

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:

DO NOT LEAVE ANY QUESTION UNANSWERED!

- ☐ HEAD OF HOUSEHOLD'S FIRST NAME
- ☐ HEAD OF HOUSEHOLD'S COMPLETE MIDDLE NAME
- ☐ HEAD OF HOUSEHOLD'S LAST NAME (EX: BAEZ GONZALEZ) ☐ SUFFIX
- ☐ YOUR MOTHER'S LAST NAME WHEN SHE WAS A CHILD

ANSWER THIS: ☐ Yes ☐ No Does the HoH have a Social Security Number? *If "Yes" you must provide the full SSN!*

- ☐ HEAD OF HOUSEHOLD'S SOCIAL SECURITY NUMBER ☐ HEAD OF HOUSEHOLD'S DATE OF BIRTH ☐ GENDER
Male, Female, etc.

- ☐ ETHNICITY: Hispanic/Latino Non-Hispanic/Non-Latino ☐ RACE: Asian, Black or African American, White, American Indian or Alaskan Native, Pacific Islander or Native Hawaiian, Other or Multi-Racial, Client Refused

- ☐ REQUESTED ACCOMMODATIONS Fill in the circle for anything you need:
- | | | |
|---|--|--|
| <input type="radio"/> Fully Accessible Wheelchair Unit | <input type="radio"/> Blind Accessible Unit | <input type="radio"/> Need an Interpreter |
| <input type="radio"/> No-Steps unit (elevator to any floor) | <input type="radio"/> Deaf Accessible Unit | <input type="radio"/> Domestic Violence Victim |
| <input type="radio"/> First-Floor unit only | <input type="radio"/> Unit for Environmental Allergies | <input type="radio"/> Personal Care Attendant |

- ☐ HoH's CAREER STAGE ☐ ANY VETERANS in HH? ☐ Yes ☐ No
- ☐ Employed ☐ Unemployed ☐ Retired ☐ FT Student ☐ PT Student

- ☐ PERMANENT MOBILE RENTAL ASSISTANCE, if any
- ☐ I do not have mobile rental assistance ☐ Mobile Section 8 voucher ☐ MRVP ☐ AHVP ☐ VASH or similar

- ☐ CRIMINAL RECORD AND SEX OFFENDER
- Head of Household:** Any **Felony/Conviction?** ☐ Yes ☐ No Any **Misdemeanor Conviction?** ☐ Yes ☐ No
- Other Members:** Any **Felony Convictions?** ☐ Yes ☐ No Any **Misdemeanor Conviction?** ☐ Yes ☐ No
- Is anyone in HH subject to a **lifetime sex offender registration** in any state? ☐ Yes ☐ No

- ☐ ANY PETS? ☐ Yes ☐ No Describe: _____

- ☐ HOUSEHOLD SIZE AND COMPOSITION ☐ ANNUAL INCOME ☐ DOCUMENTED DISABILITY?
- _____ ← # Adults _____ ← # Children _____ ← Total # in Household ☐ Yes ☐ No

- ☐ CURRENT HOUSING STATUS ☐ Homeless ☐ Housing Loss in 14 days ☐ Homeless under other federal status
- ☐ Homeless because Fleeing domestic violence ☐ At risk of homelessness ☐ Stably Housed

- ☐ BEST TELEPHONE NUMBER TO USE ☐ SECOND TELEPHONE

- ☐ EMAIL ADDRESS

- ☐ WHERE YOU LIVE OR BACKUP ADDRESS

AddressLine 1

Apt # or "care of" name

City

State

Zip

- ☐ BEST MAILING ADDRESS

Address Line 1

Apt # or "care of" name

City

State

Zip

- ☐ # BEDROOMS NEEDED? ☐ SPECIAL CIRCUMSTANCES? (*some programs may grant you priority status*)

- ☐ Disability ☐ Elder ☐ Local Resident ☐ Local Employee ☐ Local Student ☐ Homeless Vet. ☐ Fleeing Dom. Viol.
- ☐ Rent-burdened 40% ☐ Rent-burdened 50% ☐ HUD VAWA Certification ☐ Victim of Hate Crime.
- Displaced by: ☐ Urban Renewal ☐ Sanitary Code ☐ Natural Forces ☐ Other _____

EDMANDS HOUSE APARTMENTS

15 Edmands Road ■ Framingham, MA 01701 ■ Tel. 508.283.7475 ■ Fax 508.302.7983 ■ TTY: 711

RENTAL APPLICATION (Affordable Programs)

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

Please Print Clearly

This is a Rental Application for:	Community Name: Edmands House Apartments
Please complete this application and return to:	Name: Edmands House Apartments Address: 15 Edmands Road Framingham MA 01701

Instructions for Head of Household:

1. Please complete all sections by printing in ink. Please do not leave any section blank, including sections which do not apply to you. For instance, if a section asks for Social Security Income and you do not have Social Security Income, you may write "None" or "N/A" (not applicable). If you need to make a correction, put one line through the incorrect information, write the correct information above, and initial the change. Do not use correction fluid of any kind (e.g. "Whiteout").
2. As head of household, you should complete the Rental Application in its entirety. Each additional household member 18 years of age and older who will live in the apartment must also sign and date the Rental Application. It is important that all information on this form be complete and correct. False, incomplete or misleading information will cause your household's application to be declined.
3. As long as your application is on file with us, it is your responsibility to contact us whenever there is a change in your address, telephone number, income situation or household composition (if you need to add or remove a person from your application).
4. After we receive your application, we will make a preliminary determination of eligibility. If your household appears to be eligible for housing, your application will be placed on a waiting list, but this does not mean that your household will be offered an apartment. If later processing establishes that your household is not actually eligible or not actually qualified for housing, your application will be declined. We will process your application according to our standard procedures, which are summarized in the Resident Selection Criteria. If there is no wait for an apartment and your application appears to be eligible, we will contact you to continue processing your application.

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.



A. GENERAL INFORMATION

Applicant Name(s): _____

Yardi entry date: ____/____/____ by: _____

Address: _____
Street Apt.# City State ZIP

Daytime Phone: _____ Evening Phone: _____

Number of BR's in current apt: _____ Do you ☐ RENT or ☐ OWN (check one)

Amount of current monthly rental or mortgage payment: \$ _____

If owned, do you receive monthly rental income from property? ☐ Yes ☐ No (check one)

Check utilities paid by you: ☐ Heat ☐ Electricity ☐ Gas

Approximate monthly cost of utilities paid by you (excluding phone, cable TV and Internet): \$ _____

Bedroom size requested: ☐ One BR ☐ Two BR

How did you hear about this Beacon Community? via the HousingWorks.net website

Why have you selected/applied to live at a Beacon community? _____

Do you or any members of your household require any reasonable accommodations to be made to your apartment home? (i.e., wheelchair access, apparatus for the hearing impaired, etc.) ☐ Yes ☐ No

Do you have a Housing Choice Voucher (i.e. Section 8 Voucher)? ☐ Yes ☐ No (check one)

If yes, from which Housing Authority? _____ (please attach copy of your voucher).

B. HOUSEHOLD COMPOSITION

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

	Name	Relationship to head	Birth Date	Age	SS#	Student Y/N (If yes, note Part time or full time)
Head						
Co-Head						
3.						
4.						
5.						
6.						
7.						
8.						

Please note if a member of the household is a Foster Child or Foster Adult, please note in the Relationship to Head column per the HUD Handbook 4350.3 Rev 3 Chapter 5.



Do you anticipate any additions to the household in the next twelve months? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain:

C. STUDENT ELIGIBILITY

STUDENT ELIGIBILITY FOR THE LOW INCOME HOUSING TAX CREDIT PROGRAM

Will all of the persons in the household be or have been full time students during five calendar months of this calendar year, or the upcoming calendar year at an educational institution (other than a correspondence school) with regular faculty and students?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, answer the following questions:		
Are any full-time student(s) married and filing a joint tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the full time student a Title IV/TANF recipient?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is any student a person who was previously 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
Is the full time student a single parent living with his/her minor child and the parent and child are not dependents on another's tax return, other than a parent of the child??	<input type="checkbox"/> Yes	<input type="checkbox"/> No

STUDENT ELIGIBILITY FOR HUD PROGRAMS

Is this household applying for Project Based Section 8, RAP, Rent Supp. or Section 236?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, no further questions are necessary to determine student eligibility, If yes, answer below.		
Are any household members full or part time students enrolled in an accredited institution of higher education and applying for subsidy separate from their parent or guardian?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, additional documentation may be required to determine eligibility when an apartment is available.		

D. CRIMINAL & RENTAL HISTORY BACKGROUND

Are you currently under eviction or have you been evicted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, describe:		
Have you or any member of your household ever been convicted of or pled guilty or "no contest" to any felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you or any member of your household ever been convicted of or pled guilty or "no contest" to a sexual offense?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you or any member of your household ever been convicted of or pled guilty or "no contest" to any drug-related criminal offense?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is any member of your household currently engaging in illegal use of drugs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<u>Federally Assisted Housing Requirement per 24 C.F.R. Part 5 Section 5.856</u> Federal regulations prohibit the admission to federally assisted housing of persons with a lifetime registration requirement under a state sex offender registration program.		



Do you or any member of your household have a registration requirement under a state sex offender registration program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, in what state?		
If yes, is the registration a lifetime requirement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
For each adult household member, list below their name and all US states (and/or districts) in which they have lived (see example below for Jane Doe)		
Name: Jane Doe	List all states/districts (abbreviations): MA, NY, FLA, DC	
Name:	List all states/districts (abbreviations):	
Name:	List all states/districts (abbreviations):	
Name:	List all states/districts (abbreviations):	
Name:	List all states/districts (abbreviations):	
Name:	List all states/districts (abbreviations):	
Name:	List all states/districts (abbreviations):	
Name:	List all states/districts (abbreviations):	
Name:	List all states/districts (abbreviations):	
Name:	List all states/districts (abbreviations):	

E. INCOME

List ALL sources of income as requested below. If a section doesn't apply, cross out or write "NA". Do not leave any section BLANK. Attach appropriate documentation for each income source to this application (e.g. Social Security benefits statement, pay stubs, if applicable, etc.).		
Household Member Name	Source of Income	Gross Monthly Amount
	Social Security	\$
	Social Security	\$
	Social Security	\$
	SSI Benefits	\$
	SSI Benefits	\$
	SSI Benefits	\$
	Title IV/TANF	\$
	Pension (list source)	\$
	Pension (list source)	\$
	Adoption Subsidy	\$
	Annuity Income	\$
	Veteran's Benefits (list claim #)	\$
	Disability Income	\$



	Unemployment Compensation	\$
	Worker's Compensation	\$
	Military Pay	\$
	Contributions to the Household (monetary or otherwise)	\$
	Net Income from a Business	\$
	Grants, Scholarships or other Financial Aid?	\$
	For the student(s) receiving financial aid are they over age 23 with dependent children?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	For the student(s) receiving financial aid are they applying for Section 8 as part of their parent/guardian's household?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Interest Income (source)	\$
	Rental Income from Real Estate	\$
	Long Term Medical Care Insurance Payments in excess of \$180/day	\$

Please attach your 4 most recent, consecutive pay stubs and/or other proof of income.

Household Member Name	Source of Income	Gross Monthly Amount
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
	Alimony	
	Are you legally entitled to receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are entitled to receive.	\$
	Do you receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list amount you receive.	\$



	Child Support	
	Are you legally entitled to receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list the amount you are entitled to receive.	\$
	Do you receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you receive.	\$
	Other Income	\$
	Other Income	\$
TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts listed above x 12)		\$
TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR		\$
Do you anticipate any changes to this income in the next 12 months?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is any member of the household legally entitled to receive income assistance?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is any member of the household likely to receive income or assistance (<i>monetary or not</i>) from someone who is not a member of the household as listed on Page 2?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to any of the above, explain:		

F. ASSETS			
List assets for ALL household members, 18 years or older.			
If your assets are too numerous to list here, please attach additional list.			
If a section doesn't apply, cross out or write NA.			
Checking Accounts		Bank	Balance \$
		Bank	Balance \$
		Bank	Balance \$
Savings Accounts		Bank	Balance \$
		Bank	Balance \$
		Bank	Balance \$
Trust Account		Bank	Balance \$
Certificates of Deposit (CD)		Bank	Balance \$
		Bank	Balance \$
		Bank	Balance \$
		Bank	Balance \$
Credit Union		Bank	Balance \$
		Bank	Balance \$
Savings Bonds		Maturity Date	Value \$
		Maturity Date	Value \$
		Maturity Date	Value \$
Retirement Accounts		Administrator	Value \$
(401k, 403b, IRA, etc)		Administrator	Value \$
		Administrator	Value \$



Whole Life Insurance			Cash Value \$	
Whole Life Insurance			Cash Value \$	
Mutual Funds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
Stocks	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
Bonds	Name:	#Shares:	Interest or Dividend \$	Value \$
Investment Property				Appraised Value \$

Real Estate Property: <i>Do you own any property?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes,</i> Type of property:	
Location of property:	
Appraised Market Value	\$
Mortgage or outstanding loans balance due	\$
Amount of annual insurance premium	\$
Amount of most recent tax bill	\$

Have you sold/disposed of any property in the last 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes,</i> Type of property	
Market value when sold/disposed	\$
Amount sold/disposed for	\$
Date of transaction	

Have you disposed of any other assets in the last 2 years (Example: given away money to relatives, set up Irrevocable Trust Accounts, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes,</i> describe the asset	
Date of disposition	
Amount disposed	\$

Do you have any other assets not listed above (excluding personal property)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, please list:</i>	



G. REFERENCE INFORMATION

Current Landlord	Name:			
	Address:			
	Home Phone:		Bus. Phone:	
	Dates of Tenancy:			
Prior Landlord	Name:			
	Address:			
	Home Phone:		Bus. Phone:	
	Dates of Tenancy:			
Prior Landlord	Name:			
	Address:			
	Home Phone:		Bus. Phone:	
	Dates of Tenancy:			

Credit Reference #1:	
Address:	
Account #:	Phone #:
Credit Reference #2:	
Address:	
Account #:	Phone #:
Personal Reference #1:	
Address:	
Relationship:	Phone #:
Personal Reference #2:	
Address:	
Relationship:	Phone #:

In case of emergency notify:	
Name:	Address:
Relationship:	Phone #:



H. DEMOGRAPHIC INFORMATION (Optional)

These are optional questions, but are important for fair housing purposes.
Please indicate appropriate category. Thank you.

Ethnicity of Head of Household # _____

1. Hispanic

2. Non-Hispanic

3. Declined to Report

Race of Head of Household # _____

1. American Indian or Alaskan Native

3. African American

5. Other

2. Asian or Pacific Islander

4. Caucasian

6. Declined to Report

I. VEHICLE AND PET INFORMATION (if applicable)

List any cars, trucks, or other vehicles owned. Parking will be provided for one vehicle. Arrangements with Management will be necessary for more than one vehicle.

Type of Vehicle:

License Plate #:

Year/Make:

Color:

Type of Vehicle:

License Plate #:

Year/Make:

Color:

Is a pet a member of your family?

Yes

No

If yes, describe:

J. OTHER INFORMATION

Community Eligibility

Elderly and/or Disability Eligibility (where applicable): For some applicable HUD-regulated communities, we are required by HUD to request the following information for the purpose of determining eligibility for admission and/or to give special considerations with regard to allowances in determining rent. Please check the box or boxes that apply.

Head of Household, Spouse or Co-Head is:

☐ 62 years of age or older

☐ Disabled

Enterprise Income Verification (EIV) System Notification

HUD's EIV System enables this community to cross reference resident-reported benefits and wage income to ensure the integrity of income and rent calculations. Please initial here that you have read this Notification. If you have any questions, you are encouraged to ask the management staff.

HOH Initials: _____ Co-Resident Initials: _____ Co-Resident Initials: _____

Implementation of the Violence Against Women and Justice Department Reauthorization Act of 2005

Are you a victim of domestic violence, dating violence or stalking? ☐ Yes ☐ No

If yes, please complete the Certification of Domestic Violence, Dating Violence or Stalking form (HUD-91066) which will be provided by the management staff upon request.



CERTIFICATION

I/We hereby certify that I/We Do/Will Not maintain a separate subsidized apartment home 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/our 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 true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All adult applicants, 18 or older, must sign application.

In consideration for being permitted to apply for this apartment, I Applicant, do represent all information in this application to be true and that the owner/manager/employee/agent may rely on this information when investigating and accepting this Rental Application. Applicant hereby authorizes the owner/manager/agent to make independent investigations to determine my credit, financial standing, criminal background, including sex offender registration history, and character standing. Applicant authorizes any person, or background checking agency having any information on him/her to release any and all information to the owner/manager/employee or their agents or background checking agencies. Applicant hereby releases, remises and forever discharges, from any action whatsoever, in law and equity, and 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 harmless from any suit or reprisal whatsoever.

Beacon Residential Management Limited Partnership, Agent for this community, does not discriminate on the basis of race, color, religion, sex, national origin, familial status, physical or mental disability, ancestry, marital status, sexual orientation, age (except minors) or lawful source of income in the access or admission to its programs or employment, or in its programs, activities, functions or services.

(Signature of Resident)

Date

(Signature of Co-Resident)

Date

(Signature of Co-Resident)

Date

(Signature of Management Representative)

Date

PENALTIES FOR MISUSING THIS CONSENT:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).



Applicant's and Resident's Right to Request a Reasonable Accommodation

If you have a disability and you need:

- A ***change or waiver in the rules or policies*** of the community to afford equal access and full enjoyment of your apartment home, the common facilities or to participate in special programs located at the community;
- A ***physical modification*** in your apartment or to some other feature of the community which would afford you equal access and full enjoyment of your apartment home or use of the facilities located at the community; or
- A ***more effective means of communication*** to provide official information or permit you to contact the management office.

Then you can request these modifications or exceptions to how the community conducts its operations by making a request for a Reasonable Accommodation. The right to request a Reasonable Accommodation is established under federal and state law.

If you have a physical or mental limitation (disability) which meets the legal definitions under federal and state law and have a request that is not too expensive or difficult to arrange ***and*** this request will provide you with improved use of your apartment home or the common facilities of the community, then we will try to fulfill your request.

You may make this request in writing by completing a Reasonable Accommodation Request Form or some other type of permanent and comprehensible document (e.g., a tape cassette) which answers all the questions on the Request Form. If you need assistance completing the Request Form, we can put you in touch with group(s) that can better assist you. If you require additional information about our procedures, we will be happy to explain them in a manner that is fully comprehensible by you. If this requires the use of sign language or another alternative form of communication, we will attempt to meet your needs.

We will give you an answer within ten (10) working days of our receipt of a Reasonable Accommodation Request unless there is a problem getting the information we require to verify the appropriateness of the request. If we require additional time, we will notify you and explain the reason for the delay. We will let you know if we require additional information or if we would like to propose an alternative solution which has an equal outcome to the accommodation requested.

If for any reason we are unable to fulfill your accommodation request, we will provide you with an explanation. You will then have ten (10) working days from the date of denial to provide additional information before we consider the matter closed.

You may obtain a Reasonable Accommodation Request Form at the management office. If you have a disability and have any comments on your experience at the community, please contact the onsite Property Manager who will make arrangements for you to be contacted to discuss your experience.

Applicant/Resident Signature

Date



Do Not Write Below this LINE – MANAGEMENT USE ONLY

Application Processing

Approved: _____ Approved by: _____ Waitlist(s): _____
Date Signature Title
(Approval is only for waiting list placement, final eligibility will be determined at move in).

Disapproved: _____ Disapproved by: _____ Reason: _____
Date Signature Title

Applicant notified in writing on (date): _____ (written notification attached)

Appeal Processing

Applicant appealed decision on (date): _____ (written notification attached)

Applicant notified of informal conference on (date) _____ by _____
(written notification attached)

Applicant appeal reviewed by: _____
Signature Title Date

Appeal decision: _____ Approved _____ Disapproved

Applicant notified in writing on (date) _____ (written notification attached)

