

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.

Applying for:

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

If yes, name the agency providing the voucher:

- ☐ 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 \_\_\_\_\_



## **Yarn Works** A SMOKE Free Community! 1, 2 & 3 Bedroom Affordable Apartment Homes

Thank you for your interest in Yarn Works, we are very excited about this development. Submission of a preliminary rental application will not guarantee housing for occupancy, once your preliminary rental application has been reviewed and placed on the waitlist there will be a screening process.

**Determining Your Eligibility** - to find out if you are eligible for one of the affordable programs management must determine if you:

- Are Income Eligible
- Meet the other Program Requirements (which include strict rules for households comprised entirely of full-time students)
- Meet the Property's Resident Selection Criteria
  - Pursuant to site policy, undergraduate students are not accepted at our community.

If it is determined that you meet all program requirements and the property's resident selection criteria, you will be qualified for an apartment under the HUD section 8 program, DHCD Home & Low Income Housing Tax Credit Program.

### **Filling out your Application:**

#### **HELPFUL HINTS**

- Please take your time filling out the preliminary application
- If you need assistance, please call the Management Office, number noted on Model Application
- Please **DO NOT** use white out or correction fluid on any of the forms
- Use only blue ink Pen
- If a line does not apply to you or your household, **DO NOT** leave it blank, write **N/A**
- Fill in **ALL** line items
- Submission of a preliminary rental application **WILL NOT** guarantee housing or placement
- **COPIES** or **FAXED** preliminary rental applications **WILL NOT** be accepted.

### **Preliminary Rental Applications will be processed in accordance with the following steps:**

If your preliminary rental application is **incomplete**, it will be returned and will not be evaluated until all the required information has been provided. Once we are in receipt of a completed preliminary rental application it will be determined that your application meets the income eligibility requirements and household composition requirements, your preliminary rental application will be placed on the waiting list, once there is an apartment that fits your needs you will be notified you by US mail.

***Section 8 Housing Vouchers welcomed!***





## **Applicant Qualification Standards**

Thank you for choosing our community as your new home. As part of the application process we require that each applicant meets the rental criteria outlined below.

### **Equal Housing Opportunity**

We do business in accordance with the Federal Fair Housing Act. We do not discriminate on the basis of race, color, religion, sex, sexual orientation, national origin, age, familial status, disability or any other basis protected by applicable state, Federal or local fair housing laws. Pursuant to site policy, undergraduate students are not accepted at our community.

### **Application**

Each person (18) years of age or older must complete a separate application. Each application is evaluated by Corelogic Safe Rent, Inc. with a scoring method that weighs the indicators of future rent payment performance. Each applicant will have a criminal history investigation completed that must reflect a positive rating.

Pursuant to WinnResidential policy, the following must also accompany all applications:

- Each Applicant with income used to qualify must sign the employment verification form. Acceptable forms of income verification that can be used are (1) the two most recent pay stubs or (2) a signed offer letter on company letterhead provided the signed offer letter is less than 45 days old and employment commences within 30-days of the lease start date or (3) income verification form completed by employer.
- Self employed applicants must provide the current annual tax return or a notarized letter from a Certified Public Accountant indicating the amount of anticipated annual income.
- Retired or unemployed applicants must have sufficient income or savings (savings must equal three times the dollar amount of the annual rent). Other sources of additional income must be documented.
- All applicants with a social security number must provide one of the following photo ID's: driver's license, military ID, State issued Photo ID card, Passport.
- All applicants without a social security number must provide a valid Visa and Passport. Under Federal Law, Lease agreements may not be written beyond the Visa's expiration date.

*Applicants applying for affordable housing may be required to complete additional*

*pape!Work. **Guarantors {If Program Allows}***

Applicants who do not qualify through Corelogic SafeRent Inc. may request to have a guarantor.

MKT – 044  
REV 4/2/2008



## Model Application Form

**THE AGENT WILL PROVIDE HELP IN REVIEWING THIS DOCUMENT.  
IF NECESSARY, PERSONS WITH DISABILITIES MAY ASK FOR THIS APPLICATION IN LARGE  
PRINT TYPE, OR OTHER ALTERNATE FORMATS.**

### PRELIMINARY RENTAL APPLICATION Equal Housing Opportunity

**Yarn Works ~ 1428 Main Street, P.O. Box#2605, Fitchburg, MA 01420**

Phone#: (978) 516-4500, TDD#: (800) 439-2370, email: [yardworks@winnco.com](mailto:yardworks@winnco.com)

**Please print and fill in ALL Information.**

Date of Application: \_\_\_\_\_

### APPLICATION FOR ADMISSION

Note: Please fill in all sections completely. Failure to do so will result in processing delays or rejection of your application. Should you need help in completing this application, please contact the Rental Office.

Applicant: \_\_\_\_\_ Home Tel \_\_\_\_\_

Present Address \_\_\_\_\_

street

city

state

zip

Mailing Address \_\_\_\_\_

(if different)

street

city

state

zip

E-mail Address \_\_\_\_\_

Race: (Optional Section: Information will be used for fair housing programs only, as required by State and Federal Laws.)

☐ American Indian/Alaskan Native

☐ Asian or Pacific Islander

☐ Black(not of Hispanic origin)

☐ White (not of Hispanic Origin)

☐ Hispanic

Note: Upon request to the Agent, you have the right to receive a Tenant Selection Plan Summary (with Program Description Insert) which summarizes the tenant application process, including eligibility and screening requirements, for occupancy in the Development.

### SIZE OF APARTMENT NEEDED:

☐ 1 Br

☐ 2 Br

☐ 3B r

### UNIT TYPE REQUESTED:

☐ Wheelchair Adapted Unit

☐ Hearing/Visual Adapted Unit

Present housing cost per month \$ \_\_\_\_\_

Including utilities? ☐ Yes ☐ No

How long have you lived at present address? \_\_\_\_\_ years.

What are your reasons for moving? \_\_\_\_\_

How did you hear about this housing development? via the HousingWorks.net website



## FAMILY COMPOSITION

List all those who will occupy the apartment. **INCLUDE YOURSELF.**

Full Name Of Each Person In Household	Relationship To Head Of Household	Sex	Date Of Birth	Age	Social Security Number	Fulltime Student Yes or No
1.	Head of Household					
2.						
3.						
4.						
5.						
6.						

## REFERENCES

Provide the full name and address of Landlords or Officials at other places you have lived over the last five years or past two residences, whichever is more inclusive (include shelters).

Name of Present Landlord/Official  
Address

Telephone

Name of Previous Landlord/Official  
Address

Telephone

Are you or any member of your household currently receiving federal (HUD) or state housing assistance?

If yes, list the household members and type of assistance being received.

Household Member	Type of Housing Assistance	Location

**NOTE:** If you are unable to furnish a landlord or other housing reference, please furnish character references. They must have known you for one (1) year or more and not be related to you.

Name of Character Reference  
Address

Telephone \_\_\_\_\_

Name of Character Reference  
Address

Telephone



## EMPLOYMENT INCOME BY HOUSEHOLD MEMBER

Please indicate the income received and assets held by each member of your household. List each member by the corresponding number on the first page.

**Member #** \_\_\_\_\_

Name of Present Employer \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Years Employed \_\_\_\_\_ Position \_\_\_\_\_ Current Salary \$ \_\_\_\_\_  
[ ] weekly [ ] bi-weekly [ ] monthly

**Member #** \_\_\_\_\_

Name of Present Employer \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Years Employed \_\_\_\_\_ Position \_\_\_\_\_ Current Salary \$ \_\_\_\_\_  
[ ] weekly [ ] bi-weekly [ ] monthly

## OTHER SOURCES OF INCOME BY HOUSEHOLD MEMBER

List all other income such as Welfare, Social Security, SSI, Pensions, Disability Compensation, Unemployment Compensation, Interest, Alimony, Child Support, Annuities, Dividends, Income from Rental Property, Military Pay, Scholarships, and/or grants.

Household Member	Type of Income	Gross Earning (before taxes)	Week/Month/Year

## INCOME FROM ASSETS

Assets include Checking Accounts, Savings Accounts, Term Certificates, Money Markets, Stocks, Bonds, Real Estate holdings and Cash Value of a Life Insurance Policy.

Household Member	Type of Asset	Amount in Account	Is it Interest Earning

## PLEASE RESPOND TO THESE QUESTIONS IF YOU WISH TO BE CONSIDERED FOR PRIORITIES OR SPECIAL DEDUCTIONS/ CONSIDERATIONS:

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 describe: \_\_\_\_\_



3. Is your present apartment too small for your family? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please describe: \_\_\_\_\_

4. Have you or any member of your household suffered actual or threats of physical violence by a spouse or other member of the household? If so, please provide details. \_\_\_\_\_

**Special Notice to Applicants with disabilities**

Please be advised that applicants for housing or tenants in this development who have disabilities may be entitled to special considerations in connection with their application for housing as well as being provided access to housing units which may be adapted to the needs of people with disabilities. For purposes of this notice, a disability with respect to an applicant or tenant means:

- a. a physical or mental impairment that substantially limits one or more major life activities of such individual.
- b. a record of such an impairment or
- c. being regarded as having such an impairment

If you believe you are disabled and you desire to have special considerations made in connection with your application for housing for people with disabilities, you are invited to supply the information requested on a separate form which will be treated as confidential. Giving this information is voluntary on your part and any failure to provide this information will not jeopardize or adversely affect your consideration for housing.

If you would like to request special consideration/reasonable accommodation please indicate here: Yes [ ] No [ ]

**Additional Required Information**

Are you or any member of your household required to register as a sex offender under Massachusetts or any other state law? \_\_\_\_\_

If yes, list the name of the persons and the registration requirements (i.e. place where registration needs to be filed, length of time for which registration is required). \_\_\_\_\_

**NOTE: A failure to respond fully to these questions may result in rejection or denial of this application.**

I/We hereby certify that the information furnished on this application is true and complete, to the best of my/our knowledge and belief. **Inquiries may be made to verify the statements herein.** All information is regarded as confidential in nature, and a **consumer credit report and a Criminal Offenders Record Information (CORI) report or other criminal background check may also be requested.** I/We certify that I/We understand that false statements or information are punishable applicable under State or Federal Law.

I/We hereby certify that we have received a notice from the management agent describing the right to reasonable accommodations for persons with disabilities.

***Signed under the pains and penalties of perjury.***

Head of Household/Applicant	Date	Co-Applicant	Date
-----------------------------	------	--------------	------

Co-Applicant	Date	Co-Applicant	Date
--------------	------	--------------	------

**Winn Residential** acting as management agent for **Yarn Works** (the "Development") does not discriminate on the basis of race, color, religion, sex, national origin, sexual orientation, age, familial status or physical or mental disability in the access or admission to the Development, its employment, or in its programs, activities, functions or services.







## **Rental Application Attachment Low Income Housing Tax Credit Program**

WinnResidential requires us to get drug and criminal background information about all adult household members applying for affordable housing. The head of household must answer the questions below for all household members and each household member age 18 or older must sign below to consent to a background check.

1. Have you or any member of your household ever been evicted from rental housing?  
Yes \_\_\_\_ No \_\_\_\_  
If yes, list where and when below:
  
2. Are you or any member of your household currently engaging in the use of illegal drugs?  
Yes \_\_\_\_ No \_\_\_\_
3. Have you or any member of your household ever been convicted of a felony?  
Yes \_\_\_\_ No \_\_\_\_  
If yes, please explain:
  
4. Are you or any member of your household currently abusing alcohol?  
Yes \_\_\_\_ No \_\_\_\_
5. Are you or any member of your household subject to a lifetime registration requirement under a State Sex Offender registration program in any state?  
Yes \_\_\_\_ No \_\_\_\_
6. List all addresses where you and other adult household members have previously resided. You must provide a complete list of states in which any household member has resided:

The applicant hereby certifies that the above information is true and correct. I understand that making false statements on this form is grounds for rejection or termination of my lease. I authorize Yarn Works to verify the above information and I consent to the release of the necessary information to determine my eligibility.

Applicant \_\_\_\_\_

Date \_\_\_\_\_

Co-Applicant \_\_\_\_\_

Date \_\_\_\_\_

Other Adult \_\_\_\_\_

Date \_\_\_\_\_

Other Adult \_\_\_\_\_

Date \_\_\_\_\_

**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)**YARN WORKS**

1428 Main St P.O. # 2605, Fitchburg, MA 01420

Name of Property

Project No.

Address of Property

**WinnResidential****Section 8/Home/Tax Credit**

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.



This is an important notice. Please have it translated.  
Esta é uma observação importante. Tenha-a por favor traduzida.  
Esto es un aviso importante. Por favor téngalo traducido.  
**DÂY LÀ MỘT BÊN THÔNG CÁO QUAN TRỌNG XIN VUI LÒNG CHO DỊCH LAI THÔNG CÁO ÂY**  
C'est une notification importante. Veuillez l'avoir traduite.

Dear Applicant,

In an effort to identify the language assistance needs for our community, please take a moment and check off every language that applies to your household on the **Language Identification Flashcard**. This will assist us in meeting your needs.

Thank you for your co-operation!

*Management Team*



**WinnResidential** does not discriminate against any person because of race, color, religion, sex, sexual orientation, handicap, familial status, or national origin.

- |                          |   |                        |
|--------------------------|---|------------------------|
| <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 քառակուսում,<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



## “Smoke Free Policy” House Rule

**YARN WORKS** has adopted a “**Smoke Free**” policy it has been well established that smoking cessation has demonstrated health benefits, and that second-hand smoke represents a serious health risk to non-smokers.

Smoking in dwelling units, all common areas of the building, including but not limited to: lobbies, mail room, hallways, elevators, stairways, foyers, fitness center, business facilities, parking lots, play areas and exterior grounds will be **prohibited**.

Smoking means the inhaling, exhaling, breathing, carrying, or possession of any lighted cigarette, cigar, pipe, other product containing any amount of tobacco, or other similar lighted product.

**YARN WORKS** reserves its rights including, but not limited to, termination of tenancy through eviction and/or the imposition of a reasonable charge for cleaning the unit in instances where a household has been found to be in violation of our “smoke free housing” rule.

We embrace this small change as an opportunity to ensure that the building is a healthier and cleaner place for all residents and guests.

Date of notice 10/21/2016



## **DEDICATED TO FAIR CREDIT REPORTING ACT COMPLIANCE**

## **DEDICATED TO FAIR HOUSING ACT COMPLIANCE**

This community has conferred its commitment to comply with the Fair Credit Reporting Act and the Fair Housing Act. This community uses CoreLogic® SafeRent® Applicant Screening Services which includes an empirically derived and statistically validated rent default risk score, as well as criminal background check services.

Every lease application is evaluated the same way — every applicant, every time.



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