

**Bixby Road Apartments**  
**19 Bixby Road**  
**Spencer, MA 01562**  
**Phone: (508) 752-8022 /US Relay: 711**  
**Fax: (508) 754-5757**

Date: \_\_\_\_\_

Dear Applicant Household:

Thank you for your interest in our apartments. Attached please find the application package that you requested. It is extremely important that you fully understand the application as well as all documents enclosed; therefore, if you should need assistance understanding and/or filling anything out, please contact the management office and we will be happy to assist you. This property is governed by the Low Income Housing Tax Credit (LIHTC) Program. Please be aware that all household members cannot be full-time students (in accordance with the full-time student questions listed in the attached application) unless the household qualifies for an exemption. **Listed below you will find a brief description of the forms that are attached to this application.**

***Please be aware that if the application is incomplete at submission, it will be rejected, returned to you, and will not be evaluated until all required information has been re-submitted.***

The following is included with this package. Please complete and return with your application if specified below:

**Notice of Non-Discrimination and the Right to Reasonable Accommodation for Persons with Disabilities, and the Right to Free Language Assistance for People with Limited English Proficiency; and Reasonable Accommodations Request Form:**

Maloney Properties, Inc. is committed to complying with all applicable Fair Housing laws; making reasonable accommodations which are changes in rules, policies and procedures, and physical modifications to enable applicants and tenants with disabilities to have an equal opportunity to apply to and enjoy their housing; and providing free language assistance to applicants/residents who have limited English proficiency. Please review this important notice, and follow the applicable procedures if you would like to request a reasonable accommodation.

**1(A) Application Addendum - Demographics Data Collection and Consent Form:**

Similar to the above form, state agencies that fund and/or monitor state and federal affordable housing programs must gather information from Owners/Agents to determine the populations who are and are not being served by these programs. This form asks the necessary questions and includes the necessary consent to gather and share this information with state agencies so they can in turn report on the information, as applicable. **Please read this form carefully, complete it in accordance with the instructions on the form and have all adult members of the household sign/date it and return with your completed application.**

**DHCD Resident Notice and Consent Form:** Similar to the above, this form is required to be completed for state and federal affordable housing programs (other than HUD programs). This form asks the necessary questions and is required to be completed and filed for any household applying to/participating in the applicable programs. **Please read, complete and sign/date this form and return with your completed application.**

Within 30 days of receiving a complete application submission, Management will send written notification informing you as to the status of your application, i.e., the approximate wait for an apartment as well as your placement on the waiting list, if applicable, the date, time and location of the application lottery list drawing

When you reach the top of the waiting list, we will contact you for an interview. At that time, the head, spouse, co-head, and all adult members of the family will be asked to sign the required individual verification forms authorizing management to verify family income, assets, student status and other eligibility factors throughout the application process.

We look forward to hearing from you! Please feel free to contact our office if you have any questions and please let us know if we can be of any assistance in explaining or filling out your application. You may contact the management office in-person or by phone (508) 752-8022 /MA Relay 711.

Sincerely,



Property Manager  
Maloney Properties Inc.



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**NEW**  
**Affordable Rental Housing**  
**19 Bixby Road**

19 Bixby Road, Spencer, MA 01562

42 Units

**Maximum Gross Income By  
Household Size**

# of units	Type	Bed size	HH size	Max Income 1	Max Income 2	Max Income 3	Max Income 4	Max Income 5	Max Income 6
4	30% PBV-MRVP*	2	2-4	18,000	20,600	23,150	25,700	28,780	32,960
7	30% PBV-MRVP*	3	3-6	18,000	20,600	23,150	25,700	28,780	32,960
9	50%	2	2-4	30,000	34,300	38,600	42,850	46,300	49,750
6	50%	3	3-6	30,000	34,300	38,600	42,850	46,300	49,750
8	60%	2	2-4	36,000	41,160	46,320	51,420	55,560	59,700
8	60%	3	3-6	36,000	41,160	46,320	51,420	55,560	59,700

*Income limits subject to change*

**Rental Rates**

# of units	Type	Bed size	HH size	Contract Rent
4	30% PBV-MRVP*	2	2-4	\$1,060
7	30% PBV-MRVP*	3	3-6	\$1,326
9	50%	2	2-4	\$ 990
6	50%	3	3-6	\$1,143
8	60%	2	2-4	\$1,158
8	60%	3	3-6	\$1,337

*Rental rates subject to change*

**Applications may be picked up in person, sent electronically, or mailed from**  
Mount Carmel Apartments, 50 Shrewsbury St., Worcester, MA 01604  
Mon – Fri, 5/2 – 5/12, 2017, 10am-4pm  
Saturday, 5/6/2017, 10am – 4pm  
Wednesday, 5/10/2017, 4pm – 8pm  
Thursday, 5/11/2017, 4pm -7pm

An informational meeting will be held on 5/10/17 at 6pm at  
50 Shrewsbury St. Worcester, MA 01604

**Deadline for completed applications at the above address:**  
In person by 4pm, Wednesday, 7/13/2017 or by mail postmarked by 7/13/2017.

Selection by lottery. Use and occupancy restrictions apply.  
Handicap/Disabled households have preference for accessible units.  
\*11 Units have Project Based Rental Assistance - Mass Rental Voucher Program,  
set-a-side for the homeless

Free language assistance for people with Limited English Proficiency  
For more information or Reasonable Accommodations,  
call Maloney Properties, Inc. (508) 752-8022, U.S. Relay # 711.



**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**

Maloney Properties, Inc. does not discriminate on the basis of any status protected by federal, state, or local law, in the admission or access to, or treatment or employment in, its programs, services and activities including, but not limited to, the following: race, color, religion, sex, national origin, familial status, disability, sexual orientation, gender identity or expression, marital status, age, ancestry, genetic information, membership in the armed services or status as a veteran, receipt of public assistance, because someone is, has been or is threatened with being the victim of domestic violence, dating violence, sexual assault or stalking, or has obtained, or sought, or is seeking relief from any court in the form of a restraining order for protection from domestic abuse

Maloney Properties, Inc. has designated Kathy Broderick to coordinate compliance with applicable federal and state nondiscrimination requirements and to address grievances applicants and residents may have. The following is her contact information:

Maloney Properties, Inc.  
27 Mica Lane  
Wellesley, MA 02481  
Telephone: (781) 943-0200, extension 255; Relay: 711

Also, if you believe you have been discriminated against, you may file a formal complaint with the Department of Housing and Urban Development (HUD) and local Fair Housing Agency. The contact information for HUD's Fair Housing Office and the Fair Housing Agencies in the states where our sites are located is attached to this notice.

**Reasonable Accommodation for People with Disabilities**

If you or any member of your household have a disability and as a result need any of the following in order to have an equal opportunity to apply to or live in our development, or participate in services and programs we offer, please let us know:

- A change in a rule, policy, procedure or service;
- A physical change or modification in your apartment, such as grab bars or lowering the cabinets;
- A specific type of unit such as one that is accessible to individuals with mobility impairments, visual impairments or hearing impairments;
- A physical change or modification in some other part of the housing site; and
- A preferred way for us to communicate with you or give you information, such as Braille, large print or using a hearing interpreter;

These kinds of changes are called reasonable accommodations. We will provide a requested reasonable accommodation if:

- your disability is obvious or you can document that you have a disability;

- the nexus or connection between your disability and the need for the accommodation is obvious or you can document it; and
- your request does not pose an undue financial and administrative burden or fundamental change in the program, which means in simple language if it is not too expensive and too difficult to arrange or do, or does not require us to do something that the housing program is not designed to do or would prevent us from doing what we are required to do.

We will give you an answer as to whether we can provide the accommodation within ten (10) business days unless there is a problem getting the information we need, or unless you agree to a longer time. We will let you know if we need more information or documentation from you or if we would like to talk to you about other ways to meet your needs.

If we turn down your request, we will explain the reasons. If you want, you may then give us information that addresses the reason why we turned down your request.

A REASONABLE ACCOMMODATION REQUEST FORM is available at the management office listed below. Let us know if you need help filling out the form or if you want to give us your request in some other way. Reasonable Accommodations may be requested orally or in writing. Please do not hesitate to contact the management office.

NOTE: All information you provide will be kept confidential and be used only to enable you to have an equal opportunity to apply to or enjoy your housing, including services and the common areas.

### **Free Language Assistance for People with Limited English Proficiency**

If your primary language is not English and as a result you have difficulty reading, writing or understanding English, we will provide you free language assistance so you can apply to our housing program or communicate with us regarding a housing related matter. If your primary language is not English and as a result you have Limited English proficiency, please put a checkmark next to your primary language on the attached "I SPEAK" form and return the form to the management office as listed below. We will do our best to try to accommodate your request in a timely manner. Please contact the management office if you have any suggestions regarding how we can best meet your language needs or if you have any questions about our free language assistance.

### **Property Contact Information:**

Name of Property: **Bixby Road Apartments**

Office Address: **50 Shrewsbury St., Worcester, MA 01604**

Telephone: **(508) 752-8022** Relay: **711**

Email: **Bixbyrd@maloneyproperties.com**

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**Contact Information for the Department of Housing and Urban Development Region I  
FHEO Office and State Fair Housing Agencies Where Maloney Properties, Inc.  
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](mailto: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](mailto:human.rights@state.vt.us)

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I SPEAK FORM

LANGUAGE IDENTIFICATION FLASHCARD

<input type="checkbox"/> <p>ضع علامة في هذا المربع إذا كنت تقرأ أو تتحدث العربية.</p>	1. Arabic
<input type="checkbox"/> <p>Խոսո՞ւմ ե՞սք «Արաբ» կամ/և՞ արևմտաօստրալիական, կիսա օստրալիական կամ կապուսիտալ լեզուներով:</p>	2. Armenian
<input type="checkbox"/> <p>যদি আপনি বাংলা পড়েন বা বলেন তা হলে এই বাক্সে চাপ দিন।</p>	3. Bengali
<input type="checkbox"/> <p>ល្អប្រសើរណាស់ប្រសិនបើ៖ បើអ្នកនិយាយ ឬអានភាសាខ្មែរ ។</p>	4. Cambodian
<input type="checkbox"/> <p>Motka i kabbon ya yangin ününgeu' mansaitai pat ününgeu' kumentos Chamorro.</p>	5. Chamorro
<input type="checkbox"/> <p>如果你能读中文或讲中文，请选择此框。</p>	6. Simplified Chinese
<input type="checkbox"/> <p>如果你能讀中文或講中文，請選擇此框。</p>	7. Traditional Chinese
<input type="checkbox"/> <p>Označite ovaj kvadratić ako čitate ili govorite hrvatski jezik.</p>	8. Croatian
<input type="checkbox"/> <p>Zaškrtněte tuto kolonku, pokud čtete a hovoříte česky.</p>	9. Czech
<input type="checkbox"/> <p>Kruis dit vakje aan als u Nederlands kunt lezen of spreken.</p>	10. Dutch
<input type="checkbox"/> <p>Mark this box if you read or speak English.</p>	11. English
<input type="checkbox"/> <p>اگر خواندن و نوشتن فارسی، بلد هستید، این مربع را علامت بزنید.</p>	12. Farsi

<input type="checkbox"/> Cocher ici si vous lisez ou parlez le français.	13. French
<input type="checkbox"/> Kreuzen Sie dieses Kästchen an, wenn Sie Deutsch lesen oder sprechen.	14. German
<input type="checkbox"/> Σημειώστε αυτό το πλαίσιο αν διαβάζετε ή μιλάτε Ελληνικά.	15. Greek
<input type="checkbox"/> Make kazyè sa a si ou li oswa ou pale kreyòl ayisyen.	16. Haitian Creole
<input type="checkbox"/> अगर आप हिन्दी बोलते या पढ़ सकते हैं तो इस बक्स पर चिह्न लगाएँ।	17. Hindi
<input type="checkbox"/> Kos lub voj no yog koj paub twm thiab haus lus Hmoob.	18. Hmong
<input type="checkbox"/> Jelölje meg ezt a kockát, ha megérti vagy beszéli a magyar nyelvet.	19. Hungarian
<input type="checkbox"/> Markaan daytoy nga kahon no makabasa wenno makasaoka iti Ilocano.	20. Ilocano
<input type="checkbox"/> Marchi questa casella se legge o parla italiano.	21. Italian
<input type="checkbox"/> 日本語を読んだり、話せる場合はここに印を付けてください。	22. Japanese
<input type="checkbox"/> 한국어를 읽거나 말할 수 있으면 이 칸에 표시하십시오.	23. Korean
<input type="checkbox"/> ສືບຕໍ່ລະຫວ່າງທີ່ນີ້ຖ້າທ່ານສາມາດອ່ານ ຫຼື ກ່າວໄດ້.	24. Laotian
<input type="checkbox"/> Prosimy o zaznaczenie tego kwadratu, jeżeli posługuje się Pan/Pani językiem polskim.	25. Polish



<input type="checkbox"/>	Assinale este quadrado se você lê ou fala português.	26. Portuguese
<input type="checkbox"/>	Însemnați această casuță dacă citiți sau vorbiți românește.	27. Romanian
<input type="checkbox"/>	Пометьте этот квадратик, если вы читаете или говорите по-русски.	28. Russian
<input type="checkbox"/>	Обележите овај квадратнић 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 kawadrado kung kayo ay marunong maghasa o magsalita ng Tagalog.	32. Tagalog
<input type="checkbox"/>	ທາງເຫລົ່ານີ້ເປັນສັນຍາກາງສຳລັບຄົນທີ່ເວົ້າພາສາໄທ.	33. Thai
<input type="checkbox"/>	Maaka i he puha ni kapau 'oku ke lau pe lea fakatonga.	34. Tongan
<input type="checkbox"/>	Візначте цю клітинку, якщо ви читаете або говорите українською мовою.	35. Ukranian
<input type="checkbox"/>	اگر آپ اردو پڑھتے یا بولتے ہیں تو اس خانے میں نشان لگائیں۔	36. Urdu
<input type="checkbox"/>	Xin đánh dấu vào ô này nếu quý vị biết đọc và nói được Việt Ngữ.	37. Vietnamese
<input type="checkbox"/>	באצייכנט דעם קעסטל איב איר לייענט אדער רעדט אידיש.	38. Yiddish

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Bixby Road Apartments  
19 Bixby Road  
Spencer, MA 01562

1(A)

Phone: (508) 752-8022 / US Relay: 711  
Fax: (508) 754-5757

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**

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.

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: \_\_\_\_\_

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:  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.

Application

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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		<b>HOH</b>				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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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 (State Supplement Program) Payments 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:	\$
10.	<b>Other Income (including recurring gifts, lottery winnings, rental property, net income from a business, etc.)? Verify as applicable</b> List source:	\$
11.	<b>*Student Financial Assistance in excess of tuition and any other required fees and charges (scholarships, grants, private sources, work study, etc.) F1 Addendum &amp; F2</b> List source:	

**\*Student Financial Assistance in excess of tuition and any 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+ with a dependent child.**

Household Member Name	Source of Income	Monthly Amount
12.	<b>Employment Income F5</b>	\$
	Employer:	
	Employer Address:	
	Employer Phone:	
	Position Held:	How long employed:
13.	<b>Employment Income F5</b>	\$
	Employer:	
	Employer Address:	
	Employer Phone:	
	Position Held:	How long employed:
14.	<b>Employment Income F5</b>	\$
	Employer:	
	Employer Address:	
	Employer Phone:	
	Position Held:	How long employed:
15.	<b>Alimony F15, F16</b>	
	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.	\$
16.	<b>Child Support F15, F16</b>	
	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.	\$
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		<input type="checkbox"/> Yes <input type="checkbox"/> No
18. 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
19. TOTAL GROSS ANNUAL INCOME (All Monthly Amounts Listed Above x 12)		\$
20. TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR (Based on Last Tax Year)		\$
21. Do you anticipate any changes in this income in the next 12 months?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain:		
22. Do you file income tax returns? <input type="checkbox"/> Yes <input type="checkbox"/> 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: \_\_\_\_\_

<b>1. Checking Accts F19</b>		Bank:	Acct:	Balance \$
		Bank:	Acct:	Balance \$
		Bank:	Acct:	Balance \$
<b>2. Savings Accts F19</b>		Bank:	Acct:	Balance \$
		Bank:	Acct:	Balance \$
		Bank:	Acct:	Balance \$
<b>3. Direct Express Debit Card (SSA only) Current Stmt/ATM receipt</b>	Member: _____			Balance: \$
	Member: _____			Balance: \$
	Member: _____			Balance: \$
<b>4. Other Debit Acct Cards Current Stmt/ATM receipt</b>	Member: _____			Balance: \$
	Member: _____			Balance: \$
	Member: _____			Balance: \$
<b>5. Cash on Hand F30</b>				Amount \$
<b>6. Trust Account F22</b>		Bank:	Acct:	Balance \$
		Bank:	Acct:	Balance \$
<b>7. Certificates of Deposit F19</b>		Bank:	Acct:	Balance \$
		Bank:	Acct:	Balance \$
<b>8. Savings Bonds F19</b>		Maturity Date		Value \$
		Maturity Date		Value \$
<b>9. Life Insurance Policy F20</b>		Ins. Co:	Acct:	Cash Value \$
<b>10. Life Insurance Policy F20</b>		Ins. Co:	Acct:	Cash Value \$
<b>11. Mutual Funds F19</b>	Name: _____	#Shares: _____	Annual Interest or Dividend \$	Value \$
	Bank Name: _____			
<b>12. Stocks F19</b>	Name: _____	#Shares: _____	Annual Interest or Dividend \$	Value \$
	Bank Name: _____			
<b>13. Bonds F19</b>	Name: _____	#Shares: _____	Annual Interest or Dividend \$	Value \$
	Bank Name: _____			
<b>14. Annuities, 401(k), IRA, Keogh F21</b>	Name: _____			Value \$
	Source: _____			
<b>15. Investment Property F23</b>	Name: _____			Appraised Value \$
	Source: _____			
<b>16. Real Estate Property: <i>Does any household member own any property?</i> F24, F25</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>a. If yes, Name of Household Member:</b>		<b>b. Type of property:</b>		
<b>c. Location of property:</b>				
<b>d. Appraised Market Value:</b>				\$
<b>e. Mortgage or outstanding loans balance due:</b>				\$
<b>f. Amount of annual insurance premium:</b>				\$
<b>g. Amount of most recent tax bill:</b>				\$

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

18. <b>Has any household member disposed of any other assets in the last 2 years?</b> (Example: Given away money to relatives, set up Irrevocable Trust Accounts)? F17, F2				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
a. If yes, 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
If yes, please list:		Household Member Name:		Type of Asset:		

**E. ADDITIONAL INFORMATION**

1. How were you referred to this property?		
<b>Notice for the following question:</b> 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
<b>Failure to respond to the questions below may jeopardize approval of your application.</b>		
3.a. Are you, or any member of your household (including any live-in aide) listed in Section B above, currently illegally using a controlled substance?		<input type="checkbox"/> Yes <input type="checkbox"/> No
3.b. 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
4.a. 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
4.b. Are you or, any household member (including any live-in aide) listed in Section B above, subject to any State Sex Offender Lifetime Registration requirement?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes to 4(a or b), specify whether (a) and/or (b) along with applicable member name(s) and describe. Attach additional page(s) if necessary:</i>		
5. Provide a <u>complete list of ALL States</u> in which any applicant household member (including any live-in aide) 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)?		<input type="checkbox"/> Yes <input type="checkbox"/> No

7 a. 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

*If yes, please describe:*

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

*If yes, describe:*

9. 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. In case of emergency notify:

Address:

Relationship:

Phone #:

4. In case of emergency notify:

Address:

Relationship:

Phone #:



**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, 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

Attachment F: NC1 Owner's Notice of Restriction on Assistance to Non-Citizens



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.



**1(A) Application Addendum**  
**Demographics Data Collection & Consent Form**  
Use an additional form for households with 6 or more members

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**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, 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](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**

**Ethnicity 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.

- 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**

**Ethnicity 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.

- 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**

**Ethnicity 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.

- 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**

**Ethnicity 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.

- 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 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

\_\_\_\_\_  
Other Adult Household Member

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Management Agent

\_\_\_\_\_  
Date Signed



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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。  
 នេះគឺជាជំពាក់សំខាន់ 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

\_\_\_\_\_

\_\_\_\_\_