

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](mailto:support@housingworks.net)

**HousingWorks**  
**P.O. Box 231104**  
**Boston, MA 02123**  
**617-536-8561 fax**

☐ **This waitlist is closed. The only waitlists open at present are:**

\_\_\_\_\_

☐ **This is not the right application. We have enclosed the correct application.**

☐ **You do not appear to qualify for this property, because:** \_\_\_\_\_

Name of Waitlist Administrator optional \_\_\_\_\_

Phone of Waitlist Administrator optional: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ X \_\_\_\_\_

← *Date Time Stamp – for Office Use Only*



**NOW ACCEPTING PRE-APPLICATIONS FOR THE LOTTERY!**



**WOODLAND COVE**

**Phone:** (617) 209-5436 | US Relay 711

**Email:** [WoodlandCove@MaloneyProperties.com](mailto:WoodlandCove@MaloneyProperties.com)

Dear Applicant:

Thank you for your interest in Woodland Cove Apartments! We look forward to the opportunity to serve you and your family's housing needs.

Enclosed please find our community flyer and the pre-application packet. It is extremely important that you fully understand the application as well as all documents enclosed. Plan on joining our public [Information Webinar](#) live on December 7, 2022, at 6:00 PM or view the presentation on our website. If someone within your household has a disability or limited English proficiency, and as a result need assistance completing the application and/or require any assistance during the application process, please call (617) 209-5436 | Relay 711. We will be happy to assist you.

Please be aware that our resident selection criteria include suitability and eligibility requirements, including tenant income certification and student status rules. **It is extremely important that each question being asked within this packet is answered. If a question is not applicable to your household, please type or neatly write "N/A" rather than leaving anything blank.** If all sections are not completed, the incomplete application will be returned to you for completion and may not be included into the lottery. As stated within the local preference election form, applicants who submit documentation verifying qualification of the local preference will receive priority for some of the available units. This documentation must be included with the complete application packet.

**To be included in the LOTTERY, your application MUST be RECEIVED on or BEFORE the APPLICATION DEADLINE -- Wednesday, December 23, 2022**

**Submit Your Application!**

**Email:** [WoodlandCove@MaloneyProperties.com](mailto:WoodlandCove@MaloneyProperties.com)

**Mail:** Woodland Cove c/o Maloney Properties, Inc.  
27 Mica Lane, 3<sup>rd</sup> Floor, Wellesley, MA 02481

***NOTE: ONLY ONE APPLICATION MAY BE SUBMITTED BY A HOUSEHOLD.***

Any additional application(s) received for a household, will not be added to the lottery/waitlist.

Upon receipt of a complete Pre-Application packet, we will send a notice with your lottery registration number to the email address listed on our application or mailing address if no email address is listed.

Any application received after the application deadline will be added to a 'post lottery' waitlist which will be processed only after all lottery applications are processed.

The [LOTTERY DRAWING](#) will be held **publicly via zoom** on **Thursday, January 12, 2023, at 6:00 PM**. The lottery results will be posted on our website for public viewing (lottery waitlist placement # per registration #): [www.WoodlandCoveMA.com](http://www.WoodlandCoveMA.com)

Each applicant will receive an email with the lottery placement number per registration number.

If your pre-application does not list an email address than this information will be sent to the mailing address listed on the pre-application.



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MALONEY PROPERTIES, INC.



## NOW ACCEPTING PRE-APPLICATIONS FOR THE LOTTERY!



# WOODLAND COVE

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**Email:** WoodlandCove@MaloneyProperties.com

### WHAT HAPPENS NEXT?

After the lottery drawing, Management will begin screening applicants for units with a local preference, starting with the applicants with the lowest number drawn for each unit size and type. Applicants will be contacted to set up an interview with the property manager and/or another member of Management. Applicants will proceed through the process as follows:

- (1) All adult household members will be asked to interview with agent. They will be asked to provide information/documentation and sign/date the interview and other necessary documents promptly so agent can efficiently process all applications consistently to determine if applicants meet the eligibility requirements of the property and programs. Failure to promptly respond to the Agent's request for interview, documentation and/or information to process the application will result in rejection of the application. Note: if an application is rejected, the applicant will receive a written rejection notice with instruction on an appeal option.
- (2) Once Management has qualified the household, including confirming the household has passed suitability criteria (resident history verification, credit and criminal background checks), the approved applicant household will be shown/offered an apartment. Upon the offer, the applicant will have 48 hours to decide whether to lease the apartment. The applicant may reserve the apartment home by placing the security deposit equal to one month rent. If the offer is accepted and an apartment reserved, it is expected a lease will be signed and effective within 2 weeks from the date of offer.
- (3) If an applicant does not pass the credit and criminal background, agent will contact the applicant via phone/text/email to see if there are any special circumstances. If sufficient information cannot be supplied, agent will provide a formal written rejection notice and option for appeal in accordance with the 'Rejection of an Application' policy and procedures as stated in the Tenant Selection Plan.
- (4) If a household does not qualify due to exceeding the income limit, not meeting the minimum income, or another eligibility or suitability criteria, agent will contact the applicant via regular mail/phone/text/email and provide a written rejection notice including appeal option in accordance with the 'Rejection of an Application' procedures as detailed in the Tenant Selection Plan. A household is considered unsuitable for housing if their adjusted income to rent/utilities burden ratio is greater than 40%. In other words, the applicant's adjusted income must exceed 2.5 times the gross rent (rent plus utilities). HOME designated apartments are more restrictive; applicants adjusted income to rent/utilities burden ratio must be less than 30% for rental of a HOME designated apartment. Voucher holders will always meet the minimum income when the Housing Authority payment standard exceeds the apartment's gross rent. Voucher holders pay 30% their monthly adjusted gross income for rent and utilities. If the apartment's gross rent is greater than the Housing Authority's payment standard, the voucher holder must pay the additional amount. This is not acceptable on HOME units; however, the Housing Authority may approve on non-HOME units if the gross rent is not more than 40 percent of the household's adjusted monthly income.
- (5) If an approved applicant chooses not to accept an apartment at the time a unit is offered, applicant will be removed from the lottery waiting list and if they choose to remain on the waitlist, applicant will be placed on the post-lottery waitlist based on date and time the applicant rejected the unit offer. If upon a second unit offer an applicant does not accept, the applicant will be removed from the waiting list.

Please feel free to reach out if you have any questions or would like additional information.

## PRE-APPLICATION FOR HOUSING

**JOIN OUR COMMUNITY TODAY!**

**WOODLAND COVE**

c/o Maloney Properties, Inc.

27 Mica Lane | Wellesley, MA | 02841

**Phone:** 617.209.5436 | Relay 711

**Email:** WoodlandCove@MaloneyProperties.com

**Please Print Clearly**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ ALT PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

UNIT SIZE REQUESTED:

UNIT SIZE 2ND CHOICE:

**NOTE:** Important notices about your application will be sent to the email address provided unless you opt for notices to be sent through the US Postal Service, which will delay receipt of important information.

I have read the 'NOTE' to the right and would like to opt out of email notices.  
By checking here, I am requesting notices to be mailed through USPS:

### 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		

Are ALL household members full time students?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>If yes, answer the following questions "a" through "e".</b>		
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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### 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?

If yes, issued by: \_\_\_\_\_

☐ 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

4. Do you wish to request a pet to be authorized in the apartment? If yes, provide pet details:

☐ 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



## PRE-APPLICATION FOR HOUSING

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**WOODLAND COVE**  
 c/o Maloney Properties, Inc.  
 27 Mica Lane | Wellesley, MA | 02841  
**Phone:** 617.209.5436 | Relay 711  
**Email:** WoodlandCove@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.







WOODLAND COVE

## WOODLAND COVE

c/o Maloney Properties, Inc.

27 Mica Lane | Wellesley, MA | 02841

Phone: 617.209.5436 | Relay 711

Email: WoodlandCove@MaloneyProperties.com



# 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](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.





WOODLAND COVE

## LOCAL PREFERENCE ELECTION FORM

Woodland Cove will utilize a local preference for up to 70% of the affordable non-PBV designated units being filled through this lottery during the initial lease up. Only applicants who provide the required local preference verification/documentation with their application by the lottery deadline shall be given priority in accordance with the local preference requirement. This preference does not make anyone eligible who was not otherwise eligible.

**This entire form must be completed and documentation to support the request for preference must be provided to be given priority.**

**1. I hereby certify under the pains and penalty of perjury that (select as applicable):**

<input type="checkbox"/> Yes <input type="checkbox"/> No	I currently live in Wareham at the time of application.
--	---

Note: this includes a local shelter, or if homeless, your last place of residence before becoming homeless.

**Documentation Required with Initial Application**

**WAREHAM LOCAL RESIDENT PREFERENCE:** To qualify provide 2 of the following:

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | A current rental lease signed and dated within the last year in your name, or current rent receipts.            |
| <input type="checkbox"/> | A utility bill in your name: original gas or electric bill dated within last thirty days.                       |
| <input type="checkbox"/> | A car registration, driver's license, or Massachusetts I.D. with the current address listed on this application |
| <input type="checkbox"/> | Current Wareham public school registration record for your child (under 18 years old) with current address      |
| <input type="checkbox"/> | Not applicable – I do not live in Wareham as of the date of this application.                                   |

**2. I hereby certify under the pains and penalty of perjury that (select as applicable):**

<input type="checkbox"/> Yes <input type="checkbox"/> No	I currently work in Wareham at the time of application.
--	---

**Documentation Required with Initial Application**

**WAREHAM LOCAL EMPLOYMENT PREFERENCE:** To qualify provide 1 of the following:

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | A copy of current paystub showing the company name and local address                  |
| <input type="checkbox"/> | A letter from employer detailing applicant is or has been hired with definitive start |
| <input type="checkbox"/> | date Not applicable – I do not work in Wareham as of the date of this application.    |

\*Management reserves the right to request additional documentation.

**I hereby certify under the pains and penalty of perjury that my selections above are true and understand supporting documentation is required.**

\_\_\_\_\_  
Head of Household Member Signature

\_\_\_\_\_  
Date



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MALONEY PROPERTIES, INC.



## INITIAL APPLICATION ADDNEDUM: SELF CERTIFICATION OF HOMELESSNESS

Woodland Cove's Section 8 PBV units are also homeless (or at risk of homelessness) set aside units. Meeting the definition of 'homeless or at risk does not make anyone eligible who was not otherwise eligible. This is to certify whether or not the below named individual or household meets the homeless or at risk definition. Any "Yes" response requires supporting documentation. **The entire form must be completed.**

### 1. I (or my family) lacks a fixed, regular, and adequate nighttime residence, meaning:

<input type="checkbox"/> Yes <input type="checkbox"/> No	My/our primary nighttime residence is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground.
<input type="checkbox"/> Yes <input type="checkbox"/> No	I/we are living in a supervised publicly or privately-operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, State, or local government programs for low-income individuals). OR
<input type="checkbox"/> Yes <input type="checkbox"/> No	I (or a household member) am exiting an institution where I resided for 90 days or less and resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

### 2. I (or my family) will imminently lose my/our primary nighttime residence, provided that:

<input type="checkbox"/> Yes <input type="checkbox"/> No	My/our primary nighttime residence will be lost within 14 days of the date of application;
<input type="checkbox"/> Yes <input type="checkbox"/> No	No subsequent residence has been identified; AND
<input type="checkbox"/> Yes <input type="checkbox"/> No	I/we lack the resources or support networks, e.g., family, friends, faith-based or other social networks, to obtain other permanent housing;

### 3. I/we have unaccompanied youth under 25 years of age, or am a family with children and youth, who do not otherwise qualify as homeless under this definition, but who:

<input type="checkbox"/> Yes <input type="checkbox"/> No	Are defined as homeless under section 387 of the Runaway and Homeless Youth Act (42 USC 5732a), section 637 of the Head Start Act (42 USC 9832), section 41403 of the Violence Against Women Act of 1994 (42 USC 14043e-2), section 330(h) of the Public Health Service Act (42 USC 254b(h)), section 3 of the Food and Nutrition Act of 2008 (7 USC 2012), section 17(b) of the Child Nutrition Act of 1966 (42 USC 1786(b)), or section 725 of the McKinney-Vento Homeless Assistance Act (42 USC 11434a);
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have not had a lease, ownership interest, or occupancy agreement in permanent housing at any time during the 60 days immediately preceding the date of application;
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have experienced persistent instability as measured by two moves or more during the 60-day period immediately preceding the date of application; AND
<input type="checkbox"/> Yes <input type="checkbox"/> No	Expected to continue in such status for an extended period of time because of chronic disabilities; chronic physical health or mental health conditions; substance addiction; histories of domestic violence or childhood abuse (including neglect); the presence of a child or youth with a disability; or two or more barriers to employment, which include the lack of a high school degree or GED, illiteracy, low English proficiency, a history of incarceration or detention for criminal activity, and a history of unstable employment; OR

### 4. I (or my family):

<input type="checkbox"/> Yes <input type="checkbox"/> No	Am fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against me (or a family member, including a child), that has either taken place within my (my family's) primary nighttime residence or has made me (or my family) afraid to return to my/our primary nighttime residence;
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has no other residence; AND
<input type="checkbox"/> Yes <input type="checkbox"/> No	Lack the resources or support networks, e.g., family, friends, and faith-based or other social networks, to obtain other permanent housing.

**I hereby certify under the pains and penalty of perjury that my selections above are true and understand supporting documentation is required.**

\_\_\_\_\_  
 Head of Household Member Signature

\_\_\_\_\_  
 Date

## **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:**

#### **WOODLAND COVE**

c/o Maloney Properties, Inc.

27 Mica Lane | Wellesley, MA | 02841

**Phone:** 617.209.5436 | Relay 711

**Email:** WoodlandCove@MaloneyProperties.com

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.





**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](mailto: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](mailto: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](mailto: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](mailto: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](mailto: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](mailto: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](mailto: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](mailto: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](mailto: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](mailto: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](mailto: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 ցուցաբերելով, նշե՛ք խոսքով կամ գրավոր լեզուն:	2. Armenian
<input type="checkbox"/>	যদি আপনি বাংলা পড়ে বা বলেন তা হলে এই বক্সে দাগ দিন।	3. Bengali
<input type="checkbox"/>	ឈ្មោះក្នុងប្រអប់នេះ 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 ຖ້າທ່ານອ່ານຫຼືປາກພາສາລາວ.	24. Laotian
<input type="checkbox"/> Prosimy o zaznaczenie tego kwadratu, jeżeli posługuje się Pan/Pani językiem polskim.	25. Polish

<input type="checkbox"/>	Assinale este quadrado se você lê ou fala português.	26. Portuguese
<input type="checkbox"/>	Însemnați această casuță dacă citiți sau vorbiți românește.	27. Romanian
<input type="checkbox"/>	Пометьте этот квадратик, если вы читаете или говорите по-русски.	28. Russian
<input type="checkbox"/>	Обележите овај квадратик уколико читате или говорите српски језик.	29. Serbian
<input type="checkbox"/>	Označte tento štvorček, ak viete čítať alebo hovoriť po slovensky.	30. Slovak
<input type="checkbox"/>	Marque esta casilla si lee o habla español.	31. Spanish
<input type="checkbox"/>	Markahan itong kuwadrado kung kayo ay marunong magbasa o magsalita ng Tagalog.	32. Tagalog
<input type="checkbox"/>	ให้กาเครื่องหมายลงในช่องถ้าท่านอ่านหรือพูดภาษาไทย.	33. Thai
<input type="checkbox"/>	Maaka 'i he puha ni kapau 'oku ke lau pe lea fakatonga.	34. Tongan
<input type="checkbox"/>	Відмітьте цю клітинку, якщо ви читаете або говорите українською мовою.	35. Ukranian
<input type="checkbox"/>	اگر آپ اردو پڑھتے یا بولتے ہیں تو اس خانے میں نشان لگائیں۔	36. Urdu
<input type="checkbox"/>	Xin đánh dấu vào ô này nếu quý vị biết đọc và nói được Việt Ngữ.	37. Vietnamese
<input type="checkbox"/>	באצייענט דעם קעסטל אויב איר לייענט אדער רעדט אידיש.	38. Yiddish

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