

Full Name:

Address1:

Address2:

City State Zip:

Email:

Case Manager Email:

← **APPLICANT COMPLETE THIS SECTION**

Use Adobe Acrobat Reader and print this application to
"Custom Scale - 100%".

Then, both addresses will appear in the windows of a #10
double-window envelope, saving you time.

← **Mail this application to the address at left.**
Do not fax!

Date Generated:

Fold on this line —

Dear

I am applying to the following waitlist, which I believe is open – please fax HousingWorks if the list is closed.

THIS SECTION IS FOR WAITLIST ADMINISTRATORS ONLY:

LANDLORD: IF REJECTING THIS APPLICATION, please email, mail, or fax the form below to HousingWorks. We will forward it on to the applicant. [Include this page so we know who the application is from!](#)

We will also update our system, so the changed status of your waitlists will reach 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 Stamp – for Office Use Only*

1. Either type your answers, or else print small enough so that your answers stay within the lines of each box. Don't use *cursive*.
2. The adult completing this application is considered the *Head of Household*.

HEAD OF HOUSEHOLD'S (HoH) FIRST NAME ONLY, type or write in the row below:

HEAD OF HOUSEHOLD'S COMPLETE MIDDLE NAME:

HEAD OF HOUSEHOLD'S LAST NAME (EX: BAEZ GONZALEZ):

SUFFIX

DOES THE HoH HAVE A SOCIAL SECURITY NUMBER or ITIN?

☐ Yes ☐ No

DATE OF BIRTH

NODE ID

GENDER

We will reject all applications with a partial SSN or ITIN

Type like this: YYYYMMDD else write like this: YYYY-MM-DD

Office will enter this

F M T

ETHNICITY: (Hispanic or Non-Hispanic, Client Refused)

RACE: (Asian, Black, White, Native American, Pacific Islander, Multi-racial, Client Refused – do not write Spanish)

REQUESTED ACCOMMODATIONS: Do you need any of these? ☐ = **X** ☐ I don't need any of the accommodations listed below

- ☐ Fully Accessible Wheelchair Unit ☐ Bathroom modifications ☐ Vision Impaired Unit ☐ Need an Interpreter
- ☐ No-Steps unit (elevator to any floor) ☐ Hearing Impaired Unit ☐ Domestic Violence Victim
- ☐ First-Floor unit only ☐ Unit designed for Environmental Allergies ☐ Live-In Aide or PCA

HEAD OF HOUSEHOLD'S CAREER STAGE:

☐ Employed ☐ Unemployed ☐ Retired ☐ FT Student ☐ PT Student

ANY VETERANS IN YOUR HOUSEHOLD:

☐ Yes ☐ No

PERMANENT MOBILE RENTAL ASSISTANCE, if any - you must select one of these answers

☐ I do not have mobile rental assistance ☐ Mobile Section 8 voucher ☐ MRVP ☐ AHVP ☐ VASH or similar

CRIMINAL RECORD AND SEX OFFENDER INFORMATION

Head of Household: Any Felony/Conviction? ☐ Yes ☐ No Any Misdemeanor Conviction? ☐ Yes ☐ No

Other HH 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 Breed, Size, Weight,

HOUSEHOLD SIZE AND COMPOSITION:

ANNUAL INCOME

DOCUMENTED DISABILITY?

← # Adults

← # Children

← Total # in Household

\$.00

☐ Yes ☐ No

CURRENT HOUSING STATUS:

☐ Homeless ☐ Housing Loss 14 days ☐ Fleeing Dom. Violence ☐ At risk of homelessness ☐ Stably Housed

HAVE YOU BEEN DISPLACED:

☐ No ☐ by Accessibility/health issues ☐ by Addiction behaviors ☐ by Cost of living ☐ by Pandemic ☐ by fire/flood/earthquake
☐ by Domestic Violence or Sexual Assault ☐ by Urban development, eminent domain ☐ by Condemnation of home, code violations ☐ by Threat to life or safety

PREFERRED TELEPHONE NUMBER:

SECOND TELEPHONE

PREFERRED METHOD OF CONTACT FOR
VACANCY OFFERS AND UPDATES:

☐ Email ☐ Mail

BEST EMAIL ADDRESS:

BEST MAILING ADDRESS (include apt #):

☐ where I currently live ☐ a shelter ☐ a P.O. Box ☐ a "care of" address ☐ a co-applicant's address

Street or PO:

Apt # or c/or Name:

City, State, and Zip Code:

City:

State:

Zip:

BACKUP ADDRESS

☐ same as above ☐ a shelter ☐ a P.O. Box ☐ a "care of" address ☐ a co-applicant's address

Street or PO:

Apt # or c/or Name:

City, State, and Zip Code:

City:

State:

Zip:

BEDROOMS NEEDED→

ARE YOU WISHING TO CLAIM ANY OF THESE PRIORITIES and PREFERENCES?

☐ Disability ☐ Elder ☐ Local Resident ☐ Local Employee ☐ Local Student ☐ Homeless Veteran

☐ Rent-burdened 40% ☐ Rent-burdened 50% ☐ Fleeing domestic violence ☐ HUD VAWA Certificate

☐ Victim of Hate Crime ☐ Community Based Housing

Displaced by: ☐ Urban Renewal ☐ Sanitation Code ☐ Natural Forces ☐ Other: _____



PRE-APPLICATION FOR HOUSING

JOIN OUR COMMUNITY TODAY!
126 Chandler Street

c/o Maloney Properties

27 Mica Lane | Wellesley, MA | 02481

Phone: (617) 209-5442 | US Relay711

Email: 126Chandler@maloneyproperties.com

Please Print Clearly

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ ALT PHONE: _____

EMAIL: _____

UNIT SIZE REQUESTED: Select Unit Size

_____ 1 Bedroom

_____ 2 Bedrooms

_____ 3 Bedrooms

HOUSEHOLD COMPOSITION & STUDENT STATUS ELIGIBILITY

List ALL persons who will live in the apartment. List the head of household first.

First Name, Last Name	Relationship to head of household	Date of Birth	Student Status (F1) (Must Circle as Applicable to <u>EACH</u> Member)
	Head of Household		Must Select Applicable
			Must Select Applicable
			Must Select Applicable
			Must Select Applicable
			Must Select Applicable
			Must Select Applicable

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



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Please Print Clearly

INCOME

List ALL sources of **gross income anticipated to be received by any/all household members in the next 12 months**, including but not limited to: Employment, self-employment (net business income), unemployment, Social Security, SSI, SSP, Public Assistance, Pension payments child support, alimony, regular gift/contributions etc.

Household Member Name	Source of Income	Gross Annual Amount
		\$
		\$
		\$
		\$
		\$
		\$

DO YOU ANTICIPATE ANY INCOME CHANGES IN THE NEXT 12 MONTHS?

☐ Yes

☐ No

If yes, please explain: _____

Assets

List ALL household members' assets, including but not limited to: Checking accounts, savings accounts, trust accounts, certificates of deposit (CDs), credit unions, savings bonds, life insurance policies, 401K, SSA Direct Express Debit Cards, etc.

Household Member Name	Type of Asset / Bank Name / Last 4 Digits of Acct #	Current Balance (Checking Accts – 6 mo Average Balance)

HAS ANY HOUSEHOLD MEMBER SOLD/DISPOSED OF ANY ASSETS IN THE LAST 2 YEARS?

☐ Yes ☐ No

If yes, please explain: _____

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



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Email: 126Chandler@maloneyproperties.com

Please Print Clearly

1. Do you need a fully accessible unit for someone with a mobility impairment? ☐ Yes ☐ No
 *Note: If you only need a unit on the first floor and it doesn't need to be fully accessible please answer "no" here and respond to question 4 below with a "yes" and let us know your needs.
2. Do you need only certain accessible features of a unit?
☐ Yes ☐ No If yes, please list the features that you need to be accessible: _____
3. Do you need a unit with special features for someone with a hearing and/or visual impairment?
☐ Yes ☐ No
4. Does any member of the household have any accessibility or reasonable accommodation requests or alternate ways we need to communicate with you?
☐ Yes ☐ No If yes, please explain: _____

ADDITIONAL INFORMATION

1. How were you referred to this property?

Notice for the following question: We do not discriminate based on voucher certificate holder status. The following question is asked for the sole purpose to determine an applicant household's ability to pay rent for a unit that does not have Project Based Subsidy.

2. Do you currently have a mobile Voucher/Certificate?

☐ Yes

☐ No

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

☐ Yes

☐ No

☐

CURRENT LANDLORD INFORMATION:

RENTAL ADDRESS: _____

LANDLORD NAME: _____

LANDLORD PHONE: _____

LENGTH OF RESIDENCY: _____ RENT: _____/MONTHLY

PREVIOUS LANDLORD INFORMATION:

RENTAL ADDRESS: _____

LANDLORD NAME: _____

LANDLORD PHONE: _____

LENGTH OF RESIDENCY: _____ RENT: _____/MONTHLY



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Email: 126Chandler@maloneyproperties.com

Please Print Clearly

CERTIFICATION

I/We hereby certify that I/We do/will not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management's selection criteria. I/We certify that all information in this application is accurate and complete to the best of my/our knowledge and I/We understand that intentional false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. I/We hereby authorize the release of information regarding a criminal background and credit check, and landlord authorization. All adult household members, 18 or older, must sign the application. Further, any head, co-head or spouse, who is an emancipated minor, must also sign below.

SIGNATURE(S):

(Signature of Tenant)

Date

(Signature of Co-Tenant)

Date

(Signature of Co-Tenant)

Date

(Signature of Co-Tenant)

Date

Attachments: Application Cover Letter, as applicable, based on program, (s) at property
Application Attachments below, as applicable, based on program(s) at property

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

Attachment B: 1A Application Addendum - Demographics Data Collection & Consent

Maloney Properties Inc. does not discriminate on the basis of any protected status, including disability, in the admission of or access to, or treatment or employment in its programs and activities. Maloney Properties, Inc. provides persons with disabilities the opportunity to request a Reasonable Accommodation in order to apply to and participate in such programs and activities. Maloney Properties, Inc. also provides people whose primary language isn't English and as a result have limited English proficiency the opportunity to request free language assistance in order to apply to or participate in its programs and activities. Kathy Broderick coordinates Maloney Properties' compliance with all nondiscrimination requirements, including Section 504. Contact her with any questions or concerns relating to Maloney Properties' compliance with nondiscrimination requirements: Telephone (781) 943-0200 x255, Relay #711 or at Maloney Properties, Inc. 27 Mica Lane, Wellesley, MA 02481.



126 Chandler Street
c/o Maloney Properties
27 Mica Lane
Wellesley, MA 02481
Phone: (617)209-5442 | US Relay: 711

1(A) Application Addendum Demographics Data Collection & Consent Form

Use an additional form for households with 6 or more members

Purpose: The information requested below is being gathered by State Agencies to determine the populations who are and are not being served by state and federal housing assistance programs in the state. State agencies will evaluate and report on this data to state legislature (and other interested parties in a manner consistent with all applicable privacy laws) to ensure that housing choice, equitable housing opportunities, and inclusive patterns of housing are available across the state in an effort to affirmatively further fair housing.

Instructions: This form must be completed and signed/dated by the head of household, all adult members of the household and the Owner/Agent. The designation of a specific race (including choosing a sub-category for Asian or Native Hawaiian/Pacific Islander), ethnicity and whether a household member has a disability that meets the Fair Housing Act definition for handicap/disability (definition detailed below) are completely voluntary; however, if any household member chooses not to disclose race, ethnicity and/or disability status for any member, the applicable “I do not wish to disclose” box under the Race, Ethnicity and Disability Status sections for each member must be checked.

Fair Housing Act Definition for Handicap/Disability

The member has a physical or mental impairment which substantially limits one or more major life activities; a record of such an impairment, or being regarded as having such an impairment. For a definition of “physical or mental impairment” and other terms used in this definition, please see 24 CFR 100.201, available at

http://www.fairhousing.com/index.cfm?method=page.display&pagename=regs_fhu_100-201.

“Handicap” does not include current, illegal use of or addiction to a controlled substance.

An individual shall not be considered to have a handicap solely because that individual is a transvestite.”

1. Full Name of Head of Household: _____ Date of Birth: _____

Race of Head of Household

- ☐ 1 - White
☐ 2 - Black/African American
☐ 3 - American Indian/Alaska Native
☐ 4 - Asian (please choose a sub-category)
☐ 4a - Asian India
☐ 4b - Chinese
☐ 4c - Filipino
☐ 4d - Japanese
☐ 4e - Korean
☐ 4f - Vietnamese
☐ 4g - Other Asian
☐ 5 - Native Hawaiian/Other Pacific Islander (please choose a sub-category)
☐ 5a - Native Hawaiian
☐ 5b - Guamanian or Chamorro
☐ 5c - Samoan
☐ 5d - Other Pacific Islander
☐ 6 - Other
☐ 7 - I do not wish to disclose

Ethnicity of Head of Household

- ☐ 1 - Hispanic or Latino
☐ 2 - Not Hispanic or Latino
☐ 3 - I do not wish to disclose

Disability Status of this Member that Meets the Fair Housing Act Definition Above:

- ☐ 1 - Member has a disability
☐ 2 - Member does not have a disability
☐ 3 - I do not wish to disclose the disability status.

2. Full Name of Spouse/Co-head: _____ Date of Birth: _____

Race of Head of Household

- ☐ 1 - White
☐ 2 - Black/African American
☐ 3 - American Indian/Alaska Native
☐ 4 - Asian (please choose a sub-category)
 ☐ 4a - Asian India
 ☐ 4b - Chinese
 ☐ 4c - Filipino
 ☐ 4d - Japanese
 ☐ 4e - Korean
 ☐ 4f - Vietnamese
 ☐ 4g - Other Asian
☐ 5 - Native Hawaiian/Other Pacific Islander (please choose a sub-category)
 ☐ 5a - Native Hawaiian
 ☐ 5b - Guamanian or Chamorro
 ☐ 5c - Samoan
 ☐ 5d - Other Pacific Islander
☐ 6 - Other
☐ 7 - I do not wish to disclose

Ethnicity of Head of Household

- ☐ 1 - Hispanic or Latino
☐ 2 - Not Hispanic or Latino
☐ 3 - I do not wish to disclose

Disability Status of this Member that Meets the Fair Housing Act Definition Above:

- ☐ 1 - Member has a disability
☐ 2 - Member does not have a disability
☐ 3 - I do not wish to disclose the disability status.
-

3. Full Name of HH Member #3: _____ Date of Birth: _____

Race of Head of Household

- ☐ 1 - White
☐ 2 - Black/African American
☐ 3 - American Indian/Alaska Native
☐ 4 - Asian (please choose a sub-category)
 ☐ 4a - Asian India
 ☐ 4b - Chinese
 ☐ 4c - Filipino
 ☐ 4d - Japanese
 ☐ 4e - Korean
 ☐ 4f - Vietnamese
 ☐ 4g - Other Asian
☐ 5 - Native Hawaiian/Other Pacific Islander (please choose a sub-category)
 ☐ 5a - Native Hawaiian
 ☐ 5b - Guamanian or Chamorro
 ☐ 5c - Samoan
 ☐ 5d - Other Pacific Islander
☐ 6 - Other
☐ 7 - I do not wish to disclose

Ethnicity of Head of Household

- ☐ 1 - Hispanic or Latino
☐ 2 - Not Hispanic or Latino
☐ 3 - I do not wish to disclose

Disability Status of this Member that Meets the Fair Housing Act Definition Above:

- ☐ 1 - Member has a disability
☐ 2 - Member does not have a disability
☐ 3 - I do not wish to disclose the disability status.

4. Full Name of HH Member #4: _____ Date of Birth: _____

Race of Head of Household

- ☐ 1 - White
☐ 2 - Black/African American
☐ 3 - American Indian/Alaska Native
☐ 4 - Asian (please choose a sub-category)
 ☐ 4a - Asian India
 ☐ 4b - Chinese
 ☐ 4c - Filipino
 ☐ 4d - Japanese
 ☐ 4e - Korean
 ☐ 4f - Vietnamese
 ☐ 4g - Other Asian
☐ 5 - Native Hawaiian/Other Pacific Islander (please choose a sub-category)
 ☐ 5a - Native Hawaiian
 ☐ 5b - Guamanian or Chamorro
 ☐ 5c - Samoan
 ☐ 5d - Other Pacific Islander
☐ 6 - Other
☐ 7 - I do not wish to disclose

Ethnicity of Head of Household

- ☐ 1 - Hispanic or Latino
☐ 2 - Not Hispanic or Latino
☐ 3 - I do not wish to disclose

Disability Status of this Member that Meets the Fair Housing Act Definition Above:

- ☐ 1 - Member has a disability
☐ 2 - Member does not have a disability
☐ 3 - I do not wish to disclose the disability status.
-

5. Full Name of HH Member #5: _____ Date of Birth: _____

Race of Head of Household

- ☐ 1 - White
☐ 2 - Black/African American
☐ 3 - American Indian/Alaska Native
☐ 4 - Asian (please choose a sub-category)
 ☐ 4a - Asian India
 ☐ 4b - Chinese
 ☐ 4c - Filipino
 ☐ 4d - Japanese
 ☐ 4e - Korean
 ☐ 4f - Vietnamese
 ☐ 4g - Other Asian
☐ 5 - Native Hawaiian/Other Pacific Islander (please choose a sub-category)
 ☐ 5a - Native Hawaiian
 ☐ 5b - Guamanian or Chamorro
 ☐ 5c - Samoan
 ☐ 5d - Other Pacific Islander
☐ 6 - Other
☐ 7 - I do not wish to disclose

Ethnicity of Head of Household

- ☐ 1 - Hispanic or Latino
☐ 2 - Not Hispanic or Latino
☐ 3 - I do not wish to disclose

Disability Status of this Member that Meets the Fair Housing Act Definition Above:

- ☐ 1 - Member has a disability
☐ 2 - Member does not have a disability
☐ 3 - I do not wish to disclose the disability status.

Certification and Consent by Applicant(s)/Resident(s):

I/We, the adult members of the household, do hereby give consent to the Owner/Manager to share with state agencies and offices of the state and federal governments, and their designated subcontractors and agents, the information I/we have supplied above, as well as demographic and other information about my household (income, age of members, family composition, use of Section 8 assistance, and monthly rental payments) in accordance with the Housing and Economic Recovery Act (HERA) of 2008 and in a manner that is compliant with federal and state privacy laws and regulations. I/We, the adult member(s) of this household, understand there is no penalty if I/we chose to not disclose the race, ethnicity and/or disability status of household member(s).

Head of Household Signature

Date Signed

Co-Head, Spouse or Other Adult Member

Date Signed

Other Adult Household Member

Date Signed

Other Adult Household Member

Date Signed

Management

Date Signed



Maloney Properties Inc. does not discriminate on the basis of any protected status, including disability, in the admission of or access to, or treatment or employment in its programs and activities. Maloney Properties, Inc. provides persons with disabilities the opportunity to request a Reasonable Accommodation in order to apply to and participate in such programs and activities. Maloney Properties, Inc. also provides people whose primary language isn't English and as a result have limited English proficiency the opportunity to request free language assistance in order to apply to or participate in its programs and activities. Kathy Broderick coordinates Maloney Properties' compliance with all nondiscrimination requirements, including Section 504. Contact her with any questions or concerns relating to Maloney Properties' compliance with nondiscrimination requirements: Telephone (781) 943-0200 x255, Relay #711 or at Maloney Properties, Inc. 27 Mica Lane, Wellesley, MA 02481.



NOTICE OF NON-DISCRIMINATION, THE RIGHT TO REASONABLE ACCOMMODATION FOR PERSONS WITH DISABILITIES, AND THE RIGHT TO FREE LANGUAGE ASSISTANCE FOR PEOPLE WITH LIMITED ENGLISH PROFICIENCY

Non-Discrimination

Maloney Properties, Inc. does not discriminate on the basis of any status protected by federal, state, or local law, in the admission or access to, or treatment or employment in, its programs, services and activities including, but not limited to, the following: race, color, religion, sex, national origin, familial status, disability, sexual orientation, gender identity or expression, marital status, age, ancestry, genetic information, membership in the armed services or status as a veteran, receipt of public assistance, because someone is, has been or is threatened with being the victim of domestic violence, dating violence, sexual assault or stalking, or has obtained, or sought, or is seeking relief from any court in the form of a restraining order for protection from domestic abuse.

Maloney Properties, Inc. has designated Kathy Broderick to coordinate compliance with applicable federal and state nondiscrimination requirements and to address grievances applicants and residents may have. The following is her contact information:

Maloney Properties, Inc.
27 Mica Lane
Wellesley, MA 02481
Telephone: (781) 943-0200, extension 255; Relay: 711

Also, if you believe you have been discriminated against, you may file a formal complaint with the Department of Housing and Urban Development (HUD) and local Fair Housing Agency. The contact information for HUD's Fair Housing Office and the Fair Housing Agencies in the states where our sites are located is attached to this notice.

Reasonable Accommodation for People with Disabilities

If you or any member of your household have a disability and as a result need any of the following in order to have an equal opportunity to apply to or live in our development, or participate in services and programs we offer, please let us know:

- A change in a rule, policy, procedure or service;
- A physical change or modification in your apartment, such as grab bars or lowering the cabinets;
- A specific type of unit such as one that is accessible to individuals with mobility impairments, visual impairments or hearing impairments;
- A physical change or modification in some other part of the housing site; and
- A preferred way for us to communicate with you or give you information, such as Braille, large print or using a hearing interpreter.

These kinds of changes are called reasonable accommodations. We will provide a requested reasonable accommodation if:

- your disability is obvious, or you can document that you have a disability;
- the nexus or connection between your disability and the need for the accommodation is obvious or you can document it; and
- your request does not pose an undue financial and administrative burden or fundamental change in the program, which means in simple language if it is not too expensive and too difficult to arrange or do, or does not require us to do something that the housing program is not designed to do or would prevent us from doing what we are required to do.

We will give you an answer as to whether we can provide the accommodation within ten (10) business days unless there is a problem getting the information we need, or unless you agree to a longer time. We will let you know if we need more information or documentation from you or if we would like to talk to you about other ways to meet your needs.

If we turn down your request, we will explain the reasons. If you want, you may then give us information that addresses the reason why we turned down your request.

A REASONABLE ACCOMMODATION REQUEST FORM is available at the management office listed below. Let us know if you need help filling out the form or if you want to give us your request in some other way. Reasonable Accommodations may be requested orally or in writing. Please do not hesitate to contact the management office.

NOTE: All information you provide will be kept confidential and be used only to enable you to have an equal opportunity to apply to or enjoy your housing, including services and the common areas.

Free Language Assistance for People with Limited English Proficiency

If your primary language is not English and as a result you have difficulty reading, writing or understanding English, we will provide you free language assistance so you can apply to our housing program or communicate with us regarding a housing related matter. If your primary language is not English and as a result you have Limited English proficiency, please put a checkmark next to your primary language on the attached "I SPEAK" form and return the form to the management office as listed below. We will do our best to try to accommodate your request in a timely manner. Please contact the management office if you have any suggestions regarding how we can best meet your language needs or if you have any questions about our free language assistance.

Property Contact Information:

126 Chandler St Apartments

c/o Maloney Properties Inc, 3rd Floor

Wellesley, MA | 02481

Phone: (617) 209-5442 | US Relay711

Email: 126Chandler@maloneyproperties.com

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Contact Information for the Department of Housing and Urban Development Region I FHEO Office and State Fair Housing Agencies Where Maloney Properties, Inc. Conducts Business

The Department of Housing and Urban Development

Boston Regional Office of FHEO
U.S. Department of Housing and Urban Development
Thomas P. O'Neill, Jr., Federal Building
10 Causeway Street, Room 321
Boston, MA 02222-1092
Phone: (617) 994-8300
Toll Free: (800) 827-5005
TTY: (800) 877-8339
Fax: (617) 565-6558
E-Mail: ComplaintsOffice01@hud.gov

Massachusetts

Massachusetts Commission Against
Discrimination (MCAD)

Boston Office
One Ashburton Place Sixth Floor,
Room 601
Boston, MA 02108
Phone: (617) 994-6000
TTY: (617) 994-6196
Fax: (617) 994-6024
E-Mail: mcad@mass.gov

Springfield Office
436 Dwight Street, Room
220
Springfield, MA 01103
Phone: (413) 739-2145
TTY: (617) 994-6196 (Boston Office)
Fax: (413) 784-1056
E-Mail: mcad@mass.gov

Worcester Office Worcester
City Hall
484 Main Street, Room 320
Worcester, MA 01608
Phone: (508) 453-9630
TTY: (617) 994-6196 (Boston Office)
Fax: (508) 755-3861
E-Mail: mcad@mass.gov

New Bedford Office
128 Union Street, Suite 206
New Bedford, MA 02740
Phone: (774) 510-5801
TTY: (617) 994-6196 (Boston Office)
Fax: (774) 510-5802
E-Mail: mcad@mass.gov

Connecticut

Connecticut Commission on Human Rights and
Opportunities
450 Columbus Boulevard
Hartford, CT 06103-1835
Phone: (860) 541-3400
Connecticut Toll Free: (800) 477-5737
TTY: (860) 541-3459
FAX: (860) 541-4701

Capitol Region Office
450 Columbus Boulevard
Hartford, CT 06103
Phone: (860) 566-7710
TTY: (860) 566-7710
Fax: (860) 566-1997
E-Mail: CHRO.Capitol@ct.gov

Eastern Region Office
100 Broadway
Norwich, CT 06360
Phone: (860) 886-5703
TTY: (860) 886-5707
Fax: (860) 886-2550
E-Mail: CHRO.Eastern@ct.gov

West Central Region Office
Rowland State Government Center
55 West Main Street, Suite 210
Waterbury, CT 06702-2004
Phone: (203) 805-6530
TTY: (203) 805-6579
Fax: (203) 805-6559
E-Mail: CHRO.WestCentral@ct.gov

Southwest Region Office
350 Fairfield Avenue, 6th Floor
Bridgeport, CT 06604
Phone: (203) 579-6246
TTY: (203) 579-6246
Fax: (203) 579-6950
E-Mail: CHRO.Southwest@ct.gov

New Hampshire

NH Commission for Human Rights
2 Industrial Park Drive, Bldg. One
Concord, NH 03301
Phone: (603) 271-2767
Fax: (603) 271-6339
E-mail: humanrights@nh.gov

Rhode Island

Rhode Island Commission for Human Rights
180 Westminster Street, 3rd Floor
Providence, RI 02903
Phone: (401) 222-2661
TTY: (401) 222-2664
Fax: (401) 222-2616
E-Mail: <mailto:RICHR.Housing@richr.ri.gov>

Vermont

Vermont Human Rights Commission
14-16 Baldwin Street
Montpelier, VT 05633
Phone: 802-828-2480
Vermont Toll Free: (800) 416-2010
TDD: (877) 294-9200
Fax: (802) 828-2481
E-mail: human.rights@vermont.gov

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I SPEAK FORM

LANGUAGE IDENTIFICATION FLASHCARD

<input type="checkbox"/>	ضع علامة في هذا المربع إذا كنت تقرأ أو تتحدث العربية.	1. Arabic
<input type="checkbox"/>	Խոսքով կամ գրավոր լեզուսիրտը ցուցաբերում ե՞ք հայերեն:	2. Armenian
<input type="checkbox"/>	যদি আপনি বাংলা পড়েন বা বলেন তা হলে এই বক্সে দাগ দিন।	3. Bengali
<input type="checkbox"/>	ឈ្មោះអ្នកក្នុងប្រអប់នេះ បើអ្នកអាន ឬនិយាយភាសា ខ្មែរ ។	4. Cambodian
<input type="checkbox"/>	Motka i kahhon ya yangin untungnu' manaitai pat untungnu' kumentos Chamorro.	5. Chamorro
<input type="checkbox"/>	如果你能读中文或讲中文，请选择此框。	6. Simplified Chinese
<input type="checkbox"/>	如果你能讀中文或講中文，請選擇此框。	7. Traditional Chinese
<input type="checkbox"/>	Označite ovaj kvadratić ako čitate ili govorite hrvatski jezik.	8. Croatian
<input type="checkbox"/>	Zaškrtněte tuto kolonku, pokud čtete a hovoříte česky.	9. Czech
<input type="checkbox"/>	Kruis dit vakje aan als u Nederlands kunt lezen of spreken.	10. Dutch
<input type="checkbox"/>	Mark this box if you read or speak English.	11. English
<input type="checkbox"/>	اگر خواندن و نوشتن فارسی، بلد هستند این مربع را علامت بزنید.	12. Farsi

<input type="checkbox"/> Cocher ici si vous lisez ou parlez le français.	13. French
<input type="checkbox"/> Kreuzen Sie dieses Kästchen an, wenn Sie Deutsch lesen oder sprechen.	14. German
<input type="checkbox"/> Σημειώστε αυτό το πλαίσιο αν διαβάζετε ή μιλάτε Ελληνικά.	15. Greek
<input type="checkbox"/> Make 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 ຖ້າທ່ານອ່ານຫຼືປາກມາສາລາວ.	24. Laotian
<input type="checkbox"/> Prosimy o zaznaczenie tego kwadratu, jeżeli posługuje się Pan/Pani językiem polskim.	25. Polish

<input type="checkbox"/>	Assinale este quadrado se você lê ou fala português.	26. Portuguese
<input type="checkbox"/>	Însemnați această casuță dacă citiți sau vorbiți românește.	27. Romanian
<input type="checkbox"/>	Пометьте этот квадратик, если вы читаете или говорите по-русски.	28. Russian
<input type="checkbox"/>	Обележите овај квадратик уколико читате или говорите српски језик.	29. Serbian
<input type="checkbox"/>	Označte tento štvorček, ak viete čítať alebo hovoriť po slovensky.	30. Slovak
<input type="checkbox"/>	Marque esta casilla si lee o habla español.	31. Spanish
<input type="checkbox"/>	Markahan itong kuwadrado kung kayo ay marunong magbasa o magsalita ng Tagalog.	32. Tagalog
<input type="checkbox"/>	ให้ทำเครื่องหมายลงในช่องถ้าท่านอ่านหรือพูดภาษาไทย.	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

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