any **Misdemeanor Conviction?** ☐ Yes ☐ No
- Other 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 Describe: \_\_\_\_\_

- ☐ HOUSEHOLD SIZE AND COMPOSITION ☐ ANNUAL INCOME ☐ DOCUMENTED DISABILITY?
- \_\_\_\_\_ ← # Adults \_\_\_\_\_ ← # Children \_\_\_\_\_ ← Total # in Household ☐ Yes ☐ No

- ☐ CURRENT HOUSING STATUS ☐ Homeless ☐ Housing Loss in 14 days ☐ Homeless under other federal status
- ☐ Homeless because Fleeing domestic violence ☐ At risk of homelessness ☐ Stably Housed

- ☐ BEST TELEPHONE NUMBER TO USE ☐ SECOND TELEPHONE

- ☐ EMAIL ADDRESS

- ☐ WHERE YOU LIVE OR BACKUP ADDRESS

- ☐ BEST MAILING ADDRESS

- ☐ # BEDROOMS NEEDED? ☐ SPECIAL CIRCUMSTANCES? (*some programs may grant you priority status*)
- ☐ Disability ☐ Elder ☐ Veteran ☐ Fleeing Domestic Violence ☐ Rent-burdened  
☐ Displaced by ☐ Public Action ☐ Sanitary Code ☐ Natural Forces ☐ Other \_\_\_\_\_

Woodland Station Apartments  
1940 Washington Street  
Newton, MA 02466  
617-969-1200, 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 with MassHousing 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. Everyone age 18 and over in the household as well as the Head, Co-head and Spouse must report all income and sign all necessary forms. Thank you for your assistance.

### A. GENERAL INFORMATION

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

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

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

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

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

If owned, do you receive monthly rental income from property? ☐ Yes ☐ No

Check 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 ☐ Two BR ☐ Three BR

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

1. Do you need a fully accessible unit for someone with a mobility impairment? ☐ Yes ☐ No

Note: If you only need a unit on the first floor and it doesn't need to be fully accessible please answer "no" here and respond to question 4 below with a "yes" and let us know your needs.

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

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

\_\_\_\_\_

3. Do you need a unit with special features for someone with a hearing and/or visual impairment?

☐ Yes ☐ No

4. Does any member of the household have any accessibility or reasonable accommodation requests or alternate ways we need to communicate with you? ☐ Yes ☐ No If yes, please

explain: \_\_\_\_\_

\_\_\_\_\_

### B. HOUSEHOLD COMPOSITION & 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 <b>EACH</b> Member)
Head						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

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

If yes, explain

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Will all of the persons in the household be or have been full-time students during five calendar months of This year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students or is pursuing a full-time course of institutional on-farm training under the supervision of an accredited agent of an educational organization or of a state or political subdivision of a state? **F1**

☐ Yes ☐ No

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



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

### C. INCOME

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

Household Member Name	Source of Income	Gross Monthly Amount
1.	Social Security <b>F12</b>	\$
	Social Security <b>F12</b>	\$
2.	SSI Benefits <b>F12</b>	\$
	SSI Benefits <b>F12</b>	\$
3.	SSP Payments (State Supplement Program) <b>F9</b>	\$
4.	Pension <b>F13</b> List source:	\$
5.	Veteran's Benefits <b>F8</b> List claim #:	\$
		\$
6.	Unemployment Compensation <b>F11</b>	\$
	Unemployment Compensation <b>F11</b>	\$
7.	Worker's Compensation <b>F11</b>	\$
8.	Title IV/TANF/TAFDC/Public Assistance <b>F9</b>	\$
9.	Interest Income <b>F19</b> List source:	\$
10.	Other Income (including recurring gifts, lottery winnings, rental property, net income from a business, etc.)? <b>Verify as applicable</b> List source:	\$

11.	*Student Financial Assistance in excess of tuition and other required fees and charges (scholarships, grants, private sources, work study, etc.) <b>F1 Addendum &amp; F2</b> List source:	
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\*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
11.	<b>Employment Income F5</b>	\$
	Employer:	
	Employer Address:	
	Employer Phone:	
	Position Held:	How long employed:
12.	<b>Employment Income F5</b>	\$
	Employer:	
	Employer Address:	
	Employer Phone:	
	Position Held:	How long employed:
13.	<b>Employment Income F5</b>	\$
	Employer:	
	Employer Address:	
	Employer Phone:	
	Position Held:	How long employed:
14.	<b>Alimony F15, F16</b>	
	a. Are you <i>entitled</i> by a court order or other legal agreement to receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are <i>entitled</i> to receive.	\$
	b. Do you receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list amount you receive.	\$
15.	<b>Child Support F15, F16</b>	
	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.	\$
<b>16. Are any adult members 18 or older and not employed but are receiving unearned income such as Social Security, SSI, Public Assistance, Unemployment, etc.? F4: Section B Only</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>17. Are any adult members 18 or older, not employed and not receiving any unearned income from any source? F4: Section A Only</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
18. TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts listed above x 12)		\$
19. TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR (Based on last tax year)		\$



<b>20. Do you anticipate any changes in this income in the next 12 months?</b>				<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>If yes, explain:</b>					
<b>21. Do you file income tax returns? (If yes, please provide a copy with this application.)</b>				<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>D. ASSETS</b>					
If your assets are too many to list here, please request an additional form. If a section doesn't apply, cross out or write N/A.					
Household Member Name: _____					
<b>1. Checking Accts F19</b>		Bank:	Acct:	Balance \$	
		Bank:	Acct:	Balance \$	
		Bank:	Acct:	Balance \$	
<b>2. Savings Accts F19</b>		Bank:	Acct:	Balance \$	
		Bank:	Acct:	Balance \$	
		Bank:	Acct:	Balance \$	
<b>3. Direct Express Debit Card (SSA) Current Statement F19</b>	Member: _____				Balance: \$
	Member: _____				Balance: \$
	Member: _____				Balance: \$
<b>4. Trust Account F22</b>		Bank:	Acct:	Balance \$	
<b>5. Cash on Hand F30</b>					Amount \$
<b>6. Certificates of Deposit F19</b>		Bank:	Acct:	Balance \$	
		Bank:	Acct:	Balance \$	
<b>7. Credit Union F19</b>		Bank:	Acct:	Balance \$	
		Bank:	Acct:	Balance \$	
<b>8. Savings Bonds F19</b>		Maturity Date			Value \$
		Maturity Date			Value \$
<b>9. Life Insurance Policy F20</b>	Ins. Co: _____ Acct: _____			Cash Value \$	
<b>10. Life Insurance Policy F20</b>	Ins. Co: _____ Acct: _____			Cash Value \$	
<b>11. Mutual Funds F19</b>	Name: _____	#Shares: _____	Annual Interest or Dividend \$		Value \$
	Bank Name: _____				
<b>12. Stocks F19</b>	Name: _____	#Shares: _____	Annual Interest or Dividend \$		Value \$
	Bank Name: _____				
<b>13. Bonds F19</b>	Name: _____	#Shares: _____	Annual Interest or Dividend \$		Value \$
	Bank Name: _____				
<b>14. Annuities, 401(k), IRA, Keogh F21</b>	Name: _____ Source: _____			Value \$	
<b>15. Investment Property F23</b>	Name: _____ Source: _____			Appraised Value \$	
<b>16. Real Estate Property: Does any household member own any property? F24, F25</b>				<input type="checkbox"/> Yes	<input type="checkbox"/> No

a. <i>If yes</i> , 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. <i>Has any household member sold/disposed of any property in the last 2 years?</i> F17		<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes</i> , Name of Household Member:	Type of property:	
Market value when sold/disposed	\$	
Amount sold/disposed for	\$	
Date of transaction		

18. <i>Has any household member disposed of any other assets in the last 2 years?</i> (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:	Type of Asset:

### E. ADDITIONAL INFORMATION

1. How were you referred to this property?

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

2. Do you currently have a mobile Section 8 Voucher/Certificate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	------------------------------	-----------------------------

3. Do you anticipate receiving a mobile Section 8 Voucher/Certificate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	------------------------------	-----------------------------

4. Are you or any member of your family currently illegally using a controlled substance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---	------------------------------	-----------------------------

5. Have you or any member of your family ever been: (A) convicted of a felony; and/or (B) subject to any State Sex Offender Lifetime Registration requirement? Failure to respond to this question may jeopardize the approval of your application.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---	------------------------------	-----------------------------

*If yes, specify whether (A) and/or (B) with member name(s) as applicable and describe. Attach separate sheet if necessary:*



6. Provide a complete list of ALL States in which any applicant household member has ever resided:

7. Are you an owner, developer or sponsor of this project (or officer, employee, agent or consultant of the owner, developer or sponsor)?

☐ Yes

☐ No

8. Has any landlord ever had to take legal action against you or another family member listed in Section B above for non-payment of rent and/or any other material non-compliance with your lease that resulted in your appearance in court?

☐ Yes

☐ No

*If yes, please describe:*

9. Have you ever filed for bankruptcy?

☐ Yes

☐ No

*If yes, describe:*

10. 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:

Application - MassHousing Site

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	How Long?	From: _____	To: _____
3. Personal Reference #1:			
Address:			
Relationship:		Phone #:	
4. Personal Reference #2:			
Address:			
Relationship:		Phone #:	

### PRIORITY STATUS

Please respond to the follow questions if you wish to be considered for priority status. Failure to identify a priority herein will result in your application being placed on the non- priority waitlist. Priorities will need to be fully documented at the time of interview through to certification/move in date:

1. Have you been displaced from your home? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, please explain:  
\_\_\_\_\_
2. Does your present apartment contain health code violations? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, please explain:  
\_\_\_\_\_
3. Is your present apartment too small for your family? Yes \_\_\_\_\_ No \_\_\_\_\_
4. Does your current housing cause any accessibility or other problems for any member of the household who has a disability? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, please describe:  
\_\_\_\_\_
5. Have you or any member of your household suffered actual or threats of physical violence by a spouse or other member of the household? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, please provide details: \_\_\_\_\_
6. Do you work or live in Newton Yes \_\_\_\_\_ No \_\_\_\_\_  
If no: (a) Do you have an immediate relative who lives in Newton?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
(b) Does your child attend a Newton Public School through the METCO program?  
Yes \_\_\_\_\_ No \_\_\_\_\_

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

Attachment A: Notice of Nondiscrimination, Right to a Reasonable Accommodation and Free Language Assistance for People with LEP.

Attachment B: DHCD Resident Notice and Consent Form

National Development Asset Management of New England LP 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. National Development Asset Management of New England LP provides persons with disabilities the opportunity to request a Reasonable Accommodation in order to apply to and participate in such programs and activities. National Development Asset Management of New England LP 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. Kristen Awrey coordinates National Development's compliance with all nondiscrimination requirements. Contact her with any questions or concerns relating to National Development's compliance with nondiscrimination requirements: Telephone (617) 969-1200, Relay #711 or at National Development, 2310 Washington Street, Newton Lower Falls, MA 02462.



Equal Housing Opportunity





## **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**

National Development Asset Management of New England, LP 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, veteran status, receipt of public assistance, because someone is, has been or is threatened with being the victims of domestic abuse, or has obtained, or sought, or is seeking relief from any court in the form of a restraining order for protection from domestic abuse.

National Development Asset Management of New England, LP has designated Kristen Awrey 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:

National Development Asset Management of New England, LP  
2310 Washington Street  
Newton Lower Falls, MA 02462  
Telephone: (617) 969-1200, TTY: 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. 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 checkmark 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: Woodland Station Apartments  
Office Address: 1940 Washington Street, Newton Ma 02466  
Telephone: (617) 969-1200, TTY: 711



**WOODLAND  
STATION**

**A P A R T M E N T S**

National Development Asset Management of New England, LP 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. National Development Asset Management of New England, LP provides persons with disabilities the opportunity to request a Reasonable Accommodation in order to apply to and participate in such programs and activities. National Development Asset Management of New England, LP 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. Kristen Awrey coordinates National Development Asset Management of New England, LP's compliance with all nondiscrimination requirements. Contact her with any questions or concerns relating to National Development Asset Management of New England, LP compliance with nondiscrimination requirements: Telephone (617) 969-1200, TTY: 711 or at National Development Asset Management of New England, LP 2310 Washington Street, Newton Lower Falls, MA 02462.

### *Equal Housing Opportunity*

**Contact Information for the Department of Housing and Urban Development Region I  
FHEO Office and State Fair Housing Agencies Where National Development Asset  
Management of New England, LP, Conducts Business**

**The Department of Housing and Urban Development**

Boston Regional Office of FHEO  
U.S. Department of Housing and Urban Development  
Thomas P. O'Neill, Jr., Federal Building  
19 Causeway Street, Room 321  
Boston, MA 02222-1092  
(617) 944-8300 | 1-800-827-5005 | TTY (617) 565-5453

**Massachusetts**

Massachusetts Commission Against  
Discrimination (MCAD)

Boston Office  
One Ashburton Place  
Sixth Floor, Room 601  
Boston, MA 02108  
Phone: 617-994-6000  
TTY: 617-994-6196

Springfield Office  
436 Dwight Street  
Second Floor, Room 220  
Springfield, MA 01103  
(413) 739-2145

Worcester Office  
Worcester City Hall  
455 Main Street, Room 101  
Worcester, MA 01608  
(508) 799-8010  
(508) 799-8490 - FAX

New Bedford Office  
800 Purchase St., Rm 501  
New Bedford, MA 02740  
(508) 990-2390  
(508) 990-4260 - FAX

**New Hampshire**

NH Commission for Human Rights  
2 Chenell Drive #2  
Concord, NH 03301-8501  
Telephone: (603) 271-2767  
Fax: (603) 271-6339  
E-mail: [humanrights@nhsa.state.nh.us](mailto:humanrights@nhsa.state.nh.us)

**Rhode Island**

Rhode Island Commission for Human Rights  
180 Westminster Street, 3rd Floor  
Providence, RI 02903  
Tel: 401-222-2661 TTY: 401-222-2664  
Fax: 401-222-2616

**Vermont**

Vermont Human Rights Commission  
14-16 Baldwin Street  
Montpelier, VT 05633-6301  
800-416-2010, x25 (voice)  
802-828-2481 (fax)  
877-294-9200 (TTY)  
Email: [human.rights@state.vt.us](mailto:human.rights@state.vt.us)



- |                          |  |                        |
|--------------------------|--|------------------------|
| <input type="checkbox"/> | ضع علامة في هذا المربع إذا كنت تقرأ أو تتحدث العربية.                        | 1. Arabic              |
| <input type="checkbox"/> | Խոսողո՞ւմ ե՞ս, կ՞արեա՞րք այս քաղաքում,<br>եթե խոսում կամ կարդում եք հայերեն: | 2. Armenian            |
| <input type="checkbox"/> | যদি আপনি বাংলা পড়েন বা বলেন তা হলে এই বাক্সে দাগ দিন।                       | 3. Bengali             |
| <input type="checkbox"/> | ល្អបញ្ជាក់ក្នុងប្រអប់នេះ បើអ្នកអាន 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. Ukranian
<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



# **Application Addendum – Household Race/Ethnicity/Disability Status Designation and Demographics 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 Commonwealth of Massachusetts. 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 Commonwealth in an effort to affirmatively further fair housing in Massachusetts.

**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 you or any household member chooses not to disclose race, ethnicity and/or disability status for any member, you must check the applicable boxes under the Race, Ethnicity and Disability Status sections for each member as “I do not wish to disclose”.

## **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](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, 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

National Development Asset Management of New England LP 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. National Development Asset Management of New England LP provides persons with disabilities the opportunity to request a Reasonable Accommodation in order to apply to and participate in such programs and activities. National Development Asset Management of New England LP 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. Kristen Awrey coordinates National Development's compliance with all nondiscrimination requirements. Contact her with any questions or concerns relating to National Development's compliance with nondiscrimination requirements: Telephone (617) 969-1200, Relay #711 or at National Development, 2310 Washington Street, Newton Lower Falls, MA 02462.



Equal Housing Opportunity

