

Martensen Village
c/o Fort Street Apartments
6 Fort Street
Quincy, MA 02169 Phone: 617-302-3769 /US Relay:
711 Fax: 617-302-3839

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: Three BR Four BR

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

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

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

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

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

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

Yes No

4. Does any member of the household have any accessibility or reasonable accommodation requests or alternate ways we need to communicate with you?

Yes No If yes, please explain: _____

B. HOUSEHOLD COMPOSITION & STUDENT STATUS ELIGIBILITY

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

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

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

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

If yes, explain

C. INCOME

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

| Household Member Name | Source of Income | Gross Monthly Amount |
|-----------------------|---|----------------------|
| 1. | Social Security F12 | \$ |
| | Social Security F12 | \$ |
| | Social Security F12 | \$ |
| | | |
| 2. | SSI Benefits F12 | \$ |
| | SSI Benefits F12 | \$ |
| | SSI Benefits F12 | \$ |
| | | |
| 3. | SSP Payments (State Supplement Program) F9a&b | \$ |
| | | |
| 4. | Pension F13 List source: | \$ |
| | | |
| 5. | Veteran's Benefits F8 List claim #: | \$ |
| | | \$ |
| 6. | Unemployment Compensation F11 | \$ |
| | Unemployment Compensation F11 | \$ |
| | | |
| 7. | Worker's Compensation F11 | \$ |
| | | |
| 8. | Title IV/TANF/TAFDC/Public Assistance F9 | \$ |
| | | |
| 9. | Interest Income F19 List source: | \$ |
| | | |
| 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): 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. 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. | | |

Household Member Name:

| | | | | | |
|---|---------------------|---------------|--------------------------------|---------------|--|
| 1. Checking Accts F19 | | Bank: | Acct: | Balance \$ | |
| | | Bank: | Acct: | Balance \$ | |
| | | Bank: | Acct: | Balance \$ | |
| 2. Savings Accts F19 | | Bank: | Acct: | Balance \$ | |
| | | Bank: | Acct: | Balance \$ | |
| | | Bank: | Acct: | Balance \$ | |
| 3. Direct Express Debit Card (SSA) Current Stmt/ATM Receipt | Member: | Balance: \$ | | | |
| | Member: | Balance: \$ | | | |
| | Member: | Balance: \$ | | | |
| 4. Other Debit Acct Cards Current Stmt/ATM Receipt | Member: | Balance: \$ | | | |
| | Member: | Balance: \$ | | | |
| | Member: | Balance: \$ | | | |
| 5. Cash on Hand F30 | | Amount \$ | | | |
| 6. Trust Account F22 | | Bank: | Acct: | Balance \$ | |
| | | Bank: | Acct: | Balance \$ | |
| 7. Certificates of Deposit F19 | | Bank: | Acct: | Balance \$ | |
| | | Bank: | Acct: | Balance \$ | |
| 8. Savings Bonds F19 | | Maturity Date | | Value \$ | |
| | | Maturity Date | | Value \$ | |
| 9. Life Insurance Policy F20 | Ins. Co: | | 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 \$ |
| 12. Stocks F19 | Name: Bank Name: | #Shares: | Annual Interest or Dividend \$ | | Value \$ |
| 13. Bonds F19 | Name: Bank Name: | #Shares: | Annual Interest or Dividend \$ | | 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?

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?

3b. Do you, or any member of your household (including any live-in aide) listed in Section B above, have a pattern of illegal drug use or abuse of alcohol that has threatened or would threaten the health, safety and right to peaceful enjoyment of others?

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.

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?

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 |
|--|------------------------------|-----------------------------|

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: | | | |

Application

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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 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.



Application

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6 Fort Street, Quincy, MA 02169
617-302-3769/MA Relay 711 Fax 617-302-3839

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:** _____

1A Application Addendum - Demographic Data Collection and Consent Form 04-2017 Data Collection & Consent Form

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.





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

本通知很重要。请将之译成中文。

នេះជំនាញមានព័ត៌មាន សូមមកពីរបៀបដែលស្រី

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

**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: Marlensen Village
Office Address: 1/6 Fort Street Apartments, 6 Fort. St. Quincy, MA 02169
Telephone: 617-302-3769 Relay: 711 FAX: 617-847-3069
Email: ipereira@maloneyproperties.com

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.



**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 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

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I SPEAK FORM

LANGUAGE IDENTIFICATION FLASHCARD

| | |
|--|--------------------|
| <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 kazye sa a si ou li oswa ou pale kreyòl ayisyen. | 16. Haitian Creole |
| <input type="checkbox"/> अगर आप हिन्दी बोलते या पढ़ सकते हों तो इस बक्स पर चिह्न लगाएं। | 17. Hindi |
| <input type="checkbox"/> Kos lub voj no yog kej paub twin 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 weno 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"/> ໃຫ້ມີລັບສິນ ທີ່ມີຄວາມຮັບຮັກຮັກ. | 24. Laotian |
| <input type="checkbox"/> Proszę 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 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 квадратић уколико читате или говорите српски језик. | 29. Serbian |
| <input type="checkbox"/> | Označte tento štvorcek, 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"/> | Markahin itong kuwadrido kung kayo ay marunong magbasa o magsalita ng Tagalog. | 32. Tagalog |
| <input type="checkbox"/> | ຕ້ອນທີ່ ພົມເພີ້ມ ດີເລີມ ອຳນົດ ມີຄວາມຮັກຮັງການ ດັ່ງນີ້. | 33. Thai |
| <input type="checkbox"/> | Maaka 'i he puha ni kapani ōku ke lau pe lea fakatonga. | 34. Tongan |
| <input type="checkbox"/> | Відмінте цю клітинку, якщо чи читаете або говорите українською мовою | 35. Ukrainian |
| <input type="checkbox"/> | اگر آپ اردو ہے تو اس طبقے میں نشان گا۔ | 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"/> | באייכיכט זעם קאסטל אויב אויך פֿיעַנְט אַדְוָר וְעַדְלָט אַפְּלָדָא | 38. Yiddish |

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.



South Shore HOME Consortium (Consortium)

Notice of Occupancy Rights under the Violence Against Women Act¹

To all Tenants 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 the **HOME Investment Partnerships Program (HOME)** is in compliance with VAWA. This notice explains your rights under VAWA. A HUD-approved certification form is attached to this notice. You can fill out this form to show 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.”

Protections for Applicants

If you otherwise qualify for assistance under **HOME**, 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.

Protections for Tenants

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.

If you are receiving assistance under **HOME**, 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 **HOME** 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.

Removing the Abuser or Perpetrator from the Household

The Consortium 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 the Consortium chooses to remove the abuser or perpetrator, the Consortium may not take away the rights of eligible tenants to the unit or otherwise punish the remaining tenants. If the evicted abuser or perpetrator was the sole tenant to have established eligibility for assistance under the program, the Consortium 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, the Consortium must follow Federal, State, and local eviction procedures. In order to divide a lease, the Consortium 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, the Consortium 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, the Consortium 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.

The Consortium 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.

The Consortium's emergency transfer plan provides further information on emergency transfers, and the Consortium 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

The Consortium 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 the Consortium must be in writing, and the Consortium 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. The Consortium 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 the Consortium as documentation. It is your choice which of the following to submit if the Consortium asks 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 the Consortium 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 the Consortium has agreed to accept.

If you fail or refuse to provide one of these documents within the 14 business days, the Consortium does not have to provide you with the protections contained in this notice.

If the Consortium 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), the Consortium 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, the Consortium does not have to provide you with the protections contained in this notice.

Confidentiality

The Consortium 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.

The Consortium must not allow any individual administering assistance or other services on behalf of the Consortium (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.

The Consortium must not enter your information into any shared database or disclose your information to any other entity or individual. The Consortium, however, may disclose the information provided if:

- You give written permission to the Consortium to release the information on a time limited basis.

- The Consortium 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 the Consortium or your landlord to release the information.

VAWA does not limit the Consortium's 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, the Consortium cannot hold tenants who have been victims of domestic violence, dating violence, sexual assault, or stalking to a more demanding set of rules than it applies to tenants 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 the Consortium 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 tenants or those who work on the property.

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

above, the Consortium 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 **HUD field office**.

For Additional Information

You may view a copy of HUD's final VAWA rule at

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

Additionally, the Consortium 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 Consortium's Representative Member**.

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 **DOVE, Inc. at 617-471-1234 or 1-888-314-DOVE (3683)**

For tenants 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>.

Attachment: Certification form HUD-5382

Form HUD-5380
(12/2016)

**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.