WOODLAND
STATION
APARTMENTS

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 Applianced 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,
Woodland Station Management

Equal Housing Opportunity

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

Affordable Program Apartments (Effective 04/01/2025)

# of Units	Type	Square Feet	Rent	Household Size	% Income
17	1 Bedroom	726 - 753	$1,400.00	1 - 2	50%
14	2 Bedroom	1094 - 1231	$1,610.00	2 - 4	50%

Townhouses

# Of Units	Type	Square Feet	Rent	Household Size	% Income
3	2 Bedroom	1268-1762	$1,610.00	2-4	50%
2	3 Bedroom	1764-1877	$1,806.00	3-6	50%

Household Size	Income Limit
1 Person	$57,900
2 People	$66,200
3 People	$74,450
4 People	$82,700
5 People	$89,350

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

Woodland Station Apartments
1940 Washington St.
Newton, MA 02466
Phone: 617-969-1200 /US Relay: 711
Fax: 617-969-2229

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

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

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. Thank you for your assistance.

A. GENERAL INFORMATION

Applicant Name(s):

Address: _____
Street Apt. # City State ZIP

Daytime
Phone: Evening Phone: _____

Email Address:

Current Unit Size
(# of BRs): 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: ☐ Studio ☐ 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 notice of the right to request a Reasonable Accommodation (Attachment A).***

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		**HOH**				**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**

*Note re: HUD SSN Eligibility Requirements: Applicant & Management confirm that Applicant has supplied documentation of Social Security Numbers (SSNs) for all household members unless family members qualify for an exemption in accordance with HUD requirements. Exemptions include all applicants: age 62 or older as of 1/31/10 whose initial determination of eligibility began before 1/31/10 (based on the effective date of a form HUD-50059 or form HUD-50058, whichever is applicable) and/or those who do not contend eligible immigration status.

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

If yes, explain

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**	$
	Social Security **F12**	$
2.	SSI Benefits **F12**	$
	SSI Benefits **F12**	$
	SSI Benefits **F12**	$
3.	SSP Payments (State Supplement Program) **F9a&b**	$
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:	$
9.	Other Income (including recurring gifts, lottery winnings, rental property, net income from a business, etc.)? **Verify as applicable** List source:	$
10.	*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:	

***Student Financial Assistance in excess of tuition and other required fees and charges (scholarships, grants, private sources, work study, etc): <u>Only</u> counted for Sec. 8 and/or LIHTC members with Section 8assistance 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
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.	**Employment Income F5**	$
	Employer:	
	Employer Address:	
	Employer Phone:	
	Position Held: How long employed:	
15.	**Alimony F15, F16**	
	a. Are you ***entitled*** by a court order or other legal agreement to receive alimony?	☐ **Yes** ☐ **No**
	If yes, list the amount you are ***entitled*** to receive.	$
	b. Do you receive alimony?	☐**Yes** ☐ **No**
	If yes list amount you receive.	$
16.	**Child Support F15, F16**	
	a. Are you ***entitled*** by a court order or other legal agreement to receive child support?	☐ **Yes** ☐ **No**
	If yes list the amount you are ***entitled*** to receive.	$
	b. Do you receive child support?	☐ **Yes** ☐ **No**
	If yes, list the amount you receive.	$
17. 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		☐ **Yes** ☐ **No**
18. Are any adult members 18 or older, not employed and not receiving any unearned income from any source? F4: Section A Only		☐ **Yes** ☐ **No**
19. TOTAL GROSS ANNUAL INCOME (Monthly amounts listed above x 12)?		$
20. TOTAL GROSS ANNUAL INCOME FROM PRIOR YEAR (Based on last tax year)?		$
21. Do you anticipate any changes in this income in the next 12 months?		☐ **Yes** ☐ **No**
If yes, explain:		
22. Do you file income tax returns? ☐ **Yes** ☐ **No** **(If yes, provide prior year's taxes with W-2(s), 1099(s), etc. for all members 18 and older with application)**		

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 Stmt/ATM Receipt**	Member:			Balance: $
	Member:			Balance: $
	Member:			Balance: $
4. Other Debit Acct Cards **Current Stmt/ATM Receipt**	Member:			Balance: $
	Member:			Balance: $
	Member:			Balance: $
5. Cash on Hand **F30**				Amount $
6. Trust Account **F22**		Bank:	Acct:	Balance $
		Bank:	Acct:	Balance $
7. Certificates of Deposit **F19**		Bank:	Acct:	Balance $
		Bank:	Acct:	Balance $
8. Savings Bonds **F19**		Maturity Date		Value $
		Maturity Date		Value $
9. Life Insurance Policy **F20**			Ins. Co:	Cash Value $
10. Life Insurance Policy **F20**			Ins. Co:	Cash Value $

11. Mutual Funds **F19**	Name: Bank Name:	#Shares:	Annual Interest or Dividend $	Value $
5. Stocks **F19**	Name: Bank Name:	#Shares:	Annual Interest or Dividend $	Value $
6. Bonds **F19**	Name: Bank Name:	#Shares:	Annual Interest or Dividend $	Value $

12. Annuities, 401(k),	Name: Source:	Value $
13. Investment Property **F23**	Name: Source:	Appraised Value $

14. Real Estate Property: **Does any household member own any property? F24, F25**	☐ **Yes** ☐**No**
***a.* If yes,** 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. Has any household member sold/disposed of any property in the last 2 years? **F17**	☐ **Yes** ☐ **No**
If yes, Name of Household Member: Type of property:	
Market value when sold/disposed	$
Amount sold/disposed for	$
Date of transaction	

18. Has any household member disposed of any other assets in the last 2 years? (Example: Given away money to relatives, set up Irrevocable Trust Accounts)? **F17, F22**	☐ **Yes** ☐ **No**
a. If yes, Name of Household Member:	b. Describe Asset:
c. Date of disposition:	
d. Amount disposed:	$
h.	Does any member have any assets not listed above? ☐
If yes, please list: Household Member Name:	Type of Asset:

E. ADDITIONAL INFORMATION

1. How were you referred to this property?

Notice for the following question: 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?	☐ **Yes**	☐ **No**
Failure to respond to the questions below may jeopardize approval of your application.		
3a. Are you, or any member of your household (including any live-in aide) listed in Section B above, currently illegally using a controlled substance?	☐ **Yes**	☐ **No**
3b. Do you, or any member of your household (including any live-in aide) listed in Section B above, have a pattern of illegal drug use or abuse of alcohol that has threatened or would threaten the health, safety and right to peaceful enjoyment of others?	☐ **Yes**	☐ **No**
4a. Have you, or any member of your household (including any live-in aide) listed in Section B above, been convicted of a felony in the last 7 years? NOTE: A "yes" answer does not automatically result in the household's inability to obtain housing. Mitigating circumstances are considered.	☐ **Yes**	☐ **No**
4b. Are you, or any member of your household (including any live-in aide) listed in Section B above, subject to any State Sex Offender Lifetime Registration requirement?	☐ **Yes**	☐ **No**
If yes to 4 (a or b), specify whether (a) and/or (b) along with member name(s) and describe. Attach additional pages(s) if necessary:		
5. Provide a complete list of ALL States in which any applicant household member has ever resided:		
6. Are you an owner, developer or sponsor of this project (or officer, employee, agent or consultant of the owner, developer or sponsor)?	☐ **Yes**	☐ **No**

7a. Has any landlord ever had to take legal action against you, or another household member (except any live-in aide) listed in Section B above, for non-payment of rent?	☐ **Yes**	☐ **No**
7b. Has any landlord ever had to take legal action against you or another household member (including any live-in aide) listed in Section B above, for any other material non-compliance with your lease that resulted in your appearance in court?	☐ **Yes**	☐ **No**

If yes, please describe:

8. Have you ever filed for bankruptcy?	☐ **Yes**	☐ **No**

If yes, describe:

9. Will you take an apartment when one is available?	☐ **Yes**	☐ **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:
2. Prior Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	Address You Resided At:	
	How Long?	From:

3. In case of emergency notify:

Address:

Relationship: Phone #:

4. In case of emergency notify:

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:

_____

G. CERTIFICATION

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

SIGNATURE(S):

(Signature of Tenant) _____ Date _____

(Signature of Co-Tenant) _____ Date _____

(Signature of Co-Tenant) _____ Date _____

(Signature of Co-Tenant) _____ Date _____

Attachments: Application Cover Letter, as applicable, based on program(s) at property
Application Attachments below, as applicable, based on program(s) at property

Attachment A: Notice of Nondiscrimination, Right to a Reasonable Accommodation and Free Language Assistance for People with LEP
Attachment B: Form HUD-92006, Supplemental and Optional Contact Information for HUD Assisted Housing Applicants
Attachment C: 1(A) Application Addendum - Demographics Data Collection & Consent
Attachment D: DHCD Resident Notice and Consent Form (or other State Agency Reporting Form, as required)
Attachment E: HUD Form-27061-H – Race and Ethnic Data Reporting Form

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.

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

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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 I 1-800-827-5005 I 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

☐ ضع علامة في هذا المربع إذا كنت تقرأ أو تتحدث العربية.	1. Arabic
☐ [illegible]	2. Armenian
☐ যদি আপনি বাংলা পড়েন বা বলেন তা হলে এই বাক্সে দাগ দিন।	3. Bengali
☐ ឈូមបញ្ជាក់ក្នុងប្រអប់នេះ បើអ្នកអាន ឬនិយាយភាសា ខ្មែរ។	4. Cambodian
☐ Motka i kahhon ya yangin ûntûngnu' manaitai pat ûntûngnu' kumentos Chamorro.	5. Chamorro
☐ 如果你能读中文或讲中文，请选择此框。	6. Simplified Chinese
☐ 如果你能讀中文或講中文，請選擇此框。	7. Traditional Chinese
☐ Označite ovaj kvadratić ako čitate ili govorite hrvatski jezik.	8.Croatian
☐ Zaškrtněte tuto kolonku, pokud čtete a hovoříte česky.	9. Czech
☐ Kruis dit vakje aan als u Nederlands kunt lezen of spreken.	10. Dutch
☐ Mark this box if you read or speak English.	11. English
☐ اگر خواندن و توشتن فارسي بلد هستيد اين مربع را علامت بزنيد.	12. Farsi

☐ Cocher ici si vous lisez ou parlez le français.	13. French
☐ Kreuzen Sie dieses Kästchen an, wenn Sie Deutsch lesen oder sprechen.	14. German
☐ Σημειώστε αυτό το πλαίσιο αν διαβάζετε ή μιλάτε Ελληνικά.	15. Greek
☐ Make kazye sa a si ou li oswa ou pale kreyòl ayisyen.	16. Haitian Creole
☐ अगर आप हिन्दी बोलते या पढ़ सकते हों तो इस बक्स पर चिह्न लगाएँ।	17. Hindi
☐ Kos lub voj no yog koj paub twm thiab hais lus Hmoob.	18. Hmong
☐ Jelölje meg ezt a kockát, ha megérti vagy beszéli a magyar nyelvet.	19. Hungarian
☐ Markaam daytoy nga kahon no makabasa wenno makasaoka iti Ilocano.	20. Ilocano
☐ Marchi questa casella se legge o parla italiano.	21. Italian
☐ 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
☐ 한국어를 읽거나 말할 수 있으면 이 칸에 표시하십시오.	23. Korean
☐ ໃຫ້ໝາຍໃສ່ຊ່ອງນີ້ ຖ້າທ່ານອ່ານຫຼືປາກເວົ້າພາສາລາວ.	24. Laotian
☐ Prosimy o zaznaczenie tego kwadratu, jeżeli posługuje się Pan/Pani językiem polskim.	25. Polish

E Assinale este quadrado se voce le ou fala portugues.	26. Portuguese
E Insemnati aceasti cis* daci sau vorbiti romfine§te.	27. Romanian
rIOMeTbTe '3TOT tatartpanuc, mini Bbl liwraere HIM roaopwre no-pyccKH. 1	28. Russian
O6enewscre caw) iorsanpandh yxonzsxo nitTaTe HRH TOBOpHTe cpncxn jeutx.	29. Serbian
Oznaete tento §tvoreek, ak viete eftafalebo hovoriepo slovensky.	30. Slovak
Marque esta casilla si lee o habla espanol.	31. Spanish
❑ Markahan itong kuwadrado kung kayo ay marunong magbasa o magsalita ng Tagalog.	32. Tagalog
❑ liirriteRn nuntia	33. Thai
Maaka 'i he puha ni kapau 'oku ke lau pe lea fakatonga.	34. Tongan
BlithilTbire LBO KniTtuticy, mow Bit intracTe a6o rosopnie pcpaffichKoto MOBOIO.	35. Ukranian
آپ اردو پڑھتے یا بولتے ہیں تو اس خانے میں نشان لگائیں۔	36. Urdu
El Xin danh &Su vao 6 nay ne-u quy vi bi61 doc va n6i &Ale Vit NO.	37. Vietnamese
trtY1 wTx 1,2P·5 1·N 1·1X 5vvyp ‘.),D"NND	38. Yiddish

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)

Emergency	Assist with Recertification Process
Unable to contact you	Change in lease terms
Termination of rental assistance	Change in house rules
Eviction from unit	Other:
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.

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.

Woodland Station Apartments
1940 Washington St
Newton, MA 02466
Phone: 617-969-1200/MA Relay 711
Fax: 617-969-2229

1(A) Application Addendum Demographics Data Collection & Consent Form

Use an additional form for households with 6 or more members

Purpose: The information requested below is being gathered by State Agencies to determine the populations who are and are not being served by state and federal housing assistance programs in the state. State agencies will evaluate and report on this data to state legislature (and other interested parties in a manner consistent with all applicable privacy laws) to ensure that housing choice, equitable housing opportunities, and inclusive patterns of housing are available across the state in an effort to affirmatively further fair housing.

Instructions: This form must be completed and signed/dated by the head of household, all adult members of the household and the Owner/Agent. The designation of a specific race (including choosing a sub-category for Asian or Native Hawaiian/Pacific Islander), ethnicity and whether a household member has a disability that meets the Fair Housing Act definition for handicap/disability (definition detailed below) are completely voluntary; however, if any household member chooses not to disclose race, ethnicity and/or disability status for any member, the applicable "I do not wish to disclose" box under the Race, Ethnicity and Disability Status sections for each member must be checked.

Fair Housing Act Definition for Handicap/Disability
The member has a physical or mental impairment which substantially limits one or more major life activities; a record of such an impairment, or being regarded as having such an impairment. For a definition of "physical or mental impairment" and other terms used in this definition, please see 24 CFR 100.201, available at
http://www.fairhousing.com/index.cfm?method=page.display&pagename=regs_fhu_100-201.
"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
- o 1 - White
- o 2 - Black/African American
- o 3 - American Indian/Alaska Native
- o 4 - Asian (please choose a sub-category)
  - o 4a - Asian India
  - o 4b - Chinese
  - o 4c - Filipino
  - o 4d - Japanese
  - o 4e - Korean
  - o 4f - Vietnamese
  - o 4g - Other Asian
- o 5 - Native Hawaiian/Other Pacific Islander (please choose a sub-category)
  - o 5a - Native Hawaiian
  - o 5b - Guamanian or Chamorro
  - o 5c - Samoan
  - o 5d - Other Pacific Islander
- o 6 - Other
- o 7 - I do not wish to disclose

Ethnicity of Head of Household
- o 1 - Hispanic or Latino
- o 2 - Not Hispanic or Latino
- o 3 - I do not wish to disclose

Disability Status of this Member that Meets the Fair Housing Act Definition Above:
- o 1 - Member has a disability
- o 2 - Member does not have a disability

o 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

- o 1 - White
- o 2 - Black/African American
- o 3 - American Indian/Alaska Native
- o 4 - Asian (please choose a sub-category)
  - o 4a - Asian India
  - o 4b - Chinese
  - o 4c - Filipino
  - o 4d - Japanese
  - o 4e - Korean
  - o 4f - Vietnamese
  - o 4g - Other Asian
- o 5 - Native Hawaiian/Other Pacific Islander (please choose a sub-category)
  - o 5a - Native Hawaiian
  - o 5b - Guamanian or Chamorro
  - o 5c - Samoan
  - o 5d - Other Pacific Islander
- o 6 - Other
- o 7 - I do not wish to disclose

Ethnicity of Spouse/Co-head

- o 1 - Hispanic or Latino
- o 2 - Not Hispanic or Latino
- o 3 - I do not wish to disclose

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

- o 1 - Member has a disability
- o 2 - Member does not have a disability
- o 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

- o 1 - White
- o 2 - Black/African American
- o 3 - American Indian/Alaska Native
- o 4 - Asian (please choose a sub-category)
  - o 4a - Asian India
  - o 4b - Chinese
  - o 4c - Filipino
  - o 4d - Japanese
  - o 4e - Korean
  - o 4f - Vietnamese
  - o 4g - Other Asian
- o 5 - Native Hawaiian/Other Pacific Islander (please choose a sub-category)
  - o 5a - Native Hawaiian
  - o 5b - Guamanian or Chamorro
  - o 5c - Samoan
  - o 5d - Other Pacific Islander
- o 6 - Other
- o 7 - I do not wish to disclose

Ethnicity of HH Member #3

- o 1 - Hispanic or Latino
- o 2 - Not Hispanic or Latino
- o 3 - I do not wish to disclose

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

- o 1 - Member has a disability
- o 2 - Member does not have a disability
- o 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

- o 1 - White
- o 2 - Black/African American
- o 3 - American Indian/Alaska Native
- o 4 - Asian (please choose a sub-category)
  - o 4a - Asian India
  - o 4b - Chinese
  - o 4c - Filipino
  - o 4d - Japanese
  - o 4e - Korean
  - o 4f - Vietnamese
  - o 4g - Other Asian
- o 5 - Native Hawaiian/Other Pacific Islander (please choose a sub-category)
  - o 5a - Native Hawaiian
  - o 5b - Guamanian or Chamorro
  - o 5c - Samoan
  - o 5d - Other Pacific Islander
- o 6 - Other
- o 7 - I do not wish to disclose

Ethnicity of HH Member #4

- o 1 - Hispanic or Latino
- o 2 - Not Hispanic or Latino
- o 3 - I do not wish to disclose

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

- o 1 - Member has a disability
- o 2 - Member does not have a disability
- o 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

- o 1 - White
- o 2 - Black/African American
- o 3 - American Indian/Alaska Native
- o 4 - Asian (please choose a sub-category)
  - o 4a - Asian India
  - o 4b - Chinese
  - o 4c - Filipino
  - o 4d - Japanese
  - o 4e - Korean
  - o 4f - Vietnamese
  - o 4g - Other Asian
- o 5 - Native Hawaiian/Other Pacific Islander (please choose a sub-category)
  - o 5a - Native Hawaiian
  - o 5b - Guamanian or Chamorro
  - o 5c - Samoan
  - o 5d - Other Pacific Islander
- o 6 - Other
- o 7 - I do not wish to disclose

Ethnicity of HH Member #5

- o 1 - Hispanic or Latino
- o 2 - Not Hispanic or Latino
- o 3 - I do not wish to disclose

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

- o 1 - Member has a disability
- o 2 - Member does not have a disability
- o 3- I do not wish to disclose the disability status.

<u>Certification and Consent by Applicant(s)/Resident)s)</u>:

I/We, the adult members of the household, do hereby give consent to the Owner/Manager to share with state agencies and offices of the state and federal governments, and their designated subcontractors and agents, the information I/we have supplied above, as well as demographic and other information about my household (income, age of members, family composition, use of Section 8 assistance, and monthly rental payments) in accordance with the Housing and Economic Recovery Act (HERA) of 2008 and in a manner that is compliant with federal and state privacy laws and regulations. I/We, the adult member(s) of this household, understand there is no penalty if I/we chose to not disclose the race, ethnicity and/or disability status of household member(s).

Head of Household Signature	Date Signed
Co-Head, Spouse or Other Adult Member	Date Signed
Other Adult Household Member	Date Signed
Other Adult Household Member	Date Signed
Management	Date Signed

Maloney Properties Inc. does not discriminate on the basis of any protected status, including disability, in the admission of or access to, or treatment or employment in its programs and activities. Maloney Properties, Inc. provides persons with disabilities the opportunity to request a Reasonable Accommodation in order to apply to and participate in such programs and activities. Maloney Properties, Inc. also provides people whose primary language isn't English and as a result have limited English proficiency the opportunity to request free language assistance in order to apply to or participate in its programs and activities. Kathy Broderick coordinates Maloney Properties' compliance with all nondiscrimination requirements, including Section 504. Contact her with any questions or concerns relating to Maloney Properties' compliance with nondiscrimination requirements: Telephone (781) 943-0200 x255, Relay #711or at Maloney Properties, Inc. 27 Mica Lane, Wellesley, MA 02481.

This is an important notice. Please have it translated.
Este é um aviso importante. Queira mandá-lo traduzir.
Este es un aviso importante. Sírvase mandarlo traducir.
ĐÂY LÀ MỘT BẢN 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。请将之译成中文。
នេះគឺជាដំណឹងល្អ សូមមេត្តាបកប្រែជូនផង
Это очень важное сообщение Обязательно переведите

Massachusetts Department of Housing and Community Development Resident Notice and Consent Form

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 privately owned housing with state subsidy or federal subsidy administered by the state). 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 the regulations at 760 CMR 61.00, DHCD and the quasi-public agencies Massachusetts Housing Partnership, MassHousing, and MassDevelopment are requiring development sponsors/owners or their delegates to collect and report certain resident household data to a web-based reporting system, including income level and the information requested below. DHCD will annually report to the state legislature on its data collection efforts. DHCD may also share information with the quasi-public agencies and 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

_____ _____

Race and Ethnic Data Reporting Form

U.S. Department of Housing and Urban Development
Office of Housing

OMB Approval No. 2502-0204
(Exp. **06/30/2017**)

Name of Property **Project No.** **Address of Property**

Name of Owner/Managing Agent **Type of Assistance or Program Title:**

Name of Head of Household **Name of Household Member**

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	**Select All that Apply**
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

***Definitions of these categories may be found on the reverse side.**

There is no penalty for persons who do not complete the form.

Signature **Date**

Public reporting burden for this collection is estimated to average 10 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. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.
This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be incompliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify' during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provide and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does no require any special protection.