



Dear Applicant,

Thank you for your interest in Woodland Station Apartments.

Enclosed you will find an application packet for our Low Income Tax Credit Housing Program, which includes the following materials:

1. Affordable Housing Rental Application
2. Notice of Non-Discrimination, Right to Reasonable Accommodation and Right to Free Language Assistance.
3. Income limit information and rental rates for 1, 2 & 3 bedroom apartments.

Woodland Station has a total of 180 luxury apartment homes featuring a mix of one, two and three bedroom floor plans. All resident parking is conveniently located in a parking garage within the building. The Community is located at the Woodland Station MBTA Green Line stop, adjacent to the Woodland and Brae Burn Country Clubs, and is in close proximity to the major highways, such as Route 16, 128/95 and the Massachusetts Turnpike.

Apartment Features:

Contemporary, Fully Appliance Kitchen with Granite Countertops and Cherry Cabinets
Ceramic Tiling in Kitchens and Bathrooms
Wall-to-Wall Carpeting*
Stainless Steel Appliances Full-Size
Washer and Dryer in unit Walk-in
Closets*

**Available in select apartment homes*

Amenities

24-Hour Fitness Center
Clubroom with Fireplace, Flat Screen TVs and Billiard Table
Outdoor Heated Pool
Direct Access to Woodland MBTA Station
Pet-Friendly Community
Think Tanks with printer
24-Hour Library

Services

Dry Cleaning Drop Off/Pick Up Service
Package Acceptance
24 Hour On-Site Emergency Maintenance

Please fill out the enclosed application and return it to the Leasing Office located at 1940 Washington Street, Newton, MA 02466 to be placed on our waiting list.

Our staff is available to answer any questions you may have while completing the application, or for any general questions about the Community. Please feel free to contact the Leasing Office at (617) 969.1200, TTY: 711.

Regards,
Giovanni Cuscina
Property Manager

National Development Asset Management of New England LP 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. National Development Asset Management of New England LP provides persons with disabilities the opportunity to request a Reasonable Accommodation in order to apply to and participate in such programs and activities. National Development Asset Management of New England LP 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. Kristen Awrey coordinates National Development's compliance with all nondiscrimination requirements. Contact her with any questions or concerns relating to National Development's compliance with nondiscrimination requirements: Telephone (817) 969-1200, Relay #711 or at National Development, 2310 Washington Street, Newton Lower Falls, MA 02462.



Equal Housing Opportunity



1940 Washington Street, Newton, MA 02466
617-969-1200, Fax 617-969-2229, TTY:711

Affordable Program

Apartments

# of Units	Type	Square Feet	Rent	Household Size	% Income
17	1 Bedroom	726 - 753	\$1,180.00	1 - 2	50%
14	2 Bedroom	1094 - 1231	\$1,355.00	2 - 4	50%

Townhouses

# Of Units	Type	Square Feet	Rent	Household Size	% Income
3	2 Bedroom	1268-1762	\$1,355.00	2-4	50%
2	3 Bedroom	1764-1877	\$1,514.00	3-6	50%

Household Size	Income Limit
1 Person	\$49,100
2 People	\$56,100
3 People	\$63,100
4 People	\$70,100
5 People	\$75,750

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Equal Housing Opportunity



Woodland Station Apartments
1940 Washington Street
Newton, MA 02466
617-969-1200, TTY:711

1(A)

The information requested in this form is required by the gov't. Agency regulating this project.

APPLICATION FOR HOUSING

Low-Income Housing Tax Credit Property
And/or
HUD Subsidized Property with MassHousing Financing

Please do not use whiteout. If you make a mistake, cross it out, write the correct answer and put initials next to the crossed out information.

Please Print Clearly

Applications are placed in the order specified in the Tenant Selection Plan located at the management office. An applicant may be interviewed only after the receipt of this tenant application. Upon request, you also have the right to receive a Tenant Selection Plan Summary and a Property Description Insert.

Please complete **all** sections of this application and all applicable attachments and return to the address at the top of the page. If a question is not applicable to you, please write "N/A" in that section. If all sections are not completed, the application will be returned to you for completion, and, as such, will not be placed on the waiting list. Everyone age 18 and over in the household as well as the Head, Co-head and Spouse must report all income and sign all necessary forms. Thank you for your assistance.

A. GENERAL INFORMATION

Applicant Name(s): _____

Address: _____
Street Apt. # City State ZIP

Daytime Phone: _____ Evening Phone: _____

No. of BR's in current unit: _____ 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 utilities paid by you: ☐ Heat ☐ Electricity ☐ Gas ☐ Other (specify)

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

Bedroom size requested: ☐ One BR ☐ Two BR ☐ Three BR

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

1. Do you need a fully accessible unit for someone with a mobility impairment? ☐ Yes ☐ No

Note: If you only need a unit on the first floor and it doesn't need to be fully accessible please answer "no" here and respond to question 4 below with a "yes" and let us know your needs.

2. Do you need only certain accessible features of a unit? ☐ Yes ☐ No

If yes, please list the features that you need to be accessible:

3. Do you need a unit with special features for someone with a hearing and/or visual impairment?

☐ Yes ☐ No

4. Does any member of the household have any accessibility or reasonable accommodation requests or alternate ways we need to communicate with you? ☐ Yes ☐ No If yes, please

explain: _____

B. HOUSEHOLD COMPOSITION & STUDENT STATUS ELIGIBILITY

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

1.	Name	Relationship to head of household	Birth Date	Age (optional)	Social Security#	Student Status (F1) (Must Circle as Applicable to EACH Member)
Head						Full-time / Part-time / Not Student
Co-T						Full-time / Part-time / Not Student
3.						Full-time / Part-time / Not Student
4.						Full-time / Part-time / Not Student
5.						Full-time / Part-time / Not Student
6.						Full-time / Part-time / Not Student
7.						Full-time / Part-time / Not Student
8.						Full-time / Part-time / Not Student

2. Do you anticipate any additions to the household in the next twelve months? ☐ Yes ☐ No

If yes, explain

3. Will all of the persons in the household be or have been full-time students during five calendar months of This year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students or is pursuing a full-time course of institutional on-farm training under the supervision of an accredited agent of an educational organization or of a state or political subdivision of a state? F1

☐ Yes ☐ No

IF YES, ANSWER THE FOLLOWING QUESTIONS "a" THROUGH "e":

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

C. INCOME

List ALL sources of gross income anticipated to be received by any/all household members in the next 12 months as requested below. If an income source doesn't apply, cross out or write N/A over that source name.

Household Member Name	Source of Income	Gross Monthly Amount
1.	Social Security F12	\$
	Social Security F12	\$
2.	SSI Benefits F12	\$
	SSI Benefits F12	\$
3.	SSP Payments (State Supplement Program) F9	\$
4.	Pension F13 List source:	\$
5.	Veteran's Benefits F8 List claim #:	\$
		\$
6.	Unemployment Compensation F11	\$
	Unemployment Compensation F11	\$
7.	Worker's Compensation F11	\$
8.	Title IV/TANF/TAFDC/Public Assistance F9	\$
9.	Interest Income F19 List source:	\$
10.	Other Income (including recurring gifts, lottery winnings, rental property, net income from a business, etc.)? Verify as applicable List source:	\$

11.	*Student Financial Assistance in excess of tuition and other required fees and charges (scholarships, grants, private sources, work study, etc.) F1 Addendum & F2 List source:	
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*Student Financial Assistance in excess of tuition and other required fees and charges (scholarships, grants, private sources, work study, etc): **Only** counted for Sec. 8 and/or LIHTC members with Section 8 assistance if the individual is applying separate from his/her parent(s) and he/she isn't 24 or older with a dependant child.

Household Member Name	Source of Income	Monthly Amount
11.	Employment Income F5	\$
	Employer:	
	Employer Address:	
	Employer Phone:	
	Position Held:	How long employed:
12.	Employment Income F5	\$
	Employer:	
	Employer Address:	
	Employer Phone:	
	Position Held:	How long employed:
13.	Employment Income F5	\$
	Employer:	
	Employer Address:	
	Employer Phone:	
	Position Held:	How long employed:
14.	Alimony F15, F16	
	a. Are you <i>entitled</i> by a court order or other legal agreement to receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are <i>entitled</i> to receive.	\$
	b. Do you receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list amount you receive.	\$
15.	Child Support F15, F16	
	a. Are you <i>entitled</i> by a court order or other legal agreement to receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list the amount you are <i>entitled</i> to receive.	\$
	b. Do you receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you receive.	\$
16. Are any adult members 18 or older and not employed but are receiving unearned income such as Social Security, SSI, Public Assistance, Unemployment, etc.? F4: Section B Only		<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Are any adult members 18 or older, not employed and not receiving any unearned income from any source? F4: Section A Only		<input type="checkbox"/> Yes <input type="checkbox"/> No
18. TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts listed above x 12)		\$
19. TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR (Based on last tax year)		\$

20. Do you anticipate any changes in this income in the next 12 months?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, explain:					
21. Do you file income tax returns? (If yes, please provide a copy with this application.) <input type="checkbox"/> Yes <input type="checkbox"/> No					
D. ASSETS					
If your assets are too many to list here, please request an additional form. If a section doesn't apply, cross out or write N/A.					
Household Member Name: _____					
1. Checking Accts F19		Bank:	Acct:	Balance \$	
		Bank:	Acct:	Balance \$	
		Bank:	Acct:	Balance \$	
2. Savings Accts F19		Bank:	Acct:	Balance \$	
		Bank:	Acct:	Balance \$	
		Bank:	Acct:	Balance \$	
3. Direct Express Debit Card (SSA) Current Statement	Member: _____				Balance: \$
	Member: _____				Balance: \$
	Member: _____				Balance: \$
4. Trust Account F22		Bank:	Acct:	Balance \$	
5. Cash on Hand F30					Amount \$
6. Certificates of Deposit F19		Bank:	Acct:	Balance \$	
		Bank:	Acct:	Balance \$	
7. Credit Union F19		Bank:	Acct:	Balance \$	
		Bank:	Acct:	Balance \$	
8. Savings Bonds F19		Maturity Date			Value \$
		Maturity Date			Value \$
9. Life Insurance Policy F20	Ins. Co: _____ Acct: _____			Cash Value \$	
10. Life Insurance Policy F20	Ins. Co: _____ Acct: _____			Cash Value \$	
11. Mutual Funds F19	Name: _____	#Shares: _____	Annual Interest or Dividend \$		Value \$
	Bank Name: _____				
12. Stocks F19	Name: _____	#Shares: _____	Annual Interest or Dividend \$		Value \$
	Bank Name: _____				
13. Bonds F19	Name: _____	#Shares: _____	Annual Interest or Dividend \$		Value \$
	Bank Name: _____				
14. Annuities, 401(k), IRA, Keogh F21	Name: _____ Source: _____			Value \$	
15. Investment Property F23	Name: _____ Source: _____			Appraised Value \$	
16. Real Estate Property: Does any household member own any property? F24, F25					<input type="checkbox"/> Yes <input type="checkbox"/> No

a. <i>If yes</i> , Name of Household Member:	b. Type of property:
c. Location of property:	
d. Appraised Market Value:	\$
e. Mortgage or outstanding loans balance due:	\$
f. Amount of annual insurance premium:	\$
g. Amount of most recent tax bill:	\$

17. <i>Has any household member sold/dispensed of any property in the last 2 years?</i> F17	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes</i> , Name of Household Member:	Type of property:
Market value when sold/dispensed	\$
Amount sold/dispensed for	\$
Date of transaction	

18. <i>Has any household member disposed of any other assets in the last 2 years?</i> (Example: Given away money to relatives, set up Irrevocable Trust Accounts)? F17, F22		<input type="checkbox"/> Yes <input type="checkbox"/> No
a. <i>If yes</i> , Name of Household Member:	b. Describe Asset:	
c. Date of disposition:		
d. Amount disposed	\$	

e. Does any member have any other assets not listed above (excluding personal property)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, please list:</i> Household Member Name:	Type of Asset:

E. ADDITIONAL INFORMATION

1. How were you referred to this property?

Notice for the following two questions: We do not discriminate based on Section 8 Voucher/Certificate holder status. These questions are 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 Section 8; or (2) to advise applicant households who are applying for a unit with Project-based Section 8 that if they move into such a unit that already has Section 8 with the unit, they will be required by their voucher agency to give up their mobile voucher.

2. Do you currently have a mobile Section 8 Voucher/Certificate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Do you anticipate receiving a mobile Section 8 Voucher/Certificate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Are you or any member of your family currently illegally using a controlled substance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Have you or any member of your family ever been: (A) convicted of a felony; and/or (B) subject to any State Sex Offender Lifetime Registration requirement? Failure to respond to this question may jeopardize the approval of your application.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes, specify whether (A) and/or (B) with member name(s) as applicable and describe. Attach separate sheet if necessary:

6. Provide a complete list of ALL States in which any applicant household member has ever resided:

- | | | |
|--|------------------------------|-----------------------------|
| 7. Are you an owner, developer or sponsor of this project (or officer, employee, agent or consultant of the owner, developer or sponsor)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Has any landlord ever had to take legal action against you or another family member listed in Section B above for non-payment of rent and/or any other material non-compliance with your lease that resulted in your appearance in court? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If yes, please describe:

- | | | |
|--|------------------------------|-----------------------------|
| 9. Have you ever filed for bankruptcy? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|--|------------------------------|-----------------------------|

If yes, describe:

- | | | |
|---|------------------------------|-----------------------------|
| 10. Will you take an apartment when one is available? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|------------------------------|-----------------------------|

Briefly describe your reasons for applying:

F. REFERENCE INFORMATION

You must provide all full addresses resided at in the past five years and the names, addresses and phone numbers of all landlords, if applicable. (Please attach a separate sheet if necessary to include all landlords in the last 5 years.)

1. Current Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	Address You Resided At:	
	How Long?	From: _____ To: _____
2. Prior Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	Address You Resided At:	

	How Long?	From: _____	To: _____
3. Personal Reference #1:			
Address:			
Relationship:		Phone #:	
4. Personal Reference #2:			
Address:			
Relationship:		Phone #:	

PRIORITY STATUS

Please respond to the follow questions if you wish to be considered for priority status. Failure to identify a priority herein will result in your application being placed on the non- priority waitlist. Priorities will need to be fully documented at the time of interview through to certification/move in date:

1. Have you been displaced from your home? Yes _____ No _____ If so, please explain:

2. Does your present apartment contain health code violations? Yes _____ No _____ If so, please explain:

3. Is your present apartment too small for your family? Yes _____ No _____

4. Does your current housing cause any accessibility or other problems for any member of the household who has a disability? Yes _____ No _____ If so, please describe:

5. Have you or any member of your household suffered actual or threats of physical violence by a spouse or other member of the household? Yes _____ No _____ If so, please provide details: _____

6. Do you work or live in Newton Yes _____ No _____

If no: (a) Do you have an immediate relative who lives in Newton?

Yes _____ No _____

(b) Does your child attend a Newton Public School through the METCO program?

Yes _____ No _____

Application – MassHousing Site

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

SIGNATURE(S):

_____ (Signature of Tenant)	_____ Date
_____ (Signature of Co-Tenant)	_____ Date
_____ (Signature of Co-Tenant)	_____ Date
_____ (Signature of Co-Tenant)	_____ Date

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

Attachment B: DHCD Resident Notice and Consent Form

National Development Asset Management of New England LP 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. National Development Asset Management of New England LP provides persons with disabilities the opportunity to request a Reasonable Accommodation in order to apply to and participate in such programs and activities. National Development Asset Management of New England LP 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. Kristen Awrey coordinates National Development's compliance with all nondiscrimination requirements. Contact her with any questions or concerns relating to National Development's compliance with nondiscrimination requirements: Telephone (617) 969-1200, Relay #711 or at National Development, 2310 Washington Street, Newton Lower Falls, MA 02462.



Equal Housing Opportunity



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

National Development Asset Management of New England, LP 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, veteran status, receipt of public assistance, because someone is, has been or is threatened with being the victims of domestic abuse, or has obtained, or sought, or is seeking relief from any court in the form of a restraining order for protection from domestic abuse.

National Development Asset Management of New England, LP has designated Kristen Awrey 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:

National Development Asset Management of New England, LP
2310 Washington Street
Newton Lower Falls, MA 02462
Telephone: (617) 969-1200, TTY: 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. 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: Woodland Station Apartments

Office Address: 1940 Washington Street, Newton Ma 02466

Telephone: (617) 969-1200, TTY: 711



**WOODLAND
STATION**

A P A R T M E N T S

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Equal Housing Opportunity



**Contact Information for the Department of Housing and Urban Development Region I
FHEO Office and State Fair Housing Agencies Where National Development Asset
Management of New England, LP, Conducts Business**

The Department of Housing and Urban Development

Boston Regional Office of FHEO
U.S. Department of Housing and Urban Development
Thomas P. O'Neill, Jr., Federal Building
19 Causeway Street, Room 321
Boston, MA 02222-1092
(617) 944-8300 | 1-800-827-5005 | TTY (617) 565-5453

Massachusetts

Massachusetts Commission Against
Discrimination (MCAD)

Boston Office
One Ashburton Place
Sixth Floor, Room 601
Boston, MA 02108
Phone: 617-994-6000
TTY: 617-994-6196

Springfield Office
436 Dwight Street
Second Floor, Room 220
Springfield, MA 01103
(413) 739-2145

Worcester Office
Worcester City Hall
455 Main Street, Room 101
Worcester, MA 01608
(508) 799-8010
(508) 799-8490 - FAX

New Bedford Office
800 Purchase St., Rm 501
New Bedford, MA 02740
(508) 990-2390
(508) 990-4260 - FAX

New Hampshire

NH Commission for Human Rights
2 Chenell Drive #2
Concord, NH 03301-8501
Telephone: (603) 271-2767
Fax: (603) 271-6339
E-mail: humanrights@nhsa.state.nh.us

Rhode Island

Rhode Island Commission for Human Rights
180 Westminster Street, 3rd Floor
Providence, RI 02903
Tel: 401-222-2661 TTY: 401-222-2664
Fax: 401-222-2616

Vermont

Vermont Human Rights Commission
14-16 Baldwin Street
Montpelier, VT 05633-6301
800-416-2010, x25 (voice)
802-828-2481 (fax)
877-294-9200 (TTY)
Email: human.rights@state.vt.us

I SPEAK FORM

LANGUAGE IDENTIFICATION FLASHCARD

<input type="checkbox"/>	ضع علامة في هذا المربع إذا كنت تفكر أو تتحدث العربية.	1. Arabic
<input type="radio"/>	...rill."t...r'r--r'--... po--ur, l4ll-t-o•"lful"fu,.....r L ¥' 1 1 .:	2. Armenian
<input type="radio"/>	11R"11"11t1RR"1r '111'11t'11 d1 "11R'W"111"1111r1	3. Bengali
<input type="radio"/>	C1iYUqit ilq t,1111tiS:tf1n1f1S 1jntUn1lo'l f3l	4. Cambodian
<input type="radio"/>	r.lotka ikahhon ya yangin tlnt1ngmi manaitai pat tlnu1ngnu"kumontos Chamorro.	5. Chamorro
<input type="radio"/>	:t1J11.1):11aoto:t:tl1t'l't:. Hf1111t1f1. =====	6. Chinese
<input type="radio"/>	111:111. ti>J1:Jji!1JjiJ1: • OH11i!1JMI•	7. Danish
<input type="radio"/>	Oznatite ovaj k*adratiC ako Ot,ate il i1,'<>\Orite hrvatski jezik.	8. Croatian
<input type="radio"/>	ZaSkrt1C.te tu1o kolonku,pok td tlcte a hovofite tcsky.	9. Czech
<input type="radio"/>	Kruš dit \akje aan als u Nakrlands lunt lezēn of sprēkw.	10. Dutch
<input type="radio"/>	tlark this box. if you read or spr:ak English.	11. English
<input type="checkbox"/>	اگر خواندن و نوشتن فارسی، بلد هستند این مربع را علامت بزنید.	12. Farsi

<input checked="" type="checkbox"/> <p>Cocher ici si vous lisez ou parlez le fran S -</p>	13. French
<input checked="" type="checkbox"/> <p>Kreuzen Sie dieses Kastchen an, wenn Sie DeuL h lesen oder sprechen.</p>	14. German
<input checked="" type="checkbox"/> <p>Σημειώστε αυτό το πλαίσιο αν διαβάσετε ή μιλάτε Ελληνικά.</p>	15. Greek
<input checked="" type="checkbox"/> <p>Make kazyé sa a si ou lioswa ou pale kreyol ayisyen.</p>	16. Haitian Creole
<input type="checkbox"/> <p>अगर आप हिन्दी बोलते या पढ़ सकते हैं तो इस बक्स पर चिह्न लगाएँ।</p>	17. Hindi
<input checked="" type="checkbox"/> <p>Kos lub voj no yog koj paub twm thiab hais lus lmoob.</p>	18. Hmong
<input checked="" type="checkbox"/> <p>JeiOije meg ezt a koclit, ha megerti vagy beszeli a magyar nyelvet.</p>	19. Hungarian
<input checked="" type="checkbox"/> <p>Marknam daytoy nga kahon no makabaa wenno makasnokn ili Tlocano.</p>	20. Ilocano
<input checked="" type="checkbox"/> <p>Marchi que.ta casella se legge o paria italiano.</p>	21. Italian
<input checked="" type="checkbox"/> <p>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。</p>	22. Japanese
<input checked="" type="checkbox"/> <p>한국어를 읽거나 말할 수 있으면 이 칸에 표시하십시오.</p>	23. Korean
<input type="checkbox"/> <p>ໃຫ້ໝາຍໃສ່ຊ່ອງນີ້ ຖ້າທ່ານອ່ານຫຼືບາກມາສາສາວ.</p>	24. Laotian
<input checked="" type="checkbox"/> <p>Prosimy o /.Unnel.Cnie tego "- ndnHu, jci.cli postuguje si\! fàn/Pani t. ykiem polskim.</p>	25. Polish

<input type="checkbox"/>	Assinale este quadrado se você lê ou fala português.	26. Portuguese
<input type="checkbox"/>	Însemnați această căsuță 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"/>	ໝາຍໂຕກຸ້ງສີດຳຖ້າທ່ານອ່ານຫຼືເວົ້າພາສາໄທ.	33. Thai
<input type="checkbox"/>	Maaka 'i he puha ni kapuu 'oku ke lau pe lea fakatonga.	34. Tongan
<input type="checkbox"/>	Відмітьте цю клітинку, якщо ви читаете або говорите українською мовою.	35. Ukrainian
<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

Application Addendum – Household Race/Ethnicity/Disability Status Designation and Demographics 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 Commonwealth of Massachusetts. 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 Commonwealth in an effort to affirmatively further fair housing in Massachusetts.

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, 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 you or any household member chooses not to disclose race, ethnicity and/or disability status for any member, you must check the applicable boxes under the Race, Ethnicity and Disability Status sections for each member as “I do not wish to disclose”.

Fair Housing Act Definition for Handicap/Disability

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

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

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

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

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

Race of Head of Household

- ☐ White
- ☐ Black/African American
- ☐ American Indian/Alaska Native
- ☐ Asian
- ☐ Native Hawaiian/Other Pacific Islander
- ☐ Other
- ☐ I do not wish to disclose

Ethnicity of Head of Household

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

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

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

2. Full Name of Household Member: _____ **Date of Birth:** _____

Race of this Household Member

- ☐ White
- ☐ Black/African American
- ☐ American Indian/Alaska Native
- ☐ Asian
- ☐ Native Hawaiian/Other Pacific Islander
- ☐ Other
- ☐ I do not wish to disclose.

Ethnicity of this Household Member

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino
- ☐ I do not wish to disclose.

Disability Status of This Member That Meets the Fair Housing Act Definition on Page 1:

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

3. Full Name of Household Member: _____ **Date of Birth:** _____

Race of this Household Member

- ☐ White
- ☐ Black/African American
- ☐ American Indian/Alaska Native
- ☐ Asian
- ☐ Native Hawaiian/Other Pacific Islander
- ☐ Other
- ☐ I do not wish to disclose.

Ethnicity of this Household Member

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino
- ☐ I do not wish to disclose.

Disability Status of This Member That Meets the Fair Housing Act Definition on Page 1:

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

4. Full Name of Household Member: _____ Date of Birth: _____

Race of this Household Member

- ☐ White
- ☐ Black/African American
- ☐ American Indian/Alaska Native
- ☐ Asian
- ☐ Native Hawaiian/Other Pacific Islander
- ☐ Other
- ☐ I do not wish to disclose.

Ethnicity of this Household Member

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino
- ☐ I do not wish to disclose.

Disability Status of This Member That Meets the Fair Housing Act Definition on Page 1:

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

5. Full Name of Household Member: _____ Date of Birth: _____

Race of this Household Member

- ☐ White
- ☐ Black/African American
- ☐ American Indian/Alaska Native
- ☐ Asian
- ☐ Native Hawaiian/Other Pacific Islander
- ☐ Other
- ☐ I do not wish to disclose.

Ethnicity of this Household Member

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino
- ☐ I do not wish to disclose.

Disability Status of This Member That Meets the Fair Housing Act Definition on Page 1:

- ☐ Member has a disability
- ☐ Member does not have a disability
- ☐ 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, 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

Other Adult Household Member

Date Signed

National Development Asset Management of New England LP 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. National Development Asset Management of New England LP provides persons with disabilities the opportunity to request a Reasonable Accommodation in order to apply to and participate in such programs and activities. National Development Asset Management of New England LP 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. Kristen Awrey coordinates National Development's compliance with all nondiscrimination requirements. Contact her with any questions or concerns relating to National Development's compliance with nondiscrimination requirements: Telephone (617) 969-1200, Relay #711 or at National Development, 2310 Washington Street, Newton Lower Falls, MA 02462.



Equal Housing Opportunity





This is an important notice. Please have it translated.
Este é um aviso importante. Queira mandá-lo traduzir.
Este es un aviso importante. Sirvase mandarlo traducir.
ĐÂY LÀ MỘT BÀN THÔNG CÁO QUAN TRỌNG
XIN VUI LÒNG CHO DỊCH LẠI THÔNG CÁO ẤY
Ceci est important. Veuillez faire traduire.

本通知很重要。請將之譯成中文。

នេះគឺជាជំនួយ សូមមេត្តាបកប្រែជូនផង

ЭТО ОЧЕНЬ ВАЖНОЕ СООБЩЕНИЕ ОБЯЗАТЕЛЬНО ПЕРЕВЕДИТЕ

Massachusetts Department of Housing and Community
Development Resident Notice and Consent Form for
State-Aided Public Housing and State Rental Assistance

Pursuant to state law, Chapter 334 of the Acts of 2006, The Department of Housing and Community Development (DHCD) must gather, compile, and report data in order to provide current, accurate, and detailed information on the number, location, and residents of assisted housing units (including state-aided public housing) and recipients of state or federal rental assistance. DHCD will also evaluate the data to ensure that housing choice and inclusive patterns of housing are available across the Commonwealth.

In response to the above cited law and regulations at 760 CMR 61.00, DHCD is requiring local housing authorities administering state-aided public housing and state rental assistance and regional agencies administering state rental assistance to collect and report certain resident household data to DHCD. Much of this information is already collected pursuant to separate authority. DHCD will annually report to the state legislature on its data collection efforts and may provide reports to other interested parties in a manner consistent with privacy laws, including Massachusetts General Laws Chapter 66A. Massachusetts General Laws Chapter 66A also provides for the rights of data subjects: this includes your right to inspect and copy your personal data and to object to the collection, maintenance, dissemination, use, accuracy, completeness, or relevance of the personal data or type of information held about you.

Please respond to the following data questions:

1) What is the race of the head of household?

Circle all that apply:

White

Black or African American

Asian

American Indian or Alaska Native

Native Hawaiian or Other Pacific Islander

Other (specify) _____

2) Is at least one adult member of the household a racial minority (Black or African American, Asian, American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, or other minority) (yes or no)? _____

3) Is the head of household Hispanic/Latino (yes or no)? _____

4) Is at least one adult member of the household Hispanic/Latino (yes or no)? _____

5) What is the number of children under 6 years of age in the household that reside in the unit?

6) What is the number of children in the household that are 6 years of age or older but under 18 years of age that reside in the unit? _____

7) What is the household type?

Circle one of the following choices below:

- Single/non-Elderly
- Elderly
- Related/Single Parent (a single parent household with a dependent child or children)
- Related/Two parent (a two-parent household with a dependent child or children)
- Other (any household not included in the above four definitions, including two or more unrelated individuals)

In signing this consent form, you acknowledge that after reading this form you voluntarily provided the information above, that you understand that there are no penalties if you do not wish to provide the information, and that you have received a copy of this form for future reference.

Head of household signature

Date
