



The Catherine Hardaway Residences
 2311 Washington Street · Roxbury, MA 02119
 Phone: 617-445-5500 • Fax: 617-445-2169

The Catherine Hardaway Residences offers 57 Low Income Housing Tax Credit apartments located at 2311 Washington Street Roxbury, MA 02119. The building is next door to Central Boston Elder Services and across the street from Dudley Station. CBES provides a beautiful courtyard with plantings and sitting benches; all conveniently close to shopping, banks, restaurants and public transportation.

All 57 apartments are 1 bedroom units for individuals or 2 person families earning no more than 50% of the median income. The combined total gross annual income for the entire household must meet these guidelines to be income eligible for the apartments in this category.

Minimum Annual Gross Income Requirements:

36 Units within the 50% Income limit	\$41,500.00
5 Units within the 30% Income limit	\$24,900.00
4 Units under the Community Based Housing	No Minimum Income (Eligibility must be verified by a medical doctor)
12 Units Under Boston Housing Authority*	No Minimum Income (Eligibility verified through BHA under Priority One requirements)

**You must apply with Boston Housing Authority, be placed on their waitlist and eligibility will be determined by both Boston Housing Authority and CBES Management.*

House Hold Size Maximum Annual Gross Income:

Units within the 50% Income	One Person \$44,800.00	Two People \$51,200.00
Units within the 30% Income	One Person \$26,850.00	Two People \$30,700.00

Current Monthly Rent:

Units within the 50% Income	rent is \$1,200.00
Units within the 30% Income	rent is \$671.00
Units under the Community Based Housing	rent is 30% of Annual Income
Units under the Boston Housing Authority	rent is 30% of Annual Income

GENERAL GUIDELINES

1. In order to be eligible you must be 62 years or older.
2. There is a maximum of two people per apartment.
3. Current Income Limits and Current Monthly Rent Charges are subject to change based on new HUD Income Limits being issued prior to income certification.
4. Section 8 Voucher Holders are encouraged to apply.
5. CBES Dudley Square Supportive Housing offers six accessible apartments under the Community Based Housing, 50% and 30% requirements.



The Catherine Hardaway Residences managed by Maloney Properties, Inc.
 Equal Housing Opportunity / Equal Employment Opportunity





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Eligibility Requirements: The Catherine Hardaway Residences does not discriminate against any applicant because of race, color, creed, religion, sex, national or ethnic origin, ancestry, citizenship, class, marital status, sexual orientation, or other basis prohibited by law. In accordance with Federal regulations, no otherwise qualified individual with handicaps, shall solely by reason of his/her handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity of CBES Dudley Square Supportive Housing.

Financial: Each applicant must have a demonstrated financial ability to meet the monthly obligation.

Screening and Verification of Eligibility: Prior to being offered an apartment, income will be verified pursuant to HUD/LIHTC income guidelines. Additionally, the following items will be considered but inquiries may not be limited to: Income, Landlord References, Credit References, Criminal History Report, and verification to substantiate the need for a specially adapted apartment and/or reasonable accommodation. The Tenant Selection Plan is available for review upon request at the Management Office at 2311 Washington Street, Roxbury, MA 02119.

How to Apply: Applications are available in person at the Management Office located at 2311 Washington Street, Roxbury, MA 02119. Call for office hours at 617-445-5500. Office hours are typically 9:00am – 5:00pm; Monday through Friday. Reasonable accommodations made.

How the application will be processed: Applicants are informed of their initial eligibility or ineligibility by mail. When applicable, the applicant will be invited to participate in a full application interview process. Please do not hesitate to contact us at 617-445-5500 with any further questions that you may have.

Reasonable Accommodation: If you are considered disabled under applicable state or federal law, you have the right to request a REASONABLE ACCOMMODATION. If your request is directly related to your disability and reasonable (does not pose an undue financial and administrative burden or fundamental change in the program), we will try to make the changes you request. These may include:

- ◆ A change in the rules or policies or how we do things that would give you an equal chance to live here and use the facilities or take part in programs on site;
- ◆ A change in your apartment or a special type of apartment that would give you an equal chance to live here and use the facilities or take part in programs on site;
- ◆ A change to some other part of the housing site that would give you an equal chance to live here and use the facilities or take part in programs on site; and/or
- ◆ A change in the way we communicate with you or give you information.

Language Assistance: If your primary language isn't English and as a result of this you have difficulty reading, writing or understanding English, we will provide a free language interpreter so you can apply to our housing program or communicate with us regarding a housing related matter. We will also provide you oral translation of any important housing related document at no cost to you. If you have limited English Proficiency, please let us know which language you would like us to communicate with you in. We will do our best to try to



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accommodate your request in a timely manner. Please contact the management office to let us know how we can meet your language needs.

Thank you for your interest in The Catherine Hardaway Residences.



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Section 204 Coordinator at 781.943.0200 extension 255



The Catherine Hardaway Residences 2311 Washington Street Roxbury, MA 02119	617-445-5500 Ph 617-445-2169 Fx TTY: 800-439-2370
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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.

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 _____ 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 _____ /MA Relay 711.

Sincerely,

Property Manager

Maloney Properties Inc.



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.



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617-445-5500 (P)
617-445-2169 (F)
800-439-2370 TTY

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.

Application

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

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

Household Member Name	Source of Income	Monthly Amount
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 <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.	Child Support F15, F16	
	a. Are you <i>entitled</i> by a court order or other legal agreement to receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list the amount you are <i>entitled</i> to receive.	\$
	b. Do you receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you receive.	\$
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 (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?		<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.		

Application

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) <small>Current Stmt/ATM Receipt</small>	Member: _____		Balance: \$
	Member: _____		Balance: \$
	Member: _____		Balance: \$
4. Other Debit Acct Cards <small>Current Stmt/ATM Receipt</small>	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:	Acct:	Cash Value \$
10. Life Insurance Policy F20	Ins. Co:	Acct:	Cash Value \$
11. Mutual Funds F19	Name: Bank Name:	#Shares:	Annual Interest or Dividend \$ Value \$
	Name: Bank Name:	#Shares:	Annual Interest or Dividend \$ Value \$
13. Bonds F19	Name: Bank Name:	#Shares:	Annual Interest or Dividend \$ Value \$
	Name: Source:		Value \$
14. Annuities, 401(k), IRA, Keogh F21	Name: Source:		Value \$
15. Investment Property F23	Name: Source:		Appraised Value \$
16. Real Estate Property: Does any household member own any property? F24, F25			<input type="checkbox"/> Yes <input type="checkbox"/> No
a. 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:			\$

Application

17. Has any household member sold/disposed of any property in the last 2 years?		<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. 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				<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 assets not listed above? <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?

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 or 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?	<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
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If yes, describe:

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



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

Use an additional form for households with 6 or more members

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

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

Fair Housing Act Definition for Handicap/Disability

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

http://www.fairhousing.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

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

Ethnicity of Head of Household

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

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

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

2. Full Name of Spouse/Co-head: _____

Date of Birth: _____

Race of Spouse/Co-head

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

Ethnicity of Spouse/Co-head

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

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

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

3. Full Name of HH Member #3: _____

Date of Birth: _____

Race of HH Member #3

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

Ethnicity of HH Member #3

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

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

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

4. Full Name of HH Member #4: _____ Date of Birth: _____

Race of HH Member #4

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

Ethnicity of HH Member #4

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

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

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

5. Full Name of HH Member #5: _____ Date of Birth: _____

Race of HH Member #5

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

Ethnicity of HH Member #5

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

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

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

Certification and Consent by Applicant(s)/Resident(s):

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

Head of Household Signature

Date Signed

Co-Head, Spouse or Other Adult Member

Date Signed

Other Adult Household Member

Date Signed

Other Adult Household Member

Date Signed

Management

Date Signed

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

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:

Office Address:

Telephone:

Relay: 711

Email:

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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

Rhode Island

Rhode Island Commission for Human
Rights
180 Westminister 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

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I SPEAK FORM

LANGUAGE IDENTIFICATION FLASHCARD

<input type="checkbox"/> ضع علامة في هذا المربع إذا كنت تقرأ أو تتحدث العربية	1. Arabic
<input type="checkbox"/> Ինչպե՞ս եմ եմ կարող եմ ասել իմ լեզուն: Ինչպե՞ս եմ եմ կարող եմ ասել իմ լեզուն:	2. Armenian
<input type="checkbox"/> যদি আপনি বলে পড়েন বা বলেন তা হলে এই বক্সে দাগ দিন।	3. Bengali
<input type="checkbox"/> លុយចណ្តាត់ក្នុងប្រអប់នេះ: បើអ្នកអាន ឬនិយាយភាសា ខ្មែរ ។	4. Cambodian
<input type="checkbox"/> Motka i kabhon ya yangin tintungnu manaita pat tintungnu kumentos Chamorro.	5. Chamorro
<input type="checkbox"/> 如果你能讲中文或讲中文，请选此框。	6. Simplified Chinese
<input type="checkbox"/> 如果你能讀中文或講中文，請選擇此框。	7. Traditional Chinese
<input type="checkbox"/> Označite ovaj kvadratić ako čitate ili govorite hrvatski jezik	8. Croatian
<input type="checkbox"/> Zaškrtněte tuto kolonku, pokud čtete a hovoříte česky.	9. Czech
<input type="checkbox"/> Kruis dit vakje aan als u Nederlands kunt lezen of spreken.	10. Dutch
<input type="checkbox"/> Mark this box if you read or speak English.	11. English
<input type="checkbox"/> اگر خواندن و نوشتن فارسی بلد هستید این مربع را علامت بزنید.	12. Farsi

- | | |
|---|--------------------|
| <input type="checkbox"/> Cocher ici si vous lisez ou parlez le français. | 13. French |
| <input type="checkbox"/> Kreuzen Sie dieses Kästchen an, wenn Sie Deutsch lesen oder sprechen. | 14. German |
| <input type="checkbox"/> Σημειώστε αυτό το πλαίσιο αν διαβάσετε ή μιλάτε Ελληνικά. | 15. Greek |
| <input type="checkbox"/> Make kazyé sa a si ou li oswa ou pale kreyòl ayisyen. | 16. Haitian Creole |
| <input type="checkbox"/> अगर आप हिन्दी बोलते या पढ़ सकते हैं तो इस बक्स पर चिह्न लगाएँ। | 17. Hindi |
| <input type="checkbox"/> Kos lub voj no yog koj paub twm thiab hais lus Hmoob. | 18. Hmong |
| <input type="checkbox"/> Jelölje meg ezt a kockát, ha megérti vagy beszéli a magyar nyelvet. | 19. Hungarian |
| <input type="checkbox"/> Markaam daytoy nga kahon no makabasa wenno makasaoka iti Ilocano. | 20. Ilocano |
| <input type="checkbox"/> Marchi questa casella se legge o parla italiano. | 21. Italian |
| <input type="checkbox"/> 日本語を読んだり、話せる場合はここに印を付けてください。 | 22. Japanese |
| <input type="checkbox"/> 한국어를 읽거나 말할 수 있으면 이 칸에 표시하십시오. | 23. Korean |
| <input type="checkbox"/> ສື່ນຳນີ້ເຮົາຮູ້ວ່າ ທ່ານສາມາດເຂົ້າໃຈພາສາລາວ. | 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 vocé lê ou fala português. | 26. Portuguese |
| <input type="checkbox"/> Însemnați această căsuță dacă citiți sau vorbiți românește. | 27. Romanian |
| <input type="checkbox"/> Пометьте этот квадратик, если вы читаете или говорите по-русски. | 28. Russian |
| <input type="checkbox"/> Обележите овај квадратик уколико читате или говорите српски језик. | 29. Serbian |
| <input type="checkbox"/> Označte tento štvorček, ak viete čítať alebo hovoriť po slovensky. | 30. Slovak |
| <input type="checkbox"/> Marque esta casilla si lee o habla español. | 31. Spanish |
| <input type="checkbox"/> Markahan itong kuwadrado kung kayo ay marunong magbasa o magsalita ng Tagalog. | 32. Tagalog |
| <input type="checkbox"/> מודיעו את הריבוע הזה אם אתם קוראים או מדברים בשפת תאילנד. | 33. Thai |
| <input type="checkbox"/> Maaka i he puha ni kapau 'oku ke lau pe lea fakatonga. | 34. Tongan |
| <input type="checkbox"/> Відмітьте цю клітинку, якщо ви читаете або говорите українською мовою. | 35. Ukranian |
| <input type="checkbox"/> اگر آپ اردو پڑھتے یا بولتے ہیں تو اس خانے میں نشان لگائیں۔ | 36. Urdu |
| <input type="checkbox"/> Xin đánh dấu vào ô này nếu quý vị biết đọc và nói được Việt Ngữ. | 37. Vietnamese |
| <input type="checkbox"/> באצייכנט דעם קעסטל אויב איר לייענט אדער רעדט אידיש. | 38. Yiddish |

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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 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。

នេះគឺជាជំនាញសំខាន់ 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

CBES Dudley Square Supportive Housing for the Elderly

Notice of Occupancy Rights under the Violence Against Women Act¹

To all Residents and Applicants

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation.² The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that **Section 8 Project Based Housing, Section 8 Housing Choice Voucher Program, Section 236, Section 202 Housing For Elderly, Section 811 housing for people with disabilities, Section 221 (d)(3) BMIR, HOPWA, HOME, Housing Trust Funds and McKinney-Vento Act Programs** is in compliance with VAWA. Additionally, the Internal Revenue Service in conjunction with the local state agency (Massachusetts Department of Housing and Community Development) oversees the **Low-Income Housing Tax Credit Program**. This notice explains your rights under VAWA.

A HUD-approved certification form is attached to this notice. You may fill out this form to document that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking, and that you wish to use your rights under VAWA. CBES will also accept Alternate Documentation as specified below.

Protections for Applicants

If you otherwise qualify for assistance under **Section 8 Project Based Housing, Section 8 Housing Choice Voucher Program, Section 236, Section 202 Housing For Elderly, Section 811 housing for people with disabilities, Section 221 (d)(3) BMIR, HOPWA, HOME, Housing Trust Funds McKinney-Vento Act or Low Income Housing Tax Credit** you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

¹ Despite the name of this law, VAWA protection is available regardless of sex, gender identity, or sexual orientation.

² Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.

Protections for Residents

If you are receiving assistance under **Section 8 Project Based Housing, Section 8 Housing Choice Voucher Program, Section 236, Section 202 Housing for Elderly, Section 811 housing for people with disabilities, Section 221 (d)(3) BMIR, HOPWA, HOME, Housing Trust Funds, McKinney-Vento Act or Low Income Housing Tax Credit Programs**, you may not be denied assistance, terminated from participation, or be evicted from your rental housing because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. Also, if you or an affiliated individual of yours is or has been the victim of domestic violence, dating violence, sexual assault, or stalking by a member of your household or any guest, you may not be denied rental assistance or occupancy rights under **Section 8 Project Based Housing, Section 8 Housing Choice Voucher Program, Section 236, Section 202 Housing for Elderly, Section 811 housing for people with disabilities, Section 221 (d)(3) BMIR, HOPWA, HOME, Housing Trust Funds, McKinney-Vento Act or Low Income Housing Tax Credit Programs**, solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking. Affiliated individual means your spouse, parent, brother, sister, or child, or a person to whom you stand in the place of a parent or guardian (for example, the affiliated individual is in your care, custody, or control); or any individual, tenant, or lawful occupant living in your household. This includes a live-in aide.

Removing the Abuser or Perpetrator from the Household

CBES Dudley Square Supportive Housing may divide (bifurcate) your lease in order to evict the individual or terminate the assistance of the individual who has engaged in criminal activity (the abuser or perpetrator) directly relating to domestic violence, dating violence, sexual assault, or stalking.

If CBES Dudley Square Supportive housing choose to remove the abuser or perpetrator, CBES Dudley Square Supportive housing may not take away the rights of eligible Residents to the unit or otherwise punish the remaining Residents. If the evicted abuser or perpetrator was the sole tenant to have established eligibility for assistance under the program, CBES Dudley Square Supportive housing must allow the tenant who is or has been a victim and other household members to remain in the unit for a period of time, in order to establish eligibility under the program or under another HUD housing program covered by VAWA, or, find alternative housing.

In removing the abuser or perpetrator from the household, CBES Dudley Square Supportive housing must follow Federal, State, and local eviction procedures. In order to divide a lease, CBES Dudley Square Supportive housing may, but is not required to, ask you for documentation or certification of the incidences of domestic violence, dating violence, sexual assault, or stalking.

Moving to Another Unit

Upon your request CBES Dudley Square Supportive housing may permit you to move to another unit, subject to the availability of other units, and still keep your assistance. In order to approve a request, CBES Dudley Square Supportive housing may ask you to provide documentation that you are requesting to move because of an incidence of domestic violence, dating violence, sexual assault, or stalking. If the request is a request for emergency transfer, the housing provider may ask you to submit a written request or fill out a form where you certify that you meet the criteria for an emergency transfer under VAWA. The criteria are:

(1) You are a victim of domestic violence, dating violence, sexual assault, or stalking. If your housing provider does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation, as described in the documentation section below.

(2) You expressly request the emergency transfer. Your housing provider may choose to require that you submit a form, or may accept another written or oral request.

(3) You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit. This means you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.

OR

You are a victim of sexual assault and the assault occurred on the premises during the 90-calendar-day period before you request a transfer. If you are a victim of sexual assault, then in addition to qualifying for an emergency transfer because you reasonably believe you are threatened with imminent harm from further violence if you remain in your unit, you may qualify for an emergency transfer if the sexual assault occurred on the premises of the property from which you are seeking your transfer, and that assault happened within the 90-calendar-day period before you expressly request the transfer.

CBES Dudley Square Supportive housing will keep confidential requests for emergency transfers by victims of domestic violence, dating violence, sexual assault, or stalking, and the location of any move by such victims and their families.

CBES Dudley Square Supportive housing emergency transfer plan provides further information on emergency transfers, and CBES Dudley Square Supportive housing must make a copy of its emergency transfer plan available to you if you ask to see it.

Documenting You Are or Have Been a Victim of Domestic Violence, Dating Violence, Sexual Assault or Stalking CBES Dudley Square Supportive housing can, but is not required to, ask you to provide documentation to “certify” that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. Such request from CBES Dudley Square Supportive housing must be in writing, and CBES Dudley Square Supportive housing must give you at least 14 business days (Saturdays, Sundays, and Federal holidays do not count) from the day you receive the request to provide the documentation. CBES Dudley Square Supportive housing may, but does not have to, extend the deadline for the submission of documentation upon your request.

You can provide one of the following to CBES Dudley Square Supportive housing as documentation. It is your choice which of the following to submit if CBES Dudley Square Supportive housing ask you to provide documentation that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

- A complete HUD-approved certification form given to you by CBES Dudley Square Supportive housing with this notice, that documents an incident of domestic violence, dating violence, sexual assault, or stalking. The form will ask for your name, the date, time, and location of the incident of domestic violence, dating violence, sexual assault, or stalking, and a description of the incident. The certification form provides for including the name of the abuser or perpetrator if the name of the abuser or perpetrator is known and is safe to provide.
- A record of a Federal, State, tribal, territorial, or local law enforcement agency, court, or administrative agency that documents the incident of domestic violence, dating violence, sexual assault, or stalking. Examples of such records include police reports, protective orders, and restraining orders, among others.
- A statement, which you must sign, along with the signature of an employee, agent, or volunteer of a victim service provider, an attorney, a medical professional or a mental health professional (collectively, “professional”) from whom you sought assistance in addressing

domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, and with the professional selected by you attesting under penalty of perjury that he or she believes that the incident or incidents of domestic violence, dating violence, sexual assault, or stalking are grounds for protection.

- Any other statement or evidence that CBES Dudley Square Supportive housing have agreed to accept.

If you fail or refuse to provide one of these documents within the 14 business days, CBES Dudley Square Supportive housing do not have to provide you with the protections contained in this notice. If CBES Dudley Square Supportive housing receives conflicting evidence that an incident of domestic violence, dating violence, sexual assault, or stalking has been committed (such as certification forms from two or more members of a household each claiming to be a victim and naming one or more of the other petitioning household members as the abuser or perpetrator), CBES Dudley Square Supportive housing has the right to request that you provide third-party documentation within thirty 30 calendar days in order to resolve the conflict. If you fail or refuse to provide third-party documentation where there is conflicting evidence, CBES Dudley Square Supportive housing do not have to provide you with the protections contained in this notice.

Confidentiality

CBES Dudley Square Supportive housing must keep confidential any information you provide related to the exercise of your rights under VAWA, including the fact that you are exercising your rights under VAWA. CBES Dudley Square Supportive housing must not allow any individual administering assistance or other services on behalf of CBES Dudley Square Supportive housing (for example, employees and contractors) to have access to confidential information unless for reasons that specifically call for these individuals to have access to this information under applicable Federal, State, or local law.

CBES Dudley Square Supportive housing must not enter your information into any shared database or disclose your information to any other entity or individual. CBES Dudley Square Supportive housing, however, may disclose the information provided if:

- You give written permission to CBES Dudley Square Supportive housing to release the information on a time limited basis.

- CBES Dudley Square Supportive housing needs to use the information in an eviction or termination proceeding, such as to evict your abuser or perpetrator or terminate your abuser or perpetrator from assistance under this program.
- A law requires CBES Dudley Square Supportive housing or your landlord to release the information.

VAWA does not limit CBES Dudley Square Supportive housing duty to honor court orders about access to or control of the property. This includes orders issued to protect a victim and orders dividing property among household members in cases where a family breaks up.

Reasons a Tenant Eligible for Occupancy Rights under VAWA May Be Evicted or Assistance May Be Terminated

You can be evicted and your assistance can be terminated for serious or repeated lease violations that are not related to domestic violence, dating violence, sexual assault, or stalking committed against you. However, CBES Dudley Square Supportive housing cannot hold Residents who have been victims of domestic violence, dating violence, sexual assault, or stalking to a more demanding set of rules than it applies to Residents who have not been victims of domestic violence, dating violence, sexual assault, or stalking.

The protections described in this notice might not apply, and you could be evicted and your assistance terminated, if CBES Dudley Square Supportive housing can demonstrate that not evicting you or terminating your assistance would present a real physical danger that:

- 1) Would occur within an immediate time frame, and
- 2) Could result in death or serious bodily harm to other Residents or those who work on the property.

If CBES Dudley Square Supportive housing can demonstrate the above, CBES Dudley Square Supportive housing should only terminate your assistance or evict you if there are no other actions that could be taken to reduce or eliminate the threat.

Other Laws

VAWA does not replace any Federal, State, or local law that provides greater protection for victims of domestic violence, dating violence, sexual assault, or stalking. You may be entitled to additional housing protections for victims of domestic violence, dating violence, sexual assault, or stalking under other Federal laws, as well as under State and local laws.

Non-Compliance with The Requirements of This Notice

You may report a covered housing provider's violations of these rights and seek additional assistance, if needed, by contacting or filing a complaint with:

Department of Housing and Urban Development
Thomas P. O'Neill, Jr. Federal Building
10 Causeway Street, 3rd Floor
Boston, MA 02222-1092
Phone: (617) 994-8200
Email: ma_webmanager@hud.gov
Fax: (617) 565-6558
TTY: (617) 565-5453

For Additional Information

You may view a copy of HUD's final VAWA rule at <https://www.gpo.gov/fdsys/pkg/FR-2016-11-16/pdf/2016-25888.pdf> or at

[//www.gpo.gov/fdsys/pkg/FR-2016-11-16/pdf/2016-25888.pdf](https://www.gpo.gov/fdsys/pkg/FR-2016-11-16/pdf/2016-25888.pdf) or at

<https://www.federalregister.gov/documents/2016/11/16/2016-25888/violence-against-women-reauthorization-act-of-2013-implementation-in-hud-housing-programs>

Additionally, CBES Dudley Square Supportive housing must make a copy of HUD's VAWA regulations available to you if you ask to see them.

For questions regarding VAWA, please contact the following, as applicable:

- HUD’s Public Housing program, contact Monica Shepherd, Director Public Housing Management and Occupancy Division, Office of Public and Indian Housing, Room 4204, telephone number 202–402–5687 / U.S. Relay 711
- HUD’s Housing Choice Voucher program and Project-Based Voucher, contact Becky Primeaux, Director, Housing Voucher Management and Operations Division, Office of Public and Indian Housing, Room 4216, telephone number 202–402–6050 / U.S. Relay 711;
- HUD’s Multifamily Housing programs, contact Yvette M. Viviani, Director, Housing Assistance Policy Division, Office of Housing, Room 6138, telephone number 202–708–3000 / U.S. Relay 711;
- HUD’s HOME Investment Partnerships program, contact Virginia Sardone, Director, Office of Affordable Housing Programs, Office of Community Planning and Development, Room 7164, telephone number 202–708–2684 / U.S. Relay 711

For help regarding an abusive relationship, you may call the National Domestic Violence Hotline at 1-800-799-7233 or, for persons with hearing impairments, 1-800-787-3224 (TTY). You may also contact **(See attached local organizations and resources)**

For Residents who are or have been victims of stalking seeking help may visit the National Center for Victims of Crime’s Stalking Resource Center at <https://www.victimsofcrime.org/our-programs/stalking-resource-center>. For help regarding sexual assault, you may contact **[see attached list of organizations]**

Victims of stalking seeking help may contact **[see attached list of organizations]**.

Attachment: Certification form HUD-5382, CERTIFICATION OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING, AND ALTERNATE DOCUMENTATION



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.



**CERTIFICATION OF
DOMESTIC VIOLENCE,
DATING VIOLENCE,
SEXUAL ASSAULT, OR STALKING,
AND ALTERNATE DOCUMENTATION**

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

OMB Approval No. 2577-0286
Exp. 06/30/2017

Purpose of Form: The Violence Against Women Act (“VAWA”) protects applicants, tenants, and program participants in certain HUD programs from being evicted, denied housing assistance, or terminated from housing assistance based on acts of domestic violence, dating violence, sexual assault, or stalking against them. Despite the name of this law, VAWA protection is available to victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

Use of This Optional Form: If you are seeking VAWA protections from your housing provider, your housing provider may give you a written request that asks you to submit documentation about the incident or incidents of domestic violence, dating violence, sexual assault, or stalking.

In response to this request, you or someone on your behalf may complete this optional form and submit it to your housing provider, or you may submit one of the following types of third-party documentation:

- (1) A document signed by you and an employee, agent, or volunteer of a victim service provider, an attorney, or medical professional, or a mental health professional (collectively, “professional”) from whom you have sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse. The document must specify, under penalty of perjury, that the professional believes the incident or incidents of domestic violence, dating violence, sexual assault, or stalking occurred and meet the definition of “domestic violence,” “dating violence,” “sexual assault,” or “stalking” in HUD’s regulations at 24 CFR 5.2003.
- (2) A record of a Federal, State, tribal, territorial or local law enforcement agency, court, or administrative agency; or
- (3) At the discretion of the housing provider, a statement or other evidence provided by the applicant or tenant.

Submission of Documentation: The time period to submit documentation is 14 business days from the date that you receive a written request from your housing provider asking that you provide documentation of the occurrence of domestic violence, dating violence, sexual assault, or stalking. Your housing provider may, but is not required to, extend the time period to submit the documentation, if you request an extension of the time period. If the requested information is not received within 14 business days of when you received the request for the documentation, or any extension of the date provided by your housing provider, your housing provider does not need to grant you any of the VAWA protections. Distribution or issuance of this form does not serve as a written request for certification.

Confidentiality: All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking shall be kept confidential and such details shall not be entered into any shared database. Employees of your housing provider are not to have access to these details unless to grant or deny VAWA protections to you, and such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by you in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.

TO BE COMPLETED BY OR ON BEHALF OF THE VICTIM OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING

1. **Date the written request is received by victim:** _____
2. **Name of victim:** _____
3. **Your name (if different from victim’s):** _____

4. Name(s) of other family member(s) listed on the lease: _____

5. Residence of victim: _____

6. Name of the accused perpetrator (if known and can be safely disclosed): _____

7. Relationship of the accused perpetrator to the victim: _____

8. Date(s) and times(s) of incident(s) (if known): _____

10. Location of incident(s): _____

In your own words, briefly describe the incident(s):

This is to certify that the information provided on this form is true and correct to the best of my knowledge and recollection, and that the individual named above in Item 2 is or has been a victim of domestic violence, dating violence, sexual assault, or stalking. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Signature _____ Signed on (Date) _____

Public Reporting Burden: The public reporting burden for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. The information provided is to be used by the housing provider to request certification that the applicant or tenant is a victim of domestic violence, dating violence, sexual assault, or stalking. The information is subject to the confidentiality requirements of VAWA. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.

Form HUD-5382 (12/2016)

Domestic Violence Programs Resources

MASSACHUSETTS

<http://www.mass.gov/eopss/crime-prev-personal-sfty/personal-sfty/sexual-and-dom-viol/resources/domestic-violence-programs.html>

If you are a victim of abuse, you are NOT alone, you are not to blame and you cannot control the actions of your abuser. There is more help available to you (and your children) than ever before. You, and only you, can make the decision to change or permanently end the abusive relationship you endure on a daily basis. No one deserves to be abused. Listed below are numerous domestic violence programs available across Massachusetts. For counseling services, support groups, and advocacy services, please call the nearest domestic violence program 24 hours a day:

- **SafeLink -- 1-877-785-2020 (toll-free)**
- **SafeLink TTY -- 1-877-521-2601**
- **National Domestic Violence Hotline -- 1-800-799-SAFE (7233) / U.S. Relay 711**
- **National Sexual Assault Hotline -- 1-800-656-HOPE (4673) / U.S. Relay 711**

Greater Boston Area

<u>Asian Task Force Against Domestic Violence</u>	Boston	617-338-2355 / U.S. Relay 711
<u>Casa Myrna Vazquez</u>	Boston	617-521-0100 / U.S. Relay 711
<u>Elizabeth Stone House</u>	Jamaica Plain	617-522-3417 / U.S. Relay 711
<u>FINEX House</u>	Jamaica Plain	617-288-1054 / U.S. Relay 711
<u>HarborCov</u>	Chelsea	617-884-9909 / U.S. Relay 711
<u>REACH</u>	Waltham	1-800-899-4000 / U.S. Relay 711
<u>Renewal House</u>	Boston	617-566-6881 / U.S. Relay 711
<u>RESPOND</u>	Somerville	617-623-5900 / U.S. Relay 711
<u>Transition House</u>	Cambridge	617-661-7203 / U.S. Relay 711

Northeastern Massachusetts

Alternative House	Lowell	978-454-1436 / U.S. Relay 711
<u>Help for Abused Women and their Children (HAWC)</u>	Salem	978-744-6841 / U.S. Relay 711
Supportive Care	Haverhill Lawrence	1-800-649-8301 / U.S. Relay 711 978-686-1300 / U.S. Relay 711
Jeanne Geiger Crisis Center	Newburyport	978-388-1888 / U.S. Relay 711
Women's Resource Center	Haverhill Lawrence	978-373-4041 / U.S. Relay 711 978-685-2480 / U.S. Relay 711
<u>YMCA of Greater Lawrence</u>	Lawrence	978-688-2645 (Hotline) 978-686-8840 (TTY)

Central Massachusetts

<u>Battered Women's Resources</u>	Leominster	978-537-8601 / U.S. Relay 711
Daybreak	Worcester	508-755-9030 / U.S. Relay 711
Voices Against Violence	Framingham	1-800-593-1125 (Hotline) 508-686-8686 (TTY)

Southeastern Massachusetts

A Safe Place	Nantucket	508-228-2111 (Hotline) 508-228-0561 (TTY)
<u>Brockton Family and Community Resources</u>	Brockton	508-583-6498 / U.S. Relay 711
Cape Cod Center for Women	North Falmouth	508-564-7233 / U.S. Relay 711
DOVE	South Shore	617-471-1234 (Hotline) / U.S. Relay 617-770-4065 / U.S. Relay 711
<u>Independence House</u>	Hyannis	1-800-439-6507 (Hotline) 508-778-6781 (TTY)
<u>New Hope</u>	Attleboro	1-800-323-4673 (Hotline/TTY)
Our Sister's Place	Fall River	508-677-0224 / U.S. Relay 711
South Shore Women's Center	Plymouth	781-582-0078 / U.S. Relay 711 1-888-746-2664 / U.S. Relay 711

<u>Stanley Street Women's Center (SSTR)</u>	Fall River	508-675-0087 (Hotline) 508-673-3328 (TTY)
Womensplace Crisis Center	Brockton	508-588-2041 (Hotline) 508-894-2869 (TTY)
Women's Support Services	Vineyard Haven	508-696-7233 (Hotline) 508-693-7900 (TTY)

Western Massachusetts

<u>Elizabeth Freeman Center</u>	Pittsfield	(866) 401-2425 (Hotline/TTY)
Safe Passage	Northampton	413-586-5066 / U.S. Relay 711
<u>N.E.L.C.W.I.T.</u>	Greenfield	413-772-0806 (Hotline/TTY)
Womanshelter/ Companeras	Holyoke	413-536-1628 / U.S. Relay 711
YWCA - Arch	Springfield	1-800-796-8711 (Hotline/TTY)
YWCA - New Beginnings	Westfield	1-800-479-6245 (Hotline/TTY)

Statewide Organizations

<u>Gay Men's Domestic Violence Project</u>	1-800-832-1901 / U.S. Relay 711
<u>The Network/La Red</u>	617-423-7233 / U.S. Relay 711
Our Deaf Sister's Center	603-665-8127 (TTY)
SafeLink - Statewide Domestic Violence Hotline	877-785-2020 877-521-2601 (TTY)

Transitional Living Programs

<u>Alternative House</u>	Lowell	978-446-1248 / U.S. Relay 711
<u>Casa Myrna Vazquez</u>	Boston	1-800-992-2600 / U.S. Relay 711
<u>Elizabeth Stone House</u>	Boston	617-427-9801 x409 / U.S. Relay 711
<u>Second Step</u>	Newton	617-965-3999 / U.S. Relay 711
<u>Turning Point</u>	Amesbury	978-388-6600 / U.S. Relay 711
<u>The Women</u>	Boston	617-536-5651 / U.S. Relay 711
<u>YWCA of Western MA</u>	Northampton	413-586-6807 / U.S. Relay 711
<u>New Hope</u>	South Central MA	508-226-4588 / U.S. Relay 711
<u>YWCA of Lawrence</u>	Lawrence	978-688-2645 (Helpline) 978-686-8840 (TTY)

DOVE	Quincy	617-471-1234 (Hotline) / U.S. Relay 711 617-770-4065 / U.S. Relay 711
<u>Transition House</u>	Cambridge	617-491-605 / U.S. Relay 711

NATIONAL DOMESTIC VIOLENCE HELP :

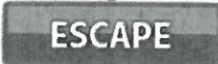
How to Seek Assistance

Residents who are in immediate danger should call 911. Victims of domestic violence, dating violence, or stalking can get help by calling the National Domestic Violence Hotline at 1-800-799-SAFE (7233) / U.S. Relay 711. Alternatively, the Hotline's website offers a state-by-state list of local resources at <http://www.thehotline.org/get-help/help-in-your-area> or go to www.womenshealth.gov

Womenshealth.gov

Office on Women's Health, U.S. Department of Health and Human Services

When you go to the web site you can access Resources by state on violence against women, Click the red escape button above to immediately leave this site if your abuser may see you

reading it.  If you do not find your state in the list, please contact the National Domestic Violence Hotline (NDVH) for assistance in locating programs in your area.

<https://www.womenshealth.gov/violence-against-women/get-help-for-violence/resources-by-state-violence-against-women.html>

You can reach the NDVH at 800-799-SAFE (7233) or TDD 800-787-3224.

Organizations are listed by state on the web site link; The District of Columbia, Puerto Rico, and the U.S. Virgin Islands are also included.



DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (RENTAL RESOURCES) <https://resources.hud.gov/>