

Name: First MI Last:

Address1:

Address2:

City State Zip:

Email:

Case Manager Email:

THIS SECTION FOR APPLICANT:

Date Generated:

← Applicant: Mail application to the address at left.

Fold on this line

THIS SECTION FOR WAITLIST ADMINISTRATOR:

Landlors: 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
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

- ☐ 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 _____

Applicant must be 18 years of age and have the legal capacity to sign the lease.

This application is to be completed fully and in detail. If additional pages are necessary, please attach them. The information provided will be used in the tenant selection process by Landlord and is subject to verification by Landlord. In the event any information provided is later determined to be false, Landlord may, in Landlord's sole discretion, terminate any lease. Landlord's gathering of information from and about prospective tenants is for the benefit of the Landlord, only, and does not create any right of reliance on the part of any tenant regarding the behavior or character of any other tenant or occupant of the community. Additionally, the information provided is subject to verification by the requirements of the United States Department of Housing and Urban Development, Rhode Island Housing, MassHousing, and/or Maine State Housing.

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.



The Schochet Companies
536 Granite Street, Suite 301
Braintree, MA 02184 Phone: **617-482-8925**



FOR OFFICE USE:
Date and Time Stamp here:

(Please Print)

Applicant's Full Name: _____ Date of Application: _____

Apt. Community Desired: **Saint Botolph Street Associates** Desired Move-In Date: _____

Apt. Community Address: **150 Saint Botolph Street, Boston, MA 02115**

Size of Apartment Desired: _____ Type of Apartment Needed _____

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.

HOUSEHOLD COMPOSITION:

NAMES OF HOUSEHOLD MEMBERS (First, Middle Initial, Last)	RELATIONSHIP TO HEAD OF HOUSEHOLD	DATE OF BIRTH	GENDER	FULL-TIME STUDENT (Y/N)
	HEAD			

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

Provide all residences for the previous five (5) years.

PRESENT RESIDENCE:

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Lived There From _____ to Present Time _____ Monthly Payment: \$ _____

Reason for Moving: _____ Landlord Name: _____

Landlord Address: _____ City: _____ State: _____ Zip: _____

Landlord Telephone/Cell: _____ Comments: _____

PREVIOUS RESIDENCE #1:

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Lived There From: _____ Monthly Payment: \$ _____

Reason for Moving: _____ Landlord Name: _____

Landlord Address: _____ City: _____ State: _____ Zip: _____

Landlord Telephone/Cell: _____ Comments: _____

PREVIOUS RESIDENCE #2:

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Lived There From: _____ to: _____ Monthly Payment: \$ _____

Reason for Moving: _____ !!!Landlord Name: _____

Landlord Address: _____ City: _____ State: _____ Zip: _____

Landlord Telephone/Cell: _____ Comments: _____

Please list all states that applicant(s) (age 18+) have lived in:

DISABILITY STATUS:

- | | | |
|---|-------------------------------|------------------------------|
| 1. Would you or anyone in your household benefit from the features of an accessible unit? | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| 2. Would you like to be placed on a priority waiting list for an accessible unit? | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| 3. Are you seeking admission based on a disability? | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| 4. Do you require any modifications to the unit? | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
- If so, please list the specific modifications needed:
- _____

This information will only be used for Fair Housing programs as required by Federal and State laws.

RACE & ETHNICITY:

We collect data on race & ethnicity in accordance with federal regulations. People of various races may also be of Hispanic ethnicity. Please indicate if you are Hispanic. Your answers will not affect your application.

Is the Head of Household (Check only one) Hispanic : ☐ Non-Hispanic: ☐

Is the Head of Household (Select as many as appropriate):

White ☐ Black/African American ☐ American Indian/Alaskan Native ☐ Asian ☐
Native Hawaiian /Other Pacific Islander ☐ ☐ Other (please specify) _____

STUDENT STATUS:

Are you or anyone in your household currently taking classes in an accredited institute of higher learning, or planning to within the next 12 months? Yes: ☐ No: ☐ If yes, please explain: _____

GENERAL INFORMATION:

Have you, your spouse, or any other proposed occupant ever:

- | | | |
|--|-------------------------------|----------------------------------|
| 1. Filed for bankruptcy? | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| 2. Been evicted from any residence? | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| 3. Willfully or intentionally refused to pay rent? | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| 4. Have you been convicted with any misdemeanor or felony? | Yes: <input type="checkbox"/> | !!!!No: <input type="checkbox"/> |

If yes, please explain: _____

- | | | |
|---|-------------------------------|------------------------------|
| 5. Have you been convicted for possession, sale or delivery of any illegal or controlled substance? | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
|---|-------------------------------|------------------------------|

If yes, please explain: _____

- | | | |
|--|-------------------------------|------------------------------|
| 6. Been required to register as a sex offender? | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| 7. Are you currently living in subsidized housing? | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| 8. Have you or any other proposed occupant ever, while living in a subsidized community, had tenancy or assistance terminated for fraud, nonpayment of rent or failure to cooperate with the recertification procedures? | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| 9. Do you have any pets? If yes, please contact the Property Manager to find out if pets are allowed. (This excludes service animals). | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| 10. How did you hear about our apartment community: <u>via the HousingWorks.net website</u> | | |

EMERGENCY CONTACT - Please provide information for two people not planning to occupy the Premises whom we may contact in the event of an emergency, or to locate you:

Name: _____ Relationship: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Relationship: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

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.

INCOME:

U.S. Department of Housing and Urban Development and Section 42 of the Internal Revenue Codes regulations require that all applicants/residents reveal all sources of income and assets. Applicants/residents for housing in this property must complete this disclosure form by filling in the requested information and certifying this form. This form must be completed in its entirety. **Please provide the mailing address and phone number for each of these sources in the area provided.** Should you need assistance completing this form, feel free to ask your Resident Manager for assistance, he/she would be more than happy to help.

To determine your eligibility to occupy a unit in this project, we need the total amounts of all income sources earned by your household. You must list any income in which you and your household members receive. **(You must place a "0" in each column describing each source from which no income is received)**

INCOME SOURCES	HOUSEHOLD MEMBER(S) WHO RECEIVES THE INCOME	MONTHLY GROSS AMT. RECEIVED <small>(Please place a "0" in each column where no income is received from that source.)</small>	PHONE NUMBER & ADDRESS TO SEND VERIFICATION FORM <small>(Please Provide)</small>
Salary / Wages / Employment Tips / Bonuses			
Self-Employment / Unearned Income Workers Compensation			
Social Security Benefits/ SSI			
Disability Pension / Death Benefits/ Pension/ Retirement Funds			
Welfare/ AFDC /TANF			
Rental Income			
Child Support / Unearned income from a family member under 17 years of age			
Alimony			
Military Payments / GI Bill / VA			
Unemployment			
Interest on Check/Savings Acct.			
Interest on Bonds/CD's			
Stock Dividends / Annuities / Trusts			
Recurring gifts/monetary or not			
Other			

Do you anticipate any changes in 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. We must also count support that is not court-ordered, rather received directly from payor.

- | | | |
|---|-------------------------------|------------------------------|
| 1. Are you or any member of your household entitled to receive child support payments? | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| 2. If yes , are you currently receiving any child support payments? | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| 3. If yes , are your child support payments court ordered? | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| 4. If money is not actually received, are you taking legal action to remedy? | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |

Explanation: _____

ASSETS: (You must place a "0" in each column describing each source from which no income is received)

Type of Assets	Value	Account #	Organization Name, Phone & Address	FOR OFFICE USE ONLY
Checking Accounts				
Checking Accounts				
Savings Accounts				
Savings Accounts				
Cash on Hand/At Home				
Trust Accounts/Revocable or Irrevocable				
CD's				
C D's				
Credit Union				
IRA's/Pensions/401K/ Mutual funds				
Stocks/Bonds/Money Mkt.				
Whole Life				
Money in a safety deposit box				
Savings bonds				
Personal property held as an investment				
Other (Describe)				

REAL ESTATE:Do you own any property? Yes: ☐ No: ☐

If yes, type of property: _____ Location: _____

Appraise Market Value: \$ _____

Do you receive any rent from your property? Yes: ☐ No: ☐

If yes, type of property: _____ Location: _____

Amount received per month: \$ _____

ASSETS DISPOSED OF:

Applicants/residents must also disclose any assets disposed of for less than fair market value in the two years preceding the effective date of the certification/recertification. This includes but is not limited to assets or money given away or sold for less than their true value if 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:**

ASSET	MARKET VALUE	AMOUNT RECEIVED	DATE DISPOSED

NOTE:

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

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

I realize that false statements are fraudulent and are a criminal offense which is punishable by fine or imprisonment or both. 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 are fully disclosing income.

I hereby certify that if I am applying for a federally subsidized apartment, it will serve as my permanent residence, and that I will not maintain a separate subsidized rental unit in a different location.

Applicant Signature: _____

Date: _____

Co-Applicant 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. 121B, 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.

* 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.

Priority #4: 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 RELEASE OF INFORMATION

Your signature on this form authorizes Landlord to obtain any information that is pertinent to eligibility, according to federal law, for residency at the housing complex in which you reside/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
Self-Employment Income	Disability 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 understand that failure to consent to the release of this information will render me ineligible for housing complex at which I have applied. I give my permission for Landlord, as mentioned above, to obtain any information that is pertinent to my eligibility, and to any reference or entity I have identified to release such information to Landlord.

Applicant Information:

Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Social Security # _____ Birth date: _____

Driver's License # _____ State Issued: _____

Signature: _____ Date: _____

Co-Applicant Information:

Check box to copy same address and phone number in the fields below

Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Social Security # _____ Birth date: _____

Driver's License # _____ State Issued: _____

Signature: _____ Date: _____

****THIS PROPERTY WILL BE NON-SMOKING BEGINNING JANUARY 1, 2013****

Nota: Usted puede pedir una copia de esta planilla en español al Coordinador de la Sección 504 de Schochet Companies a la dirección de correo: 536 Granite Street, Suite 301, Braintree, MA 02184 Atención: Coordinador 504. Por teléfono al 617-482-8925 o al número de fax (617) 830-0971 Atención: Coordinador 504.



THE SCHOCHET COMPANIES'
REASONABLE ACCOMMODATION POLICY AND PROCEDURES
FOR PROSPECTIVE AND EXISTING TENANTS WITH DISABILITIES



I. Policy

The Schochet Companies' ("The Schochet Companies" or the "Company") Reasonable Accommodation Policy and Procedures For Prospective and Existing Tenants With Disabilities (the "Policy") contains important information for tenants and prospective tenants in its Massachusetts properties. Please read it carefully.

Summary: It is unlawful, and against this Policy, for any Schochet Companies employee to discriminate against a prospective or existing tenant who is a person with a disability as defined by law. The Schochet Companies promotes and encourages the participation of such disabled persons to the fullest extent possible in all of its programs, services, and activities. In accordance with the law and this Policy, The Schochet Companies will provide "reasonable accommodations" to all prospective and existing tenants who request such accommodations to afford them equal opportunity to use and enjoy the Company's housing or programs and who are persons with a disability as defined by law, unless it is determined that the accommodation would present an undue financial or administrative burden or make a fundamental alteration in the nature of its programs. If a request for accommodation may present an undue financial or administrative burden or make a fundamental alteration of a program, The Schochet Companies will attempt to propose alternative solutions and/or accommodations which do not create such a hardship or make such an alteration, and otherwise work in good faith with the requesting tenant to determine the availability of an acceptable alternative.

Non-Retaliation: It is unlawful, and against The Schochet Companies policy, for any Schochet Companies employee to retaliate against any prospective or existing tenant who 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. Depending upon the specific circumstances, examples of such retaliation could include initiating eviction proceedings against a tenant, or subjecting a tenant to heightened scrutiny of the tenant's compliance with Schochet Companies policies because the tenant has requested such an accommodation or complained about such conduct, or creating a hostile environment for a tenant because he or she is disabled or exercised his or her rights under this Policy.

Person with a disability: A person has a disability under state and federal law if the person (1) has a physical or mental impairment that substantially limits a major life activity, or (2) the person has a record of such an impairment, or (3) the person is perceived as having such an impairment. A disability can be apparent, as in the case of someone who needs use of a wheelchair for mobility or is deaf or blind, or not apparent, as in the case of someone with a

cognitive disability or mental illness. Under the Massachusetts fair housing law, a person may still have a physical or mental impairment that substantially limits a major life activity within the meaning of state law if the person would have this condition in the absence of any self-help measures that person undertakes, such as use of glasses or the taking of medication.

Reasonable accommodation: A reasonable accommodation is a change, which is reasonable, to the physical environment at The Schochet Companies, or the way The Schochet Companies handles that person's current or prospective tenancy, that the person needs because of a disability in order to have an equal opportunity to enjoy The Schochet Companies' facilities or programs.

A need for a reasonable accommodation and the obligation to provide one may arise in the following situations:

- a prospective or existing tenant with a disability needs a change in The Schochet Companies' rules, policies or procedures to have an equal opportunity to use and enjoy The Schochet Companies' premises and programs;
- a prospective or existing tenant with a disability needs a change, modification or repair to his or her apartment or a special type of apartment in order for that person to have an equal opportunity to use and enjoy the apartment;
- a prospective or existing tenant with a disability needs a change or repair to some other part of the housing site in order to use and enjoy his or her apartment or The Schochet Companies' facilities or programs; and
- a prospective or existing tenant needs a change in the way The Schochet Companies communicates with that person for the person to use and enjoy his or her apartment or The Schochet Companies' facilities or programs.

Section 504 Coordinator: In order to implement this Policy, The Schochet Companies has designated a Section 504 Coordinator. Information on the identity and contact information for the Section 504 Coordinator is included under Step 2 of this Policy and in The Schochet Companies' Notice of Right to Reasonable Accommodation ("Notice of Rights"), Exhibit 1 to this Policy.

Requests for reasonable accommodation: There is no magic formula for the words a person needs to use to request a reasonable accommodation. A person does not necessarily need to say specifically that he or she "requests a reasonable accommodation" to be considered for one. It is enough that the person indicate a need for action by The Schochet Companies of a type described above because of a medical, physical, psychiatric, or emotional condition, or inform The Schochet Companies' Section 504 Coordinator or an employee working in the Management Office, who is instructed to report that person's request to the Section 504 Coordinator. A person is not entitled to be considered for or receive a reasonable accommodation, however, unless she or he requests one. To facilitate a request for reasonable accommodation, it is usually helpful for both the requesting party and the Company if the request is in writing. Therefore, The Schochet Companies has provided forms for the requesting party to complete, as explained

below. However, the Company will timely consider a reasonable accommodation request made orally to the Section 504 Coordinator (either during a telephone conversation 617-482-8925 or an in-person meeting with the Section 504 Coordinator) if the person is unable to prepare a written request or in writing without the use of the Request for a Reasonable Accommodation Form, along with any form of documentation from a qualified person verifying the requesting person's disability and need for the accommodation.

Medical Information: If a person's disability is obvious, or otherwise known to the Company, and if the need for the requested accommodation is also readily apparent or known, then the Company generally has no need to request any additional information about the requester's disability or the disability-related need for the accommodation. If the requester's disability is either not known or not readily apparent to the Company, or the need for the accommodation is not readily apparent or known, the Company may request information that is necessary to verify the existence of the disability and need for the accommodation. (Note: A Requesting Party's receipt of SSI or SSDI may be sufficient proof of disability.)

Therefore, any requests for medical information must be limited to verification: (1) that a person's condition meets the legal definition of "disability" (where the disability is not readily apparent), and (2) that a reasonable accommodation would afford the person an equal opportunity to enjoy The Schochet Companies' housing and services (where the need for the accommodation is not readily apparent). This means that The Schochet Companies will not inquire about the nature or severity or other details of the disability or medical history, treatment and medications taken, or request a person's medical records in connection with a request for an accommodation under this Policy.

Interactive process: The Schochet Companies shall make reasonable efforts to comply with a request for a reasonable accommodation made by a prospective or existing tenant with a disability as defined by law. If a request cannot be allowed because the accommodation would pose an undue financial or administrative burden or would make a fundamental change in the nature of the program, The Schochet Companies will take reasonable efforts to work with the applicant or tenant to identify the availability of an alternative solution, in order to provide the person with an equal housing opportunity, as required by law. Similarly, the applicant and tenant will make reasonable efforts to cooperate with The Schochet Companies' efforts.

II. Procedures

The following procedures apply to the reasonable accommodation request process. All forms referenced below will be maintained confidentially and separate from tenant files, and may be made available to Schochet Companies employees who are directly involved in this decision-making process regarding a request for accommodation, overseeing or supervising this process, or as permitted by law. The Schochet Companies may be required to provide an existing or prospective tenant's information to government entities, housing agencies (such as HUD and MassHousing), and as required in the course of discovery taking place in a legal action pursuant to applicable rules of procedure, or by subpoena, or as otherwise ordered by a court of competent jurisdiction.

Any tenant of a unit within a Schochet Companies property who wishes to request a reasonable accommodation is to direct such request to The Schochet Companies' 504 Coordinator, as described below. The 504 Coordinator shall follow the procedures outlined below.

STEP 1: The Schochet Companies Distributes this Policy to Prospective and Existing Tenants.

Five (5) exhibits are attached to this Policy, as follows:

- Exhibit 1: Notice of Right to Reasonable Accommodation in English and Spanish ("Notice of Rights");
- Exhibit 2: Request for a Reasonable Accommodation Form ("Request Form");
- Exhibit 3: Verification Statement – Request for Reasonable Accommodation ("Verification Form");
- Exhibit 4: Letter with Acknowledgment of Receipt of Request Form and Notice of Additional Information You Must Provide ("Follow-Up Letter"); and
- Exhibit 5: Appeal from Denial of Accommodation ("Appeal Form").

All persons who submit applications to the Company for housing on or after October 15, 2007 shall be provided a copy of this Policy (with exhibits) at the initial application stage, in English (or Spanish at the request of the applicant).

All persons who are existing tenants on or after October 15, 2007 shall be provided with a copy of this Policy (with exhibits) a minimum of once annually, in English (or Spanish at the request of the tenant).

All prospective and existing tenants who request an accommodation on or after October 15, 2007 shall also be given a copy of this Policy (with exhibits) in English (or Spanish at the request of the tenant).

STEP 2: A Person Makes a Request for a Reasonable Accommodation to the Section 504 Coordinator.

A person who makes a request for a reasonable accommodation on his or her own behalf or on the behalf of an existing or prospective tenant of the Company shall be referred to as the "Requesting Party." A Requesting Party should direct a reasonable accommodation request to The Schochet Companies' Section 504 Coordinator, who can be reached at 536 Granite Street Suite 301, Braintree, MA 02184, 617-482-8925. In order to facilitate timely and effective consideration of a person's Reasonable Accommodation Request, The Schochet Companies prefers that a Requesting Party submit a request for a reasonable accommodation in writing utilizing the Company's Request Form (Exhibit 2) and Verification Form (Exhibit 3), which a Requesting Party may obtain from the administrative office of any Schochet Companies property or from the Section 504 Coordinator at 536 Granite Street Suite 301, Braintree, MA 02184, 617-482-8925.

The Requesting Party should complete the Request Form and the Authorization Section of the Verification Form and return them to the Section 504 Coordinator at the above address or at fax number (617) 830-0971. (However, the Section 504 Coordinator will also consider other forms of written requests and verification from a qualified professional of the Requesting Party's disability and/or need for a disability, if such verification is needed to establish the disability or need for accommodation.)

If the Requesting Party needs assistance in completing the Request Form or the Authorization Section of the Verification Form (for example, reducing verbal information she or he provides to writing), she or he should request assistance from the Section 504 Coordinator and/or the Requesting Party's designee.

Upon receipt of a reasonable accommodation request, the Section 504 Coordinator will send to the Requesting Party the Follow-Up Letter (Exhibit 4).

STEP 3: If Necessary, The Schochet Companies Sends the Verification Form to the Certifying Professional Identified by the Requesting Party

If the Requesting Party's disability is not readily apparent or the need for the accommodation is not readily apparent, and the Requesting Party has not otherwise previously submitted verification of the disability or need for accommodation which is adequate as to the current request, the Section 504 Coordinator will mail or fax the Verification Form to the person designated by the Requesting Party to complete the Verification Form within five (5) business days of the Section 504 Coordinator's receipt of the completed Request Form and Authorization Section of the Verification Form. In the event that a completed Verification Form is not received within ten (10) business days of mailing, the Section 504 Coordinator shall notify the Requesting Party in writing that no completed Verification Form was received.

If the Section 504 Coordinator receives a completed Verification Form or other form of written verification and determines that the information supplied is insufficient to verify the disability and/or need for the requested accommodation, the Section 504 Coordinator will make diligent efforts to promptly obtain complete information, including contacting, as appropriate, either the Requesting Party or the party designated by the Requesting Party to make verification (or from whom the Requesting Party has supplied verification, if that was previously supplied), and shall document such efforts.

STEP 4: The Schochet Companies Makes a Decision about the Request for Reasonable Accommodation.

A. Review of Documentation

The Section 504 Coordinator will review the Request Form and Verification Form (if required) or any alternative written form of request for reasonable accommodation and verification supplied. If the Section 504 Coordinator concludes that the person is disabled for purposes of this Policy and that the accommodation requested is needed because of the disability and is necessary to provide the person with equal enjoyment of The Schochet Companies' housing,

programs, services, or activities, the Section 504 Coordinator will grant the requested accommodation, unless the Section 504 Coordinator can identify a specific, well-founded reason to believe that the requested accommodation is unreasonable because it would place an undue financial or administrative burden on The Schochet Companies or would make a fundamental change in the nature of its program. Some factors to be considered in determining whether a requested accommodation is reasonable are:

- the level of difficulty involved with providing the requested accommodation;
- the cost of the requested accommodation after available tax deductions and alternative funding sources;
- a thorough consideration of the availability/unavailability of The Schochet Companies' resources and outside or other source funding;
- the impact of the requested accommodation on the overall operations of the property;
- the impact on the property employees;
- the availability of an alternative reasonable accommodation that would be effective in affording the person an equal opportunity to enjoy The Schochet Companies' housing, programs, and services, recognizing that persons with disabilities typically have the most accurate knowledge about the functional limitations posed by their disabilities, and an individual is not obligated to accept an alternative accommodation suggested by the provider if he or she believes it will not meet his or her needs and his or her preferred accommodation is reasonable; and
- other factors allowed by law.

The Section 504 Coordinator may establish internal procedures to best effectuate the obligations set forth herein, including, but not limited to, the use of appropriate designees to assist in addressing the paperwork and timeliness requirements set forth herein and committees to address determination as to requests for reasonable accommodations.

B. Decision Letter to the Requesting Party

Within ten (10) business days of receiving a completed Request Form (Exhibit 2) (or other written form of a reasonable accommodation request) and, if necessary, a completed Verification Form (Exhibit 3) or other form of written verification, and any additional information requested in the Follow-Up Letter (Exhibit 4) and supplied by any person, the Section 504 Coordinator shall, in a written decision letter to the Requesting Party (the "Decision Letter"), inform the Requesting Party of the decision with respect to his/her request for accommodation. If the Requesting Party indicated on the Request Form a need for an emergency response, the Section

504 Coordinator will make reasonable efforts to comply with a reasonable request for an earlier response.

If a request is denied, the Section 504 Coordinator's Decision Letter shall inform the person of the reasons for the denial and the Decision Letter should contain the following information:

- If the reason for denial is that accommodation requested is not reasonable or would pose an undue financial or administrative burden or would pose a fundamental alteration of The Schochet Companies' programs or services, the Decision Letter shall (1) state the basis for so concluding, (2) state that The Schochet Companies will take reasonable efforts to identify if there is an alternative, reasonable solution, and (3) request that the person contact the Section 504 Coordinator to discuss alternatives and will provide the Section 504 Coordinator's contact information.
- If the reason for denial is insufficient information, the Decision Letter shall inform the person that The Schochet Companies will reconsider its denial upon receipt of the information needed and request that the person contact the Section 504 Coordinator to discuss the need for further information.
- A copy of Appeal from Denial of Accommodation form ("Appeal Form") (Exhibit 5 to the Policy), in English (and in Spanish if the Section 504 Coordinator has reason to believe that the recipient of the Decision Letter would benefit from a Spanish language version) and a statement informing that Requesting Party that she or he has the right to appeal the denial by completing and submitting the Appeal Form to the Section 504 Coordinator within thirty (30) days of the date of the Decision Letter.

C. Review of Appeal; Decision on Appeal

A Requesting Party may appeal a decision denying his/her request for an accommodation by completing an Appeal Form (Exhibit 5), and stating on that form the reasons why she or he believes the denial of the request for accommodation was wrong. The Requesting Party must submit the completed Appeal Form to the Section 504 Coordinator, within thirty (30) days of the date of the Decision Letter.

The Section 504 Coordinator shall submit the completed Appeal Form to a committee designated by the Company to hear such appeals (the "Appeals Committee"), and the decision by that committee on the appeal shall be final. The Section 504 Coordinator will inform the Requesting Party of the outcome of the appeal in writing. In connection with the appeal, the Section 504 Coordinator shall supply the Appeals Committee with all of the documentation pertaining to the request that is in the Section 504 Coordinator's possession to assist it in deciding the appeal, and shall work with the Committee to obtain any additional information needed.

STEP 5: Maintenance of Records by The Schochet Companies

The Section 504 Coordinator shall maintain a log containing a record of all reasonable accommodation requests made by prospective or existing tenants at its Massachusetts properties ("Reasonable Accommodation Log"), including the following:

- the date of receipt of the completed Request Form or other written form of request for reasonable accommodation;
- the date of receipt of the completed Verification Form or other written form of verification of a disability or need for the requested accommodation, if applicable;
- the date of delivery of the Follow-Up Letter;
- the date of delivery of the Decision Letter and the substance of the decision;
- the date and description of the reasonable accommodation or modification provided;
- the date of receipt of any Appeal Form; and
- the date of delivery of the Decision on Appeal.

All documentation relating to prospective and existing tenants' requests for accommodation and The Schochet Companies' response to such requests, including, but not limited to, completed Request Forms, Verification Forms, Decision Letters, Appeal Forms, the Reasonable Accommodation Log, and other documents referenced in this Policy, shall be retained by The Schochet Companies in accordance with applicable law and applicable orders of the Court.

It is against The Schochet Companies policy and federal and state law for any Schochet Companies representative to in any way retaliate against a 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.



NOTICE OF RIGHT TO REASONABLE ACCOMMODATION



***Nota:** Usted puede pedir una copia de esta planilla en español al Coordinador de la Sección 504 de The Schochet Companies a la dirección de correo: 536 Granite Street, Suite 301, Braintree, MA 02184
Atención: Coordinador 504. Por teléfono al 617-482-8925 o al número de fax (617) 830-0971
Atención: Coordinador 504*

If you have a disability and as a result of your disability you need...

- a reasonable change in The Schochet Companies' rules or policies that would make it easier for you to live here and use the facilities or take part in programs on site,
- a reasonable change, modification or repair in your apartment or a special type of apartment that would make it easier for you to live here and use the facilities or take part in programs on site,
- a reasonable change or repair to some other part of the housing site that would make it easier for you to live here and use the facilities or take part in programs on site, or
- a reasonable change in the way we communicate with you or give you information that would make it easier for you to live here and use the facilities or take part in programs on site,

You can submit a request for this kind of reasonable change or modification, which will be reviewed by The Schochet Companies. This type of a request is called a Request for Reasonable Accommodation.

If you can show that you have a disability and if your request is reasonable and is needed because of your disability, if it is not too expensive, and if it is not too difficult to arrange, you have the right to receive the change you request or a similar alternative.

You can request a reasonable accommodation by contacting The Schochet Companies' Section 504 Coordinator. The Section 504 Coordinator will ask you to complete and submit the Reasonable Accommodation Request Form ("Request Form"), and a completed Verification Statement – Reasonable Accommodation Request ("Verification Form") must also be received by the Section 504 Coordinator, if your disability or need for the accommodation is not obvious. If you need help filling out these forms, let us know.

We will give you a written response within ten (10) business days of when we are in receipt of both your completed Request Form and completed Verification Form (if required). (If you indicate on the Request Form you need an earlier response, we will try to accommodate your request.) We will let you know if we need more information or verification 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 notify you of the denial in writing and explain in that notice the reasons for the denial. You can give us more information if you think that will help.

If you would like more information on The Schochet Companies' policy and procedures on reasonable accommodations, you may request a copy of The Schochet Companies' Reasonable Accommodation Policy and Procedures for Prospective and Existing Tenants with Disabilities from The Schochet Companies' Section 504 Coordinator and her/his designee.

It is against Schochet Companies policy and federal and state law for any Schochet Companies representative to in any way retaliate against a 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.

NOTE: All information you provide will be kept confidential as required by law and be used to make it easier for you to live here and use the facilities or take part in programs on site. The Schochet Companies may be required to provide your information to government entities, housing agencies (such as the United States Department of Housing and Urban Development ("HUD") and Mass Housing), and as required in the course of discovery taking place in a legal action pursuant to applicable rules of procedure, or by subpoena, or as otherwise ordered by a court of competent jurisdiction.



REASONABLE ACCOMMODATION REQUEST FORM



Nota: Usted puede pedir una copia de esta planilla en español al Coordinador de la Sección 504 de Schochet Companies a la dirección de correo: 536 Granite Street, Suite 301, Braintree, MA 02184
Atención: Coordinador 504. Por teléfono al 617-482-8925 o al número de fax (617) 830-0971
Atención: 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.)

Check box to copy same address and phone number in the fields below

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: _____

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.



VERIFICATION STATEMENT – REASONABLE ACCOMMODATION REQUEST



*Nota: Usted puede pedir una copia de esta planilla en español al Coordinador de la Sección 504 de Schochet Companies a la dirección de correo: 536 Granite Street, Suite 301, Braintree, MA 02184
Atención: Coordinador 504. Por teléfono al 617-482-8925 o al número de fax (617) 830-0971
Atención: 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 opinion, 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:

(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:

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

Signature of Certified Professional

Date Signed



**ACKNOWLEDGEMENT OF OUR RECEIPT OF YOUR
REQUEST FOR REASONABLE ACCOMMODATION AND
NOTICE OF ADDITIONAL INFORMATION YOU MUST PROVIDE TO US**



***Nota:** Usted puede pedir una copia de esta planilla en español al Coordinador de la Sección 504 de Schochet Companies a la dirección de correo: 536 Granite Street, Suite 301, Braintree, MA 02184
Atención: Coordinador 504. Por teléfono al 617-482-8925 o al número de fax (617) 830-0971
Atención: Coordinador 504*

Date: _____

To: _____

This follow-up letter is in response to your request for a reasonable accommodation.

General Information. Before we can review and act upon your request, we must be in receipt of the following:

1. If your disability or your need for the requested accommodation is not obvious and if you have not already supplied us with documentation of your disability and need for the requested accommodation that is adequate as to this request, then we will need to obtain verification of these matters (as necessary) from a qualified person or entity. If you have not already supplied us with the needed documentation, you will need to sign Part I of the Verification Form that is enclosed, identifying a qualified health care professional (such as your physician or health care provider) who can verify your disability and/or your need for the requested accommodation. After completing Part I of the Verification Form, please return it to The Schochet Companies' Section 504 Coordinator. We will then send the Verification Statement to the person you have designated for us to contact.
2. Once we are in receipt of the completed Request Form (or another written form of request) and the completed Verification Form or other written verification (if your disability or your need for accommodation is not obvious), your request for a reasonable accommodation will be reviewed.
3. You will receive written notification of the decision within ten (10) business days following the date of our receipt of the above and additional information (if any) we request. If you indicate on the Request Form special timing needs that you feel warrant or require an earlier response from us, we will try to respond to your needs.

Acknowledgement of Documents You Submitted To Us Already

- Request Form or other written form of request for accommodation
- Verification Form or other written verification from a qualified professional person or entity
- Other (describe)

Notice of Additional Information You Must Provide to Us

- Although we received your Request Form or other written form of request, we need this additional information:

- Although we received your Verification Form or other written form of verification, we need this additional information:

- Other (describe)

Upon receipt of the additional information listed above, your request for a reasonable accommodation will be processed.

If you have any questions regarding this procedure, contact The Schochet Companies' Section 504 Coordinator at 617-482-8925.

Please know that it is against The 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.



APPEAL FORM FOR DENIAL OF ACCOMMODATION



Nota: Usted puede pedir una copia de esta planilla en español al Coordinador de la Sección 504 de Schochet Companies a la dirección de correo: 536 Granite Street, Suite 301, Braintree, MA 02184
Atención: Coordinador 504. Por teléfono al 617-482-8925 o al número de fax (617) 830-0971
Atención: Coordinador 504

Name of Person Appealing Denial of Accommodation: _____

Address: _____

Phone: _____

Date of Decision Letter: _____

I requested an accommodation from The Schochet Companies and I was not permitted to have that accommodation. I appeal that decision and request it be reviewed again. Specifically, I believe the decision was not appropriate because: _____

Signature of Person Appealing Denial of Accommodation

Date Signed

Instructions: Please complete this Appeal Form, including the reasons why you believe the denial of your request for reasonable accommodation was wrong, to The Schochet Companies, Attn: Section 504 Coordinator, 536 Granite Street, Suite 301, Braintree, MA 02184 within thirty (30) days after the date of the Decision Letter.



APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...
IS FRAUD WORTH IT?**

Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- **Evicted** from your apartment or house.
- **Required to repay** all overpaid rental assistance you received.
- **Fined** up to \$10,000.
- **Imprisoned** for up to five years.
- **Prohibited** from receiving future assistance.
- **Subject** to State and local government penalties.

Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to Hotline@hudoig.gov. You can write the Hotline at:



HUD OIG Hotline, GFI
451 7th Street, SW
Washington, DC 20410

