

Name: First MI Last:

Address1:

Address2:

City State Zip:

Email:

Case Manager Email:

THIS SECTION FOR APPLICANT:

Date completed:

← Applicant: Mail application to the address at left.

Applying for:

Fold on this line

THIS SECTION FOR WAITLIST ADMINISTRATOR:

Landlords: IF REJECTING THIS APPLICATION, please email, mail, or fax the form below to HousingWorks. We will pass it on to the applicant. Include this page so we know who the application is for!

We will also update our system, so the changed status of your waitlists will reach many thousands of applicants and their housing advocates. Also, you will boost your Fair Housing and ADA compliance exponentially!

For Landlords Only!
support@housingworks.net
HousingWorks
P.O. Box 231104
Boston, MA 02123
617-536-8561 fax

- ☐ This waitlist is closed. The only waitlists open at present are:
- ☐ This is not the right application. We have enclosed the correct application.
- ☐ You do not appear to qualify for this property, because:

Name of Waitlist Administrator *optional*

Phone of Waitlist Administrator *optional*: - - X

Date Time Received. Application will be stamped to show when it was received:

DO NOT LEAVE ANY QUESTION UNANSWERED!

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

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

- ☐ HEAD OF HOUSEHOLD'S SOCIAL SECURITY NUMBER (###-##-####) ☐ HEAD OF HOUSEHOLD'S DATE OF BIRTH mm/dd/yyyy ☐ GENDER M, F, T, etc.

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

- ☐ I am not claiming any R.A. or Special Circumstances at the moment (else fill in any of the items below)

- ☐ Fully Accessible Wheelchair Unit ☐ Vision-Impaired Unit ☐ Need an Interpreter - Explain:
☐ No-Steps unit (elevator to any floor) ☐ Hearing-Impaired Unit ☐ Domestic Violence Victim
☐ First-Floor unit only ☐ Unit for Environmental Allergies ☐ Personal Care Attendant

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

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

If yes, name the agency providing the voucher:

- ☐ 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 Details

- ☐ ANY PETS? ☐ Yes ☐ No Number of Pets: Describe:

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

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

- ☐ BEST TELEPHONE NUMBER TO USE ☐ SECOND TELEPHONE

- ☐ EMAIL ADDRESS

- ☐ WHERE YOU LIVE OR BACKUP ADDRESS check this box if backup address is the same as best mailing address below.

AddressLine 1

Apt # or "care of" name

City

State

Zip

- ☐ BEST MAILING ADDRESS

Address Line 1

Apt # or "care of" name

City

State

Zip

- ☐ PREFERRED # OF BEDROOMS? SPECIAL CIRCUMSTANCES? (some programs may grant you a priority status)

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

Hadley West Apartments

515 Hadley West Drive
Haverhill, MA 01832
Phone (978)-373-9571
Fax (978) 241-7965

TTY/TDD – Dial 711 (If unable to dial 711,
call 1-800-439-2370 for TDD/TTY
user placing a call OR 1-800-439-0183
or voice callers contacting a TTY/TDD user)

To Whom It May Concern:

Thank you for your interest in Hadley West Apartments. Please note that, your application must be completed and signed by everyone over the age of 18, for it to be processed. Please **do not use White Out** to correct errors on the application.

The following Wait Lists are open at this time:

- 62 years of age or older
- Disabled (18 - 49 years of age)
- ADA Accessible Unit (18 years of age or older)
- Family – 1 Bedroom (18 years of age or older)

If you have any questions, please contact us at 978-373-9571.

A Quien Pueda Interesar:

Gracias por su interés en Hadley West Apartments. Tenga en cuenta que su solicitud debe ser completada y firmada por toda persona mayor de 18 años, para ser procesada. Por favor, **no use Corrector de Papel** para corregir errores en la solicitud.

Actualmente, las listas de espera abiertas son las siguientes:

- 62 años de edad o mayor
- Discapacitados (18 – 49 años de edad)
- ADA - Unidad es Accesible (18 años de edad o mayor)
- Familia – 1 Habitación (18 años de edad o mayor)

Si tiene alguna pregunta, por favor contáctenos a 978-373-9571.

Sincerely,

Hadley West Management

Hadley West Apts.



SHP MANAGEMENT CORP. does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

RENTAL APPLICATION
"Equal Housing Opportunities"

Name of development: Hadley West Apartments Number of bedrooms desired: _____

How did you hear about these units? via the HousingWorks.net website

Name: _____ Home phone: _____ Work Phone: _____

Street	Apt. #	City	State	Zip code
E-mail address: _____				

If you or any member of your household need a unit with special design features, please check appropriate box:

☐ Mobility ☐ Vision ☐ Hearing ☐ Other _____

The following information is required by HUD for all those who would live in the apartment. Allowable exceptions are:

1. Household members 62 years of age or older as of January 31, 2010 and who were in receipt of rental assistance as of January 31, 2010. Please provide evidence of prior rental assistance, i.e. prior HUD 50059 or 50058.
2. Household members who are non-eligible citizens and are not contending eligible immigration status.
3. Household members age 6 or under added to the applicant household within a 6-month period prior to the household's date of admission if the child has not been issued a SSN. The household will have 90-days after the date of admission to provide the documentation.

Name	Soc. Sec. #	Place of Birth	Date of Birth

Current landlord: _____	Landlord's address: _____
Landlord's phone: _____	How long have you lived here? _____
Monthly rent: \$ _____	Monthly Utilities: \$ _____

Previous landlord: _____	Landlord's address: _____
Landlord's phone: _____	How long have you lived here? _____
Monthly rent: \$ _____	Monthly Utilities: \$ _____

Reason for moving: _____

Have you ever been evicted from housing or currently owe a landlord money? Yes or No If yes, please explain:

Insert Recipient's Name on each applicable line below	Source of Income; Address and Phone	Amount Received
Name _____	Employer Address/Phone _____	Gross Annual _____
Name _____	Employer Address/Phone _____	Gross Annual _____
Name _____ Claim # _____	Social Security	
Name _____ Claim # _____	Social Security	
Name _____ Claim # _____	Disability, Social Security Income	
Name _____ Claim # _____	Disability, Social Security Income	
Name _____ Claim # _____	Death Benefits: Pension, Retirement Fund - Name/Address	
Name _____ Claim # _____	Death Benefits: Pension, Retirement Fund - Name/Address	
Name _____ Claim # _____	Unemployment	

Insert Recipient's Name on each applicable line below		Source of Income; Address and Phone	Amount Received
Name	Claim #	Veteran's Benefit, Military Pay: VA File#:	
Name	Claim #	Workers' Compensation: Address	
Name	Claim #	Public Assistance, TANF	
Name	Claim #	Alimony / Child Support (circle)	
Name	Claim #	Finances from rent or sale of property	
Name	Claim #	Lottery winnings	
Name	Claim #	Periodic contributions from outside sources/agencies: Name/Address	
Name	Claim #	Severance Pay	
Name	Claim #	Insurance Policy: Address	Monthly Amount
Name	Claim #	Annuity, Non-revocable Trust: Contact Name/Address:	Monthly amount
Other:			

Assets: Checking Accounts

Bank: _____ Acct #: _____ Balance: _____ Interest Rate: _____ %
Bank: _____ Acct #: _____ Balance: _____ Interest Rate: _____ %
Bank: _____ Acct #: _____ Balance: _____ Interest Rate: _____ %

Assets: Savings/Certificates/EBT Direct Express Accounts:

Bank: _____ Acct #: _____ Balance: _____ Interest Rate: _____ %
Bank: _____ Acct #: _____ Balance: _____ Interest Rate: _____ %
Bank: _____ Acct #: _____ Balance: _____ Interest Rate: _____ %

Assets: Stocks and Bonds:

Bank: _____ Acct #: _____ Balance: _____ Interest Rate: _____ %
Bank: _____ Acct #: _____ Balance: _____ Interest Rate: _____ %
Bank: _____ Acct #: _____ Balance: _____ Interest Rate: _____ %

Real Estate:

Description/Address: _____
Value: _____ Balance due on mortgage: _____

Miscellaneous Information:

- ☐ Person displaced by natural disaster.
☐ Person displaced by government action.
☐ Person displaced by private action beyond their control.

Please explain any item checked above in the following space: _____

Student Status:

1. Are you enrolled as a student at an accredited institution of higher learning?
☐ Yes ☐ No
2. Will all of the persons in your household be or have been F/T students during five calendar months of the certification year?
☐ Yes ☐ No
***Please complete the attached Student Status Affidavit(s)**

Veterans Information: If you or any member of your household is an Active / Retired or Discharged member of the armed services, please list the member's name, branch of service and indicate their current status.

Member's Name	Branch of Service	Active/Retired/Discharged

Pets: Will you be living with a pet? ☐ Yes ☐ No Type of pet: _____
 If dog/cat, is pet neutered? ☐ Yes ☐ No Are shots current? ☐ Yes ☐ No
 *Evidence of current registration with the local town/municipality may be required prior to move in.

Do you own a vehicle? Yes / No Registration #: _____

Credit References:

Name/Address/Phone: _____
 Acct. #: _____

Name/Address/Phone: _____
 Acct. #: _____

The following information will be required by the federal government to monitor this owner's compliance with Equal Housing Opportunity and Fair Housing laws. The law provides that an applicant may not be discriminated against on the basis of the information supplied below or whether or not the information is furnished.

Race/National Origin:

- ☐ White ☐ American Indian / Alaskan Native ☐ Black or African American
☐ Hispanic or Latino ☐ Asian ☐ Other _____
☐ Native Hawaiian or Other Pacific Islander ☐ I do not wish to furnish this information

If you or a member of your family are a person with disabilities and you feel that a reasonable accommodation by us would allow you to become qualified, please contact us and we will meet with you to discuss your application.

Hadley West Apartments does not discriminate on the basis of race, color, religion, sex, sexual orientation, national origin, ancestry, age, familial status or physical or mental disability.

An aggrieved person may file a complaint of a housing discrimination act with:

Massachusetts Housing & Finance Authority
 One Beacon Street
 Boston, MA 02108
 617-854-1000, TDD 617-854-1025

Boston Regional Office of FHEO, U.S. Dept. of HUD
 Thomas P. O'Neill, Jr. Federal Building
 10 Causeway Street, Room 321
 Boston, MA 02222-1092
 617 994-8300, 800-827-5005, TTY 617-565-5453

Additional Required Information:

Have you or any member of your household ever been charged or convicted of a misdemeanor or felony?

☐ Yes ☐ No If yes, please explain: _____

Has any member of the household had a problem with the use, sale, purchase, or manufacture, either in the past or currently, with illegal drugs? ☐ Yes ☐ No

If yes, please explain: _____

Has any member of the household had a problem with alcohol abuse or a pattern of alcohol abuse that would interfere with others' health, safety, and right to peaceful enjoyment of the property? ☐ Yes ☐ No

If yes, please explain: _____

Are you or any member of your household subject to a **lifetime sex offender registration** in any state?

☐ Yes ☐ No

If yes, please explain: _____

Please list every state that a member of the applicant household has resided in and who resided there. If additional space is necessary, please list on a separate page.

Applicant Member	State	Applicant Member	State

Please note: HUD may prohibit admission to an applicant subject to lifetime sex offender registration after June 25, 2001. Failure to furnish accurate information may also result in rejection or denial of admission. Management has a no tolerance policy for drugs. If you are applying and have a drug conviction, we will not provide you with housing.

In addition to the application, all adult household members, ages 18 years of age or older, will be required to complete and return the following attachments to the application in order to be considered for housing and placement onto the

1. Supplement to Application for Federally Assisted Housing (Form HUD-92006)
2. Certification of Household Student Status - Section 8
3. Low Income Housing Tax Credit (LIHTC) Student Status Affidavit
4. I Speak Language Identification Card

This is to inform you that as part of our procedure for processing your application, an investigative report may be made whereby information is obtained through personal interviews with third parties, such as family members, business associates, financial sources, friends, neighbors, or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics and mode of living, whichever may be applicable. You have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.

By signing this application, you are hereby authorizing SHP Management Corp. to request a credit report on the applicant(s), which may include rental history, arrest and/or conviction records and retail credit history. A screening result of "Approved" does not guarantee eligibility or acceptance into the property. Applicants must meet all project eligibility and property screening criteria.

Please note that this is a preliminary application and in no way insures occupancy. Additional information may be requested to complete processing of your application. Your signature gives written consent to the management to verify information in this application. A false statement or misrepresentation on your application will be grounds for denial of residency.

By my signature below, I certify the accuracy and completeness of the information provided.

Signature: _____	Date: _____
Signature: _____	Date: _____
Signature: _____	Date: _____
Signature: _____	Date: _____

If mailing application, please send to the address below:

Property Name: Hadley West Apartments
Site Address: 515 Hadley West Drive
Haverhill, MA 01832
Phone Number: 978-373-9571
TTY/TDD & Voice Callers: 1-800-439-2370; Voice caller 1-800-439-0183



SHP MANAGEMENT CORP. does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.



SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

☐ Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

Form HUD- 92006 (05/09)

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent </div> <div style="width: 45%;"> <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ </div> </div>	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

☐ Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

- | | | |
|--------------------------|---|------------------------|
| <input type="checkbox"/> | ضع علامة في هذا المربع إذا كنت تقرأ أو تتحدث العربية. | 1. Arabic |
| <input type="checkbox"/> | Խոսողո՞ւմ ե՞ս, կ՞արեա՞րք այս քառակուսում,
եթե խոսում կամ կարդում եք հայերեն: | 2. Armenian |
| <input type="checkbox"/> | যদি আপনি বাংলা পড়েন বা বলেন তা হলে এই বাক্সে দাগ দিন। | 3. Bengali |
| <input type="checkbox"/> | ល្អបញ្ជាក់ក្នុងប្រអប់នេះ បើអ្នកអាន ឬនិយាយភាសា ខ្មែរ ។ | 4. Cambodian |
| <input type="checkbox"/> | Motka i kahhon ya yangin ûntûngnu' manaitai pat ûntûngnu' 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 هستید، این مربع را علامت بزنید. | 12. Farsi |

<input type="checkbox"/>	Cocher ici si vous lisez ou parlez le français.	13. French
<input type="checkbox"/>	Kreuzen Sie dieses Kästchen an, wenn Sie Deutsch lesen oder sprechen.	14. German
<input type="checkbox"/>	Σημειώστε αυτό το πλαίσιο αν διαβάζετε ή μιλάτε Ελληνικά.	15. Greek
<input type="checkbox"/>	Make kazye 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 megérte vagy beszéli 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"/>	באצייכנט דעם קעסטל אויב איר לייענט אדער רעדט אידיש.	38. Yiddish