

Name: First MI Last:

Address1:

Address2:

City State Zip:

Email:

Case Manager Email:

THIS SECTION FOR APPLICANT:

Date completed:

← Applicant: Mail application to the address at left.

Fold on this line

THIS SECTION FOR WAITLIST ADMINISTRATOR:

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

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

For Landlords Only!  
[support@housingworks.net](mailto:support@housingworks.net)  
HousingWorks  
P.O. Box 231104  
Boston, MA 02123  
617-536-8561 fax

- ☐ This waitlist is closed. The only waitlists open at present are:
- \_\_\_\_\_
- \_\_\_\_\_
- ☐ This is not the right application. We have enclosed the correct application.
- ☐ You do not appear to qualify for this property, because: \_\_\_\_\_
- Name of Waitlist Administrator *optional* \_\_\_\_\_
- Phone of Waitlist Administrator *optional*: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ X \_\_\_\_\_

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

**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 mm/dd/yyyy ☐ GENDER M, F, T, etc.

- ☐ ETHNICITY: Hispanic/Latino, Non-Hispanic/Non-Latino, **Client Refused** ☐ RACE: Asian, Black or African American, White, American Indian or Alaskan Native, Pacific Islander or Native Hawaiian, Other or Multi-Racial, **Client Refused**

- ☐ I am not claiming any R.A. or Special Circumstances at the moment (else fill in any of the items below)

- ☐ Fully Accessible Wheelchair Unit ☐ Vision-Impaired Unit ☐ Need an Interpreter - Explain:  
☐ No-Steps unit (elevator to any floor) ☐ Hearing-Impaired Unit ☐ Domestic Violence Victim  
☐ First-Floor unit only ☐ Unit for Environmental Allergies ☐ Personal Care Attendant

- ☐ 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 Details

- ☐ ANY PETS? ☐ Yes ☐ No Number of Pets: 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 check this box if backup address is the same as best mailing address below.

AddressLine 1

Apt # or "care of" name

City

State

Zip

- ☐ BEST MAILING ADDRESS

Address Line 1

Apt # or "care of" name

City

State

Zip

- ☐ PREFERRED # OF BEDROOMS? SPECIAL CIRCUMSTANCES? (some programs may grant you a priority status)

- ☐ Disability ☐ Elder ☐ Local Resident ☐ Local Employee ☐ Local Student ☐ Homeless Vet. ☐ Fleeing Dom. Viol.  
☐ Rent-burdened 40% ☐ Rent-burdened 50% ☐ HUD VAWA Certification ☐ Victim of Hate Crime.  
Displaced by: ☐ Urban Renewal ☐ Sanitary Code ☐ Natural Forces ☐ Other \_\_\_\_\_

Applicants must be 18 years of age and/or have the legal capacity to sign the lease.

**Massachusetts Rental Application**

This application is to be completed fully with every question answered. Incomplete applications will be returned to applicant and result in processing delays. If additional pages are necessary, please attach them. The information provided will be used in the tenant selection process and is subject to verification. In the event any information provided is later determined to be false, Landlord may, in Landlord's sole discretion, cancel the application or terminate any lease. Landlord's gathering of information from and about prospective residents is for the benefit of the Landlord, only, and does not create any right of reliance on the part of any resident regarding the behavior or character of any other resident or occupant of the community. Additionally, all information provided is subject to verification regulations that govern this property's housing programs which may include the U.S. Dept. of Housing and Urban Development, the Internal Revenue Code §42 low Income Housing Tax Credit program, Connecticut Housing Finance Authority, Maine State Housing, MassHousing, and/or Rhode Island Housing requirements. All information provided will be held confidential.

The Management Agent will provide assistance with completing this application upon request. If necessary, persons with disabilities or those with limited English proficiency may ask for this application in large print, alternate format or another language. Contact management staff at the address and telephone number listed below.

Symphony Plaza  
333 Massachusetts Avenue  
Boston, MA 02115  
(617) 674-5910  
TTY Relay: 711



**FOR OFFICE USE ONLY**

Received date and time stamp here:

Total household income: \$ \_\_\_\_\_

(Please print clearly)

Applicant's Full Name:

Date of Application:

This rental application is for: Symphony Plaza

Desired Move-In Date: \_\_\_\_\_

Bedroom size requested: OBR (Studio) ☐ 1BR ☐ 2BR ☐

Accessible unit ☐

**Note: Please answer all sections completely. Failure to do so will result in your application being returned to you as incomplete causing further delays in processing.**

**HOUSEHOLD COMPOSITION**

NAME OF HOUSEHOLD MEMBERS (First, Middle Initial, Last)	RELATIONSHIP TO HEAD OF HOUSEHOLD	DATE OF BIRTH (mm/dd/year)	SOCIAL SECURITY NUMBER	STUDENT (Y /N) FULL (FT) or PART-TIME (PT)
	HEAD			

**\*\*Do you expect any changes to your household in the next 12 months?** Yes ☐ No ☐

If yes, please explain: \_\_\_\_\_

**Provide all addresses where you have lived for the past five (5) years. Please print clearly.**

**CURRENT ADDRESS:**

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Lived There From: \_\_\_\_\_ to: Present Day Monthly Rent: \$ \_\_\_\_\_

E-mail address: \_\_\_\_\_

Reason for Moving: \_\_\_\_\_ Landlord Name: \_\_\_\_\_

Landlord Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Landlord Telephone/Cell: \_\_\_\_\_ Comments: \_\_\_\_\_

**PREVIOUS ADDRESS #1**

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Lived There From: \_\_\_\_\_ to: \_\_\_\_\_ Monthly Rent: \$ \_\_\_\_\_

Reason for Moving: \_\_\_\_\_ Landlord Name: \_\_\_\_\_

Landlord Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Landlord Telephone/Cell: \_\_\_\_\_ Comments: \_\_\_\_\_

**PREVIOUS ADDRESS #2**

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Lived There From: \_\_\_\_\_ to: \_\_\_\_\_ Monthly Rent: \$ \_\_\_\_\_

Reason for Moving: \_\_\_\_\_ Landlord Name: \_\_\_\_\_

Landlord Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Landlord Telephone/Cell: \_\_\_\_\_ Comments: \_\_\_\_\_

Please list all states and territories of the U.S. applicant(s) has/have lived in: \_\_\_\_\_

\_\_\_\_\_

**DISABILITY STATUS:**

1. Would you or anyone in your household benefit from the features of an accessible unit? Yes ☐ No ☐
2. Would you like to be placed on a waiting list for an accessible unit? Yes ☐ No ☐
3. Are you seeking admission based on a disability? Yes ☐ No ☐
4. Do you require any modifications to the unit? Yes ☐ No ☐

If so, please list the specific modifications needed: \_\_\_\_\_

\_\_\_\_\_

**RACE & ETHNICITY:**

We are required to collect data on race & ethnicity in accordance with federal regulations. Please check race and ethnicity categories that apply to you and/or your household.

Is the Head of Household (check only one) Hispanic or Latino ☐ Not Hispanic or Latino ☐

Is the Head of Household (select as many as appropriate)

White ☐ Black/African American ☐ American Indian/Alaska Native ☐ Asian ☐

Native Hawaiian /Other Pacific Islander ☐ Other (please specify) \_\_\_\_\_

**STUDENT STATUS:**

Have you or any household member been enrolled as a full-time student at an educational institution (including grades K-12 and higher education) during the past five months of the certification year or plan to within the next 12 months?

Yes ☐ No ☐

If yes, please explain: \_\_\_\_\_

**GENERAL INFORMATION:**

1. Have you or any member of your household filed for bankruptcy? Yes ☐ No ☐
2. Have you or any member of your household ever been evicted from any housing? Yes ☐ No ☐
3. Have you or any member of your household willfully or intentionally refused to pay rent? Yes ☐ No ☐

If yes, please explain: \_\_\_\_\_

4. Have you or any member of your household been convicted for the sale or manufacture of an illegal or controlled substance? Yes ☐ No ☐

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

5. Are you or any member of your household required to register as a lifetime sex offender in any state or territory of the U.S.? Yes ☐ No ☐
6. Are you currently living in federal or state subsidized housing? Yes ☐ No ☐
7. Have you or any household member, while living in a subsidized apartment, had tenancy or housing assistance terminated for fraud, nonpayment of rent or non-compliance with the terms of the lease? Yes ☐ No ☐
8. Are you or any member of your household a Veteran of the U.S. Military? Yes ☐ No ☐

If yes, please provide household member name and U.S. military branch: \_\_\_\_\_

9. Do you have any pets (excluding service animals)? Yes ☐ No ☐

If yes, describe: \_\_\_\_\_

10. How did you hear about our apartment community? via the HousingWorks.net website

11. Briefly explain your reasons for applying to our apartment community: \_\_\_\_\_

12. Will you take an apartment when one becomes available? Yes ☐ No ☐

**EMERGENCY CONTACT** - Please provide contact information for two people who are not planning to live with you whom we may contact in the event of an emergency or to locate you during the processing of your application:

**Contact #1**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_

**Contact #2**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_

## INCOME

The U.S. Department of Housing and Urban Development and Section 42 of the Internal Revenue Code regulations (if applicable) require that each applicant disclose all sources of income and assets including those of minors. Applicants for housing at this property must complete this disclosure of Income and assets by providing the requested information and certifying to its accuracy. Please provide the mailing address and phone number for each of these sources in the area provided. Note: If an income source is received from a foreign country, you must disclose this as well.

INCOME SOURCES	CIRCLE YES Or NO FOR EACH SOURCE		HOUSEHOLD MEMBER WHO RECEIVES THE INCOME	MONTHLY GROSS AMOUNT	ADDRESS & PHONE # TO SEND VERIFICATION FORM
Employment income including wages, tips, bonuses and commissions	YES	NO		\$	
Self-employment or business income	YES	NO		\$	
Social Security Retirement Benefits	YES	NO		\$	
Supplemental Security Income (SSI including SSP) or SSDI	YES	NO		\$	
Periodic payments from Short or Long-Term Disability, Death Benefit, Trust, Pension, Annuity or other type of Retirement Account	YES	NO		\$	
Public Assistance (TANF, EAEDC, General Assistance)	YES	NO		\$	
Real estate rental income	YES	NO		\$	
Child support or unearned Income from a family member under 18 years of age	YES	NO		\$	
Alimony	YES	NO		\$	
Veterans' benefits	YES	NO		\$	
Unemployment compensation	YES	NO		\$	
Interest or dividend income earned from assets.	YES	NO		\$	
Recurring gifts or family contributions (monetary or not)	YES	NO		\$	
Financial Aid (grants & scholarships) in excess of tuition.	YES	NO		\$	
Other (Please explain)	YES	NO		\$	

Do you anticipate any changes in your household income during the next 12 months?

Yes ☐

No ☐

Explanation: \_\_\_\_\_

**CHILD SUPPORT:**

We must count court-ordered support whether or not it is received, unless legal action has been taken to remedy. also count support that is not court-ordered but rather received directly from payer.

1. Do you or any household member have a court order to receive child support payments? Yes ☐ No ☐
2. If yes, are you currently receiving any child support payments? Yes ☐ No ☐
3. If yes, are your child support payments court ordered? Yes ☐ No ☐
4. If child support is not being received, are you taking legal action to remedy? Yes ☐ No ☐

Explanation: \_\_\_\_\_

\_\_\_\_\_

**ASSETS: You must disclose all household assets including those held by minors and assets in foreign countries such as real estate and/or bank accounts. If you need additional space, please request an additional form.**

TYPE OF ASSETS	CIRCLE YES Or NO FOR EACH ASSET		BALANCE OR CASH VALUE	ACCOUNT #	FINANCIAL INSTITUTION NAME
Checking Account	YES	NO	\$		
Checking Account	YES	NO	\$		
Savings Account	YES	NO	\$		
Savings Account	YES	NO	\$		
Cash on Hand	YES	NO	\$		
Trust (Revocable or Non- revocable)	YES	NO	\$		
Certificate of Deposit (CD)	YES	NO	\$		
Life Insurance (Whole or Universal)	YES	NO	\$		
Credit Union Account	YES	NO	\$		
IRA or 401k Account	YES	NO	\$		
Pension/Retirement	YES	NO	\$		
Stocks or Mutual Funds	YES	NO	\$		
Money market account	YES	NO	\$		
Money in a safety deposit box	YES	NO	\$		
U.S. Savings Bonds	YES	NO	\$		
Personal property held as an investment such as antique cars, coins, etc.	YES	NO	\$		
Assets held in foreign countries	YES	NO	\$		
Other (Describe)	YES	NO	\$		

**Jointly held assets:**

Are any of the above assets owned jointly by any household members?

Yes ☐No ☐

If yes, please explain: \_\_\_\_\_

Do you or any household member have an asset owned jointly with a person who is not a member of your household as listed on page 1?

Yes ☐No ☐

If yes, please explain: \_\_\_\_\_

**REAL ESTATE (including real estate in a foreign country):**

Do you own any property?

Yes ☐No ☐

If yes, type of property: \_\_\_\_\_ Location: \_\_\_\_\_

Market Value: \$ \_\_\_\_\_

Do you receive any rental income from your property?

Yes ☐No ☐

If yes, type of property: \_\_\_\_\_ Location: \_\_\_\_\_

Amount received per month: \$ \_\_\_\_\_

Yes: ☐**Assets disposed of for less than fair market value within past two years:**

Applicants must also disclose any assets disposed of for less than fair market value in the two years preceding the effective date of an income certification. This includes, but is not limited to, assets or money given away or sold for less than their true value if they were to be offered for sale to the public.

Did you have any assets (excluding personal assets) in the last two years not listed above?

Yes ☐No ☐

If yes, did you dispose of any assets for less than fair market value?

Yes ☐No ☐**Please list assets disposed of within past two years**

TYPE OF ASSET	MARKET VALUE	AMOUNT RECEIVED	DATE DISPOSED
	\$	\$	
	\$	\$	

**NOTE:**

In considering this application from you, the Landlord will rely heavily on the information you have provided. It is most important that this information is accurate and complete. By signing this application, you represent and warrant the accuracy of the information and you authorize the Management Agent to verify all information you provided.

I/we do hereby certify that the information provided on this application and the questions answered are true and complete to the best of my/our knowledge. I/we further certify that I/we have disclosed all sources of income and assets currently held or previously disposed of and that I/we have no other income or assets than those listed on this form (other than personal property).

Under penalties of perjury, I/we certify that the information presented in this application is true and accurate to the best of my/our knowledge and belief. The undersigned further understands that providing false representations herein constitutes an act of fraud and is punishable by law. False, misleading or incomplete information may result in the cancellation of this application or termination of tenancy after occupancy.

The U.S Department of Housing and Urban Development has also established a process to match resident wage and benefit data with federal and state records to assure that applicants/residents fully disclose all sources of household income. I/we hereby certify that if applying for a federally-subsidized apartment, it will serve as my sole, permanent residence and that I/we will not maintain a separate residence in a different location. **All applicants, age 18 or older must sign and date this application.**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please indicate whether any of the following priorities below apply to your current situation:**



If you answer "yes" to any of these questions, you may qualify for a preference. In order to receive a preference, you must provide verification of the priority you have selected. (Please note that all preference claims will be verified prior to the offering of an apartment.)

- Priority #1:

Homelessness due to Displacement by Natural Forces:

An applicant, otherwise eligible and qualified, who has been displaced by one of the following:

☐ Fire not due to the negligence or intentional act of applicant or a household member; or

☐ Earthquake, flood or other natural cause; or

☐ A disaster declared or otherwise formally recognized under disaster relief laws.

- Priority #2

Homelessness due to Displacement by Public Action (Urban Renewal):

An applicant, otherwise eligible and qualified, who will be displaced within 90 days, or has been displaced within three years prior to application, by:

☐ Any low rent housing project as defined in M.G.L. c. 1218, s 1, or

☐ A public slum clearance or urban renewal project initiated after January 1, 1947, or

☐ Other public improvement

- Priority #3

Homelessness due to Displacement by Public Action (Sanitary Code Violations):

An applicant, otherwise eligible and qualified, who is being displaced, or has been displaced within 90 days prior to application, by enforcement of minimum standards of fitness for human habitation established by the State Sanitary Code or local ordinances, provided that:

☐ Neither the applicant nor a household member has caused or substantially contributed to the cause of enforcement proceedings, and

☐ The applicant has pursued available ways to remedy the situation by seeking assistance through the courts or appropriate administrative or enforcement agencies.

- Priority #4

\*Please note: "enforcement" is interpreted as a formal condemnation of the apartment. Citation for code violations does not, without written verification from the agency, constitute a condemnation.

- Involuntary Displacement by Domestic Violence:

"Domestic Violence" means actual or threatened physical violence directed against one or more members of the applicant's family by a spouse or other member of the applicant's household. An applicant is involuntarily displaced by domestic violence if at least one of the family members is under the age of eighteen and if:

☐ The applicant has vacated a housing unit because of domestic violence; or

☐ The applicant lives in a housing unit with a person who engages in domestic violence; or

☐ If the applicant is still living in the unit at the time of selection, the violence must have occurred within six months or be of a continuing nature.

For Landlord Use Only:

## Consent for the Release of Information

Your signature(s) on this form authorizes the Landlord to obtain any information that is pertinent to eligibility, according to federal law, for residency at the housing development in which you have applied. Any individual or organization may be asked to release information. Inquiries including, but not limited to, the following information may be made:

Employment Income	Social Security Income Disability
Self-Employment Income	Income
Pension Income	Other Sources of Income
Assets of Any Kind	Student Status
Family Composition	Landlord References
Federal, State, Tribal, and Local Benefits	Credit References
Criminal History	

Photocopies of this authorization may be used for the purpose indicated above. The original is retained by the requesting organization.

### **Please Complete This Section:**

I/We understand that failure to consent to the release of this information will render me/us and my/our household ineligible for the property at which I/We have applied. I give my permission for the Landlord, as mentioned above, to obtain any information that is pertinent to my/our eligibility and to any reference or entity I have identified to release such information to Landlord.

#### **Applicant Information:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_

Driver's License or Photo ID# \_\_\_\_\_ State Issued: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### **Co-Applicant Information:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_

Driver's License or Photo ID# \_\_\_\_\_ State Issued: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please use a separate page for additional household members who are age 18 and older.**

**Attachments:** HUD-92006 "Supplement to Application for Federally Assisted Housing Form"  
HUD-27061-H "Race and Ethnic Data Reporting Form" for each household member.  
Reasonable Accommodation Policy



## REASONABLE ACCOMMODATION REQUEST FORM



*Nota: Usted puede pedir una copia de esta planilla en español al Coordinador de la Seccion 504 de Schochet Companies a la direccion de correo: 536 Granite Street, Suite 301, Braintree, MA 02184  
Atencion: Coordinador 504. Por telefono al 617-482-8925 O al numero de fax (617) 830-0971  
Atencion: Coordinador 504*

Name of person completing this form: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Today's Date: \_\_\_\_\_

1. I, or the following member of my household, has a disability. (A disability is defined as a physical or mental impairment that substantially limits one or more major life activities; a record of having such an impairment; or being regarded as having such an impairment.)

Name of disabled person needing accommodation: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

2. As a result of a disability, the following modification(s) are requested so that (the person listed above) can have an equal opportunity to occupy, use and enjoy the premises. Check the kind of modification (change) that is needed.

☐ A change in the apartment or other part of the rental premises, as described below.

☐ A change in a rule, policy, or procedure, as described below.

☐ A service or companion animal, as described below.

Describe the specific accommodation you are requesting: \_\_\_\_\_

---

---

---

3. This accommodation is needed because: \_\_\_\_\_

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4. If you asked for a change to your apartment or to any common area, please use the space below to list any company or organization that you know of that might help us locate or build anything special that you need. (If you don't know of any, we will try to get this information ourselves.)

- 
- 
5. If you believe special circumstances warrant or require a response by The Schochet Companies earlier than the fourteen (14) business days for a response, tell us the date by which you feel you need a response and why (The Schochet Companies will try to comply with your request if it can).
- 
- 

6. I authorize The Schochet Companies to verify that I (or my household member) have a disability and the need for an accommodation by contacting my health care professional, whose name and contact information is as follows:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

(Note: If your disability or your need for the requested accommodation is not obvious to us, your request will not be processed until we receive a completed Verification Statement - Reasonable Accommodation Request (Exhibit 3). The Company will not send the Verification Form to your health care provider unless you provide the above information and sign below where it says "Authorization is Granted By:"

I understand that The Schochet Companies has the right to verify the fact that I or a family member has a disability which requires the accommodation requested. This verification is solely for the purposes of determining the most appropriate reasonable, or alternatively effective, accommodation. I give you permission to contact the above individual for purposes of verifying that I or a family member has a disability and needs the reasonable accommodation requested above. I understand that the information you obtain will be kept completely confidential and used solely to determine if you will provide an accommodation.

Authorization is Granted By: \_\_\_\_\_  
(Signature)

Date Signed: \_\_\_\_\_

NOTE: It is against Schochet Companies policy and federal and state law for any The Schochet Companies employee or agent to retaliate in any way against any person because the person has requested a reasonable accommodation or has complained of or opposed alleged discrimination by The Schochet Companies based on disability or any other protected status, including by seeking to evict a tenant who has done so, by subjecting such tenant to heightened scrutiny of the tenant's conformance with The Schochet Companies' rules or policies or to a hostile environment, or by any other adverse action.



*Nota: Usted puede pedir una copia de esta plan illa en espaciol al Coordinador de la Seccion 504 de Schochet Companies ala direccion de correo: 536 Granite Street, Suite 301, Braintree, MA 02184  
Atencion: Coordinador 504. Por telefono al617-482-8925 0 al numero de/ax (617) 830-0971  
Atencion: Coordinador 504*

**PART I - AUTHORIZATION: To be completed by Requesting Party**

Requesting Party's Instruction to Certifying Health Care Professional:

I, \_\_\_\_\_, hereby authorize you to complete, sign and date this Verification Form and send it by mail to The Schochet Companies (the "Company") at 536 Granite Street, Suite 301, Braintree, MA 02184 Attention: 504 Coordinator, or by fax (617) 830-0971 Attention: 504 Coordinator.

I have authorized the Company to obtain from you the information requested in this Form to substantiate my disability and need for the reasonable accommodation I requested so I may have equal opportunity to use the Company's housing, programs, services, or activities. Thank you.

Name of Person Requesting Accommodation: \_\_\_\_\_

Mailing Address of Person Requesting Accommodation: \_\_\_\_\_

Requesting Party's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*

**Part II -VERIFICATION: To be completed by Certifying Health Care Professional**

Please return this completed form within seven (7) days of receipt to: Section 504 Coordinator, The Schochet Companies, 536 Granite Street, Suite 301, Braintree, MA 02184.

**Section 1**

I understand that I am completing this Verification Form in connection with a request for an accommodation made by the above referenced person in regard to his/her housing at the above referenced address. I certify the information below to be based upon my best professional judgment and to be true and correct to the best of my knowledge.

Name of Certifying Professional: \_\_\_\_\_  
Today's Date: \_\_\_\_\_  
Profession: \_\_\_\_\_ Title: \_\_\_\_\_  
Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Relationship to Person Requesting Accommodation: \_\_\_\_\_  
Accommodation Requested: \_\_\_\_\_

**Section 2**

**Question A:** In my professional Opnlon, the above referenced person requesting an accommodation has a disability as defined below (check all that apply):

\_\_\_\_\_ A physical or mental impairment that substantially limits one or more major life activities

\_\_\_\_\_ A record of having such an impairment  
\_\_\_\_\_ Is regarded as having such an impairment

**Question B:** Please describe the special housing features, types of physical adaptations, assistive technology, or accommodations in rules or policies which are needed by the person requesting the reasonable accommodation as a result of that person's disability in order for that person to have an equal housing opportunity:

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(Please use another page if you need more space.)

**Question C:** Please describe any special circumstances that affect the timing of when this person needs the reasonable accommodation:

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(Please use another page if you need more space.)

\_\_\_\_\_  
Signature of Certified Professional

\_\_\_\_\_  
Date Signed

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

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

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

<b>Applicant Name:</b>			
<b>Mailing Address:</b>			
<b>Telephone No:</b>	<b>Cell Phone No:</b>		
<b>Name of Additional Contact Person or Organization:</b>			
<b>Address:</b>			
<b>Telephone No:</b>	<b>Cell Phone No:</b>		
<b>E-Mail Address (if applicable):</b>			
<b>Relationship to Applicant:</b>			
<b>Reason for Contact:</b> (Check all that apply) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Emergency  <input type="checkbox"/> Unable to contact you  <input type="checkbox"/> Termination of rental assistance  <input type="checkbox"/> Eviction from unit  <input type="checkbox"/> Late payment of rent         </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Assist with Recertification Process  <input type="checkbox"/> Change in lease terms  <input type="checkbox"/> Change in house rules  <input type="checkbox"/> Other: _____         </td> </tr> </table>		<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____		
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.			
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.			
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.			

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

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**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.

**Race and Ethnic Data  
Reporting Form****U.S. Department of Housing  
and Urban Development**  
Office of HousingOMB Approval No. 2502-0204  
(Exp. 12/31/2007)

Name of Property	Project No.	Address of Property
Name of Owner/Managing Agent		Type of Assistance or Program Title:
Name of Head of Household		Name of Household Member

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

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

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

**Public reporting burden** for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

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



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

### A. General Instructions:

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

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

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

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

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

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

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

