

Don't staple the pages of this application together!

1. Some providers *scan* the application, and if you staple, that means removing staples from 1000 applications every week or month.
2. If you include a letter, don't staple that either: providers need to quickly get to your waitlist data and your cover page just gets in the way.

Use #10 double window envelopes. Fold on the line, and addresses will fit in the windows.

Dear

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

App Generated:

 **ATTN: WAITLIST ADMINISTRATOR** 

Is this waitlist closed? Anything else you want to tell the 900 Housing Advocates and the nearly 200,000 applicants using our system?

USE BLOCK PRINT to fill in the appropriate information below. Save paper and ink by faxing only this one page to HousingWorks – we will immediately update your information! See fax number below.

☐ **This particular waitlist is closed: At present, our only open waitlists are:**

☐ **This is not the correct application. The correct application is available in this way:**

Your position or title at this housing program: _____

Your signature: _____

HousingWorks Fax: 617-536-8561

If you direct applicants to try our free search to locate OTHER HOUSING OPTIONS, you reduce frivolous applications and eliminate possibly hundreds of phone calls:

www.HousingWorks.net



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

- ☐ ETHNICITY ☐ RACE: Asian , Black, White, Native American, Pacific Islander, Multi-racial

- ☐ 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 designed for Environmental Allergies | |

- ☐ 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

- ☐ BEST MAILING ADDRESS

- ☐ # BEDROOMS NEEDED? ☐ SPECIAL CIRCUMSTANCES? (*some programs may grant you priority status*)
- ☐ Disability ☐ Elder ☐ Veteran ☐ Fleeing Domestic Violence ☐ Rent-burdened
☐ Displaced by ☐ Public Action ☐ Sanitary Code ☐ Natural Forces ☐ Other _____

New North Canal Apartments
517A Moody Street * Lowell, MA 01854
Phone 978.454.5595 * Relay 711 * Fax 978.458.9503
Maloney Properties, Inc. * Management Agent

Dear Applicant:

Thank you for your interest in New North Canal, a smoke-free property. We are currently opening our waiting lists and are now accepting applications for our **HUD Section 8 Very Low Income Waiting Lists for 1, 2 & 3 Bedroom Apartments, and our Affordable Income Waiting List for 1,2 & 3 Bedroom Apartments.**

NOTE: Our moderate income 1, 2 and 3 bedroom waiting lists are already open and will remain open.

Please complete the attached preliminary application in full and return it to the management office, along with signed Waitlist Policies as well as a completed/signed Race and Ethnic Data form* for each family member and a completed, signed Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants form*.

*NOTE: The Race and Ethnic Data form and the Supplemental and Optional Contact info form must be completed, signed and returned even though the information you provide within them is optional. If you do not wish to provide detailed info on either or both, you must still "complete" and send them back with your application as follows - fill out applicant name, sign and date them, and check off the box indicating you do not wish to disclose or provide the information requested. Otherwise please complete them in full, sign and date them, and send them back with your application.

The deadline for receipt of these to be entered in the lottery is Friday, June 15th, 2018 at 5:00 PM. Your application (i.e., your completed, original preliminary application) must be received by the management office, or post marked sent via U.S. Mail, on or before this date and time.

On Friday, June 29th, 2018 at 12:00 Noon the lottery will take place at North Canal Apartments, located at 517A Moody Street, Lowell, MA 01854. We will add applicants from the lottery to the applicable existing waiting lists.

Within thirty (30) days of the lottery taking place, you will be notified in writing of your status on the waiting list. Once you have been placed on the waitlist, it is your responsibility to provide the management office with written notification of any changes to the application, including but not limited to mailing address, phone number, other contact information, household composition, unit size/type required/requested gross annual household income and any priority and/or preference. Failure to provide written notification of changes may result in your name being removed from the waitlist.

As a waitlist applicant, you may receive an annual waiting list update request from the management office to confirm your continued interest in New North Canal Apartments, as well as, current application information and contact information. For the duration of time you remain on the waiting list, you must provide a written reply to the annual update requests by the deadline specified to maintain your status on the list. You will receive written notification from the office when your name has reached the top five or ten applicants on the list for the applicable size and type unit for which we have an upcoming vacancy. Once you receive this notification, you will be required to complete an updated, full application, conduct an interview and supply applicable documentation of your household's income, assets, expenses, student status, priority, preference and other eligibility and suitability criteria.

Failure to respond to the annual update letter or to the top-of-waiting list notification within the specified timeframe will result in applicant's name being permanently removed from the waitlist. For this reason, it is critical that you maintain current contact information on file with us at all times.

If you or any family member has a disability, or limited English proficiency, and as a result need assistance completing the application and/or any assistance during the application process, we will be happy to provide assistance upon request by calling 978-454-5595/ Relay 711.

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.



If you have any questions regarding our apartments or the waitlists, please contact the management office at (978) 454-5595 /Relay: 711. Again, thank you for your interest in New North Canal Apartments.

Sincerely,



Martha Molinary
Property Manager
New North Canal Apartments

Attachments: 1) Pre-Application (Application)
 2) HUD-92006, Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants
 3) Application Addendum Demographics Data Collection & Consent Form
 4) Waitlist Policies
 5) Notice of Nondiscrimination, Right to Reasonable Accommodation and Free Language Assistance

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New North Canal Apartments
517B Moody Street * Lowell, MA 01854
Phone 978.454.5595 * Relay 711 * Fax 978.458.9503
Maloney Properties, Inc. * Management Agent

PRELIMINARY APPLICATION

Head of Household (HOH) Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____

Apartment Size Required: _____ 1 bedroom _____ 2 bedroom _____ 3 bedroom

Do you or does any member of your household need any specific features or apartment designs, such as, wheelchair accessibility, visual aids (Braille), or apparatus for hearing assistance?

_____ Yes _____ No

If yes, please describe: _____

List all the states where all household members have lived:

Are you or any household member required to register as a "life-time" Sex offender?

_____ Yes _____ No

If yes, list the name of the person(s) with the state where registration needs to be filed.

Does the household have a Federal or State Housing Choice Voucher? _____ Yes _____ No

Agency: _____

We do not discriminate based on Voucher holder status. This question is asked for the sole purpose to: (1) determine an applicant household's ability to pay rent for a unit that does not have Project Based Subsidy; or (2) to advise applicant households who are applying for a unit with Project-based subsidy that if they move into such a unit that already has subsidy with the unit, they will be required by their voucher agency to give up their mobile voucher.

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Please list all persons who will live in the apartment.

	Name	Relationship to Head of Household	Birth Date	Social Security Number	Full Time Student? Y/N
1.		SELF			
2.					
3.					
4.					
5.					
6.					

Please list all sources of income for all household members. NOTE: "Income" refers to all money received as a result of employment, Social Security benefits, Pension, Veteran's Benefits, Unemployment Compensation, Alimony, Child Support, Recurring Gifts, Public Assistance, interest earned from assets, etc. Under "Annual Amount" please indicate the total annual income from the named source, PRIOR to deductions (taxes, etc.) If none, write "none". This section cannot be left blank.

Household Member Name	Source of Income	Annual Amount

Please list all household members' assets. NOTE: "Assets" refers to money held in checking accounts, savings accounts, trust accounts, certificates of deposit, credit unions, savings bonds, life insurance policies, mutual stocks, bonds, annuities, 401 (K), Keogh, investment properties. If none, write "none". This section cannot be left blank.

Household Member Name	Type of Asset	\$ Amount	% Annual Interest

This is a self-certification of gross annual income for all household members.

I certify that the information given is true to the best of my knowledge and that my gross annual household income is:

\$ _____

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Applicant Certification

All household members aged 18 or older or who is an emancipated minor must sign below.

I hereby certify under the pain and penalty of perjury that:

- all information in this application is true to the best of my knowledge and I understand that false statements or information will lead to rejection of this application or termination of tenancy after occupancy;
- in consideration for being permitted to apply for this apartment, I 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 Pre-Application;
- the owner/manager/agent will rely on the information I provide, once verified, to make a determination that I am eligible and qualified for housing;
- I must notify the properties, for which I have submitted a Pre-Application, of any change of address in writing and I understand that my pre-application may be cancelled if I fail to do so;
- I understand that this is a preliminary application to determine my eligibility for available waitlists, and that I will be required to complete a full application and all required certification and verification forms once an apartment becomes available;
- I understand all changes to this application (including but not limited to address change, phone number change, family composition change, preference/priority change and annual household income change must be made to the New North Canal management office in writing, and that failure to do so may result in my application being cancelled;
- I hereby authorize the owner/manager/agent to make independent investigations to determine my credit, financial standing, criminal background, including sex offender registration history, landlord history, and personal references;
- I understand that no determination of eligibility or suitability for housing will be made until my application comes to the top of the waiting list, I have completed the full rental application, I have provided any requested/required documents and eligibility and suitability screening is completed by the Agent;
- I authorize landlords, personal references and credit and screening agencies to release any and all information to the owner/manager/employee or their agents or background checking agencies;
- I hereby release, remis and forever discharge, 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, except as otherwise limited by laws relating to the use of personal information:

Signature of Applicant/Head of Household

Date

Signature of Applicant/Household Member

Date

Signature of Applicant/Household Member

Date

Signature of Applicant/Household Member

Date

Signature of Applicant/Household Member

Date

Signature of Applicant/Household Member

Date

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NEW NORTH CANAL WAITLIST POLICIES

THIS AGREEMENT MUST BE SIGNED AND RETURNED WITH THE PRELIMINARY APPLICATION

Applications must be filled out completely and signed by all household members aged 18 and over. Faxed copies are NOT accepted. Management will reject all incomplete applications. The deadline for receipt (or post mark of mailed) applications to be entered in the lottery is Friday, June 15th, 2018 at 5:00 PM. On Friday, June 29th 2018 at 12:00 Noon the lottery will take place at the New North Canal Management Office located at 517A Moody Street, Lowell, MA 01854. We will add applicants from the lottery to the existing waiting list. If you submit an application after the lottery deadline of Friday, June 15th, 2018 at 5:00PM, your name will not be added to the waiting list. Management is not responsible for applications lost, damaged, or delayed in the mail.

All household members aged 18 and over must sign below:

I have read (or have had read to me) and understand the above waitlist policies. I further understand that failure to comply with the above policies could delay my application and may result in my application being rejected or my name being removed from the waitlist.

Applicant #1

Date

Applicant #2

Date

Applicant #3

Date

Applicant #4

Date

Applicant #5

Date

Applicant #6

Date

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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.org/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 Spouse/Co-head

- ☐ 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 Spouse/Co-head

- ☐ 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 HH Member #3

- ☐ 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 HH Member #3

- ☐ 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 HH Member #4

- ☐ 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 HH Member #4

- ☐ 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 HH Member #5

- ☐ 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 HH Member #5

- ☐ 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

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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) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <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 </td> <td style="width: 50%; vertical-align: top;"> <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: _____ </td> </tr> </table>		<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	<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: _____
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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.

**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:

Name of Property: *New North Canal Apts.*
Office Address: *517-A Moody Street, Lowell MA 01854*
Telephone: *978-454-5595* Relay: 711
Email:

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, Wellestey, MA 02481.