

Full Name:
Address1:
Address2:
City State Zip:
Email:
Case Manager Email:

THIS SECTION FOR APPLICANT:

Date Generated:

← Mail this form to the address at left.

Dear

Fold on this line

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

THIS SECTION FOR WAITLIST ADMINISTRATOR:

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!

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:



Tenney Place I & II

505 W Lowell Ave.
Haverhill, MA 01832
P: 978-872-1100
F: 978-945-0495

tenneyplace@wingatecompanies.com

Heat & Hot Water Included!

Off Street Parking, Community Room,

Playground, Central Laundry, On-site Management,

24-HR Emergency Maintenance!

Affordable and Market Units available

Monthly Rental Amount:

1 Bedroom (Affordable & Market)- \$1,067 - \$1,762

2 Bedroom (Affordable & Market)- \$1,143 - \$2,057

3 Bedroom (Affordable only)- \$1,585 - \$2,162

Subject to change annually. Residents are responsible for electricity.

Maximum Gross Annual Income Limits for Affordable Units Based on Household Size:

1P- \$51,240, 2P- \$58,560, 3P-\$65,880, 4P-\$73,140, 5P- \$79,020, 6P-\$84,900

Effective limits for 2023. Subject to change annually.

-Please fill out the attached application and bring it along with the following:

- All Birth Certificates (all HH members)
- Government Issued Identification, (HH members 18 and older)
- Social Security Cards, (all HH members)
- All Income and Asset information for the household
- All Marriage and Divorce Decrees (if applicable)
- Any Student Enrollment/ Loans documentation (if applicable)

-Please DO NOT scribble out any parts of the application.

- If you make a mistake, please mark with a single line and initial next to your correction.

-Please DO NOT leave any line BLANK. If it does NOT apply to you please put down "N/A" or "NONE"

-Please make sure to list all Landlord History going back **5years (2020-2024)**.

- Please make sure that you have all the information written down so that management can verify residence history. *(if you need more space please write additional address' on a blank sheet to be added to back of application.)*

Office Hours M, T, F 9am-5pm, Closed for Administrative Days W & TH

**WINGATE MANAGEMENT CO., LLC
PRELIMINARY RENTAL APPLICATION**

MANAGEMENT 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.

DATE OF APPLICATION _____

PROPERTY NAME Tenney Place Apartments

Return Completed Application To:

Wingate Management Co, LLC

ADDRESS 505 W. Lowell Ave

CITY, STATE Haverhill, MA 01832

Phone #: 978-872-1100

FAX #: 978-945-0495 TDD#: 711

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/Cell Tel _____

Present Address

Street

Apt. #

City _____ State _____ Zip _____

Mailing Address (if different) _____
Street City State Zip

Email Address

Present Landlord Name

Address

Street

City

State

Zip

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) ☐ Hispanic ☐ White(not of Hispanic origin)

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:

1BR ☐ 2BR ☐ 3BR ☐ 4BR ☐ 5BR ☐

UNIT TYPE REQUESTED:

☐ Market Rent
☐ Basic Rent
☐ Low Rent

Wheelchair
 Adapted Unit
☐ Yes ☐ No
 Hearing/Visual
 Adapted Unit
☐ Yes ☐ No

Do you have a portable voucher? _____

If yes, from what housing authority? _____

Does any member of the household have any accessibility or reasonable accommodation requests or changes in a unit or development or alternate ways we need to communicate with you? ☐ Yes ☐ No

If yes, please explain. _____

Present housing cost per month \$_____ Including Utilities? ☐ Yes ☐ No

How long have you lived at present address? _____ Years.

Do you own any pets? _____

Are you or a family member enlisted in or a veteran of the U.S. Military? ☐ Yes ☐ No

What are your reasons for moving? _____

How did you hear about this housing development? _____

FAMILY COMPOSITION - List all those who will occupy the apartment - **INCLUDE YOURSELF** (*Any person not listed will not be allowed to move in.*)

FULL NAME OF EACH PERSON IN HOUSEHOLD	RELATIONSHIP TO HEAD OF HOUSEHOLD	AGE	SEX (optional)	SOCIAL SECURITY NUMBER*	FULL TIME STUDENT
1	Head of Household				Yes or No
Birth date for Head of Household only:					
2					Yes or No
3					Yes or No
4					Yes or No
5					Yes or No
6					Yes or No
7					Yes or No
8					Yes or No

Does the Head of Household have full custody of all household members under age 18 Yes or No

If no, please explain, _____

(Please be prepared to supply copy of child support/custody agreement and divorce decree.)

*The Social Security Number requirements do not apply to individuals age 62 or older as of January 31, 2010, whose initial determination of eligibility was begun before January 31, 2010, OR individuals who do not contend eligible immigration status.

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). Please include both long term and temporary residences.

1) **Previous** Address _____

Name of **Previous** Landlord/Official _____ Telephone _____

Address _____

2) **Previous** Address _____

Name of **Previous** Landlord/Official _____ Telephone _____

Address _____

3) **Previous** Address _____

Name of **Previous** Landlord/Official _____ Telephone _____

Address _____

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

☐ Yes ☐ No If yes, list the household member(s) 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 _____ Telephone _____ Address _____

Name of Character Reference _____ Telephone _____
Address _____

Please indicate the income received and assets held by each member of your household. List each member by the corresponding number from Page 2.

EMPLOYMENT INCOME BY HOUSEHOLD MEMBER:

Member # _____
Name of Present Employer _____ Telephone _____
Address _____

Years Employed _____ Position _____ Current Wages \$ _____
[] weekly [] bi-weekly [] monthly [] hourly (# of hours per week _____ # weeks per year _____)

Member # _____
Name of Present Employer _____ Telephone _____
Address _____

Years Employed _____ Position _____ Current Wages \$ _____
[] weekly [] bi-weekly [] monthly [] hourly (# of hours per week _____ # weeks per year _____)

Member # _____
Name of Present Employer _____ Telephone _____
Address _____

Years Employed _____ Position _____ Current Wages \$ _____
[] weekly [] bi-weekly [] monthly [] hourly (# of hours per week _____ # weeks per year _____)

OTHER SOURCES OF INCOME BY HOUSEHOLD MEMBER:

List all other income such as Welfare, Social Security, SSI, Pensions (including Veteran's Benefits), 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 Earnings (Before Taxes)
_____	_____	_____ per _____
_____	_____	_____ per _____
_____	_____	_____ per _____
_____	_____	_____ per _____
_____	_____	_____ per _____
_____	_____	_____ per _____
_____	_____	_____ per _____ (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.

Member # _____

Name of Financial Institution _____

Address _____

Account # _____ Type of Account: _____ Current Balance \$ _____

Interest Rate: _____. If Stock, Number of Shares: _____ Dividends per Share: _____

Member # _____

Name of Financial Institution _____

Address _____

Account # _____ Type of Account: _____ Current Balance \$ _____

Interest Rate: _____. If Stock, Number of Shares: _____ Dividends per Share: _____

Member # _____

Name of Financial Institution _____

Address _____

Account # _____ Type of Account: _____ Current Balance \$ _____

Interest Rate: _____. If Stock, Number of Shares: _____ Dividends per Share: _____

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 yes, please explain:

2. Does your present apartment contain health code violations? ☐Yes ☐No If yes, please describe:

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

4. Does your current housing cause any accessibility or other problems for any member of the household who has a disability? ☐ Yes ☐ No If so, please describe:

5. Have you or any member of your household suffered actual or threats of physical violence by a spouse or other member of the household? ☐Yes ☐No If so, please provide details:

Additional Required Information

Have you or any member of your household ever been evicted from your home for any reason? If so, please give details:

Have you or any member of your household ever been arrested or convicted of any crime? If so, please give details:

Are you or any member of your household required to register as a sex offender under Massachusetts or any other state law? ☐Yes ☐No If yes, list the name of the person and the registration requirements (i.e. place where registration needs to be filed, length of time for which registration is required).

Please list all states where the applicant and/or members of the applicant's household have resided.

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 background check may also be requested. I/We certify that I/We understand that false statements or information are punishable under applicable 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

Enclosures:

**General Authorization for Release of Information
Citizenship Declaration Forms
HUD Form #92006 "Optional Contact"
HUD Form #27061-H "Race and Ethnic Data Reporting Form"
EIV & You Brochure
I Speak Card
Reasonable Accommodations Policy**

Wingate Management Co., LLC, acting as management agent for Tenney Place Apartments (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.

Revised 11/



NOTE: In completing this application, the Applicant has the right to include, as part of the application, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization as contact person to provide assistance to Applicant in connection with the application.

Applications for Federally Assisted Housing must include completed Form HUD-92006 (Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants).

Applicants for Non-Federally Assisted Housing may use Form HUD-92006 or provide supplemental or optional contact information below:

**Name of Additional Contact
Person or Organization:**

Address:

Telephone No:

E-Mail Address (if applicable):

Relationship to Applicant:

Reason for Contact:

Wingate Management Co., LLC
505 W. Lowell Ave
Haverhill, MA 01832
978-872-1100

GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

NAME: _____
ADDRESS: _____

I, the above-named individual, have authorized Wingate Management Co., LLC to verify the accuracy of the information which I have provided to them, from the following sources (specify):

Child Care Expenses	Veteran's Benefits
Criminal Background Check	Federal, State, or Local Benefits
Courts	Banks, Credit Unions
Family Composition	IRAs, CDs, 401k, 403b
Law Enforcement Agency	Interest, Dividends
Credit Bureau	Financial Institutions, Brokerages
Employment	Mutual funds
Self Employment	Alimony, Child Support
Unemployment Compensation	Other income-regular Gifts or allowances from another person
Pensions	Commissions, Tips, Bonus
Annuities	Landlords, Rental History
Social Security	Identity & Marital Status
Supplemental Security Income	Handicapped Assistance Expenses
State Welfare Agencies	Medical Insurance Premiums
State Employment Security Agency	Un-reimbursed Medical Expenses
Workman's Compensation	School & College Tuition Fees
Health & Accident Insurance	

I HEREBY GIVE YOU MY PERMISSION TO RELEASE THIS INFORMATION TO: Wingate Management Co., LLC subject to the condition that it be kept confidential. I would appreciate your prompt attention in supplying the information requested on the attached page to Wingate Management Co., LLC within five (5) days of receipt of this request. I understand that a photocopy of this authorization is as valid as the original.

Thank you for your assistance and cooperation.

Signed under pains and penalties of perjury.

Head of Household Date

Spouse Date

Other Adult Member Date

Other Adult Member Date

To: Wingate Management Co., LLC

Re: Release to Obtain Information

In consideration for being permitted to apply for this apartment at **Tenney Place Apartments**, I, Applicant, do represent all information in this application to be true and accurate and that owner/manager/employee/agent may rely on this information when investigating and accepting this application. I, Applicant, hereby authorize the owner/manager/agent to make independent investigations to determine my credit, financial and character standing, including, but not limited to, credit and criminal background reports.

I, Applicant authorize any person or credit/criminal background checking agency having any information on me, to release any and all such information to the owner/manager/employee/agent or credit checking agencies. Applicant hereby releases, remises, and forever discharges, from any action whatsoever, in law and equity, all owners, managers, and employees, or agents, both of landlord and their credit checking agencies in connection with processing, investigating, or credit checking this application, and will hold them harmless from any suit or reprisal whatsoever.

All applicants over 18 must sign

Applicant _____
Signature Social Security # Date

Print Name

Applicant _____
Signature Social Security # Date

Print Name

Applicant _____
Signature Social Security # Date

Print Name

NOTICE OF RIGHT TO REASONABLE ACCOMMODATION

If you have a disability and you need:

A change in the rules or policies or how we do things that would make it easier for you to live here and use the facilities or take part in programs on site,

A change 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 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 the programs on site, or

A change in the way we communicate with you or give you information,

You can ask for this kind of change, which is called a **Reasonable Accommodation**.

If you can show that you have a disability and if your request is reasonable, if it is not too expensive, and if it is not too difficult to arrange, we will try to make the changes you request.

We will give you an answer within fifteen business days following our review of your information unless there is a problem getting the information we need or unless you agree to a longer timeframe. We will let you know if we need more information or verification from you or if we would like to talk with you about other ways to meet your needs.

If we turn down your request, we will explain the reasons and you can give us more information if you think that will help.

If you need help filling out the reasonable accommodation request form, or if you want to give us your request some other way, we will assist you.

You can get a reasonable accommodation request form from your property manager or contact:

Wingate Management Co., LLC
ATTN: Section 504 Coordinator
100 Wells Avenue
Newton, MA 02459
(781) 707-9100

Exhibit 3-3: Owners Notice No. 1

Dear (insert name of head of household):

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

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

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

1. Complete a Family Summary Sheet, using the attached blank format (identified as Exhibit 3-4) to list all family members who will reside in the assisted unit.
2. Each family member (including you) listed on the Family Summary Sheet must complete a Declaration (see Exhibit 3-5). If there are 10 people listed on the Family Summary Sheet, you should have 10 completed copies of the Declaration. The Declaration has easy-to-follow instructions and explains what, if any other forms and/or evidence must be submitted with each Declaration.
3. Submit the Family Summary Sheet, the Declarations, and any other forms and/or evidence to the name and address listed below by (insert date).

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

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

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

Exhibit 3-4: The Family Summary Sheet

Member No.	Last Name of Family Member	First Name	Relationship to Head of Household	Sex	Date of Birth
1.					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

Exhibit 3-5: Declaration Format

INSTRUCTIONS: Complete this Declaration for each member of the household listed on the Family Summary Sheet

LAST NAME _____

FIRST NAME _____

RELATIONSHIP TO HEAD OF HOUSEHOLD _____ SEX (optional) _____ DATE OF BIRTH _____

SOCIAL SECURITY NO. _____ ALIEN REGISTRATION NO. _____

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

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

SAVE VERIFICATION NO. _____

(to be entered by owner if and when received)

INSTRUCTIONS: Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3:

DECLARATION

I, _____ hereby declare, under

penalty of perjury, that I am _____

(print or type first name, middle initial, last name):

_____ 1. A citizen or national of the United States.

Sign and date below and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

Signature

Date

Check here if adult signed for a child: _____

_____ 2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:

NOTE: If you checked this block and you are 62 years of age or older, you need only submit a proof of age document together with this format, and sign below:

If you checked this block and you are less than 62 years of age, you should submit the following documents:

a. Verification Consent Format (* Exhibit 3-6 *).

AND

b. One of the following documents:

- (1) Form I-551, *Alien Registration Receipt Card* (for permanent resident aliens).
- (2) Form I-94, *Arrival-Departure Record*, with one of the following annotations:
 - (a) "Admitted as Refugee Pursuant to section 207";
 - (b) "Section 208" or "Asylum";
 - (c) "Section 243(h)" or "Deportation stayed by Attorney General"; or
 - (d) "Paroled Pursuant to Sec. 212(d)(5) of the INA."
- (3) If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:
 - (a) A final court decision granting asylum (but only if no appeal is taken);
 - (b) A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1, 1990);
 - (c) A court decision granting withholding or deportation; or
 - (d) A letter from an DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
- (4) Form I-688, *Temporary Resident Card*, which must be annotated "Section 245A" or "Section 210."
- (5) Form I-688B, *Employment Authorization Card*, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 274a.12."
- (6) A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
- (7) Form I-151 Alien Registration Receipt Card.

If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

If for any reason, the documents shown in subparagraph 2.b. above are not currently available, complete the Request for Extension block below.

Signature

Date

Check here if adult signed for a child: _____

REQUEST FOR EXTENSION

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

Signature

Date

Check if adult signed for a child: _____

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

If you checked this block, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

Signature

Date

Check here if adult signed for a child: _____

Exhibit 3-6: Verification Consent Form

INSTRUCTIONS: Complete this format for each noncitizen family member who declared eligible immigration status on the Declaration Format. If this format is being completed on behalf of a child, it must be signed by the adult responsible for the child.

CONSENT

I, _____ hereby consent to the following:
(print or type first name, middle initial, last name)

1. The use of the attached evidence to verify my eligible immigration status to enable me to receive financial assistance for housing; and
2. The release of such evidence of eligible immigration status by the project owner without responsibility for the further use or transmission of the evidence by the entity receiving it to the following:
 - a. HUD, as required by HUD; and
 - b. The DHS for purposes of verification of the immigration status of the individual.

NOTIFICATION TO FAMILY:

Evidence of eligible immigration status shall be released only to the DHS for purposes of establishing eligibility for financial assistance and not for any other purpose. HUD is not responsible for the further use or transmission of the evidence or other information by the DHS.

Signature

Date

Check here if adult signed for a child: _____

☐

ضع علامة في هذا المربع إذا كنت تقرأ أو تتحدث العربية.

1. Arabic

☐

Խաղաղում եմք նշում կատարեք այս քանակությունը,
եթե խոսում կամ կարդում եք հայերեն:

2. Armenian

☐

যদি আপনি বাংলা পড়েন বা বলেন তা হলে এই বাক্সে দাগ দিন।

3. Bengali

☐

លុយបញ្ជាក់ក្នុងប្រអប់នេះ បើអ្នកអាន ឬនិយាយភាសា ខ្មែរ ។

4. Cambodian

☐

Motka i kakhon ya yangin ûntûngnu' manaitai pat ûntûngnu' kumentos Chamorro.

5. Chamorro

☐

如果你能读中文或讲中文，请选择此框。

6. Simplified Chinese

☐

如果你能讀中文或講中文，請選擇此框。

7. Traditional Chinese

☐

Označite ovaj kvadratić ako čitate ili govorite hrvatski jezik.

8. Croatian

☐

Zaškrtněte tuto kolonku, pokud čtete a hovoříte česky.

9. Czech

☐

Kruis dit vakje aan als u Nederlands kunt lezen of spreken.

10. Dutch

☐

Mark this box if you read or speak English.

11. English

☐

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 διαβάσετε ή μιλάτε Ελληνικά.	15. Greek
<input type="checkbox"/>	Make kazyé 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 megérti vagy beszél 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 căsuță 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