

# LOCATION, COMMUNITY, AND QUALITY LIVING

Woodland Cove offers modern luxuries at a price you can afford! Our spacious one, two and three-bedroom apartments have a contemporary design that's convenient and attractive. Our beautiful community provides an exceptional lifestyle setting with serene comfort and easy access to recreational opportunities and community resources.

## **APARTMENT FEATURES:**

- Heat & Hot Water Included
- Luxury Plank Flooring
- Quality Cabinetry & Windows
- Central Air Conditioning
- Energy Star Appliances
- Dishwasher & Microwave
- Cable & Internet Ready
- Emergency Maintenance

### **COMMUNITY AMENITIES:**

- Community Clubhouse
- Secure Controlled Access
- Playground
- Outdoor Seating Areas
- Fitness Center
- Laundry Centers
- Elevator
- Free Parking

# **REQUEST AN APPLICATION OR INFORMATION**

CALL: (617) 209-5436 / Relay 711 | VISIT: www.WoodlandCoveMA.com

**EMAIL**: WoodlandCove@MaloneyProperties.com

Or Pick-up an application using the "Take One" box near the Property Sign at 3102 Cranberry Highway. Join the Public Information Webinar live Dec 7<sup>th</sup> at 6:00 PM or view the presentation on our website.

# SUBMIT YOUR COMPLETED APPLICATION

By Email: WoodlandCove@MaloneyProperties.com

Or mail to Woodland Cove, c/o Maloney Properties, Inc., 27 Mica Lane, 3rd Floor, Wellesley, MA 02481

# Priority will be given to applications received on or before the

**APPLICATION DEADLINE: December 23, 2022** 

The LOTTERY DRAWING will be held publicly via zoom on January 12, 2023

*Program Type	Number of Units **Minimum Annual Income		**N	**Maximum Gross Annual Income for Eligibility				**Monthly Rental Rate							
Set-Aside	per B	edroor	n Size	per	Bedroom	Size		per Nun	nber of Ho	ousehold I	Vembers		per l	Bedroom	Size
AMI %	1	2	3	1	2	3	One	Two	Three	Four	Five	Six	1	2	3
Section 8/MRVP-30%	1	12	4	N	lot Applicab	ole	\$29,450	\$33,650	\$37,850	\$42,050	\$45,450	\$48,800	***ba	ased on inc	come
Affordable – 60%	19	68	8	\$47,340	\$56,790	\$65,610	\$58,920	\$67,320	\$75,720	\$84,120	\$90,900	\$97,620	\$1,578	\$1,893	\$2,187
Workforce – 80%	4	13	3	\$63,150	\$75,750	\$87,510	\$78,600	\$89,800	\$101,000	\$112,200	\$121,200	\$130,200	\$2,105	\$2,525	\$2,917
Workforce – 90%	3	13	2	\$63,150	\$75,750	\$87,510	\$88,400	\$101,000	\$113,600	\$126,200	\$136,350	\$146,450	\$2,105	\$2,525	\$2,917

Note: \*"AMI" is Area Median Income. \*\* Rates & Income limits subject to change. Minimum income is 2.5 times the gross rent (tenant rent + utilities).

A utility allowance will be given for the tenant-paid electric. Housing Vouchers are accepted and satisfy the minimum income requirement.

\*\*\* Section 8 and MRVP PBV Applicants must meet the eligibility for subsidy assistance through DHCD and meet the program definition of homelessness.



For more information or if you or a family member has a disability or limited English proficiency, and as a result need assistance completing the application and/or require assistance during the application process, please call (617) 209-5436 | Relay 711



### NOW ACCEPTING PRE-APPLICATIONS FOR THE LOTTERY!



**Phone:** (617) 209-5436 | US Relay711 **Email:** WoodlandCove@MaloneyProperties.com

# Dear Applicant:

Thank you for your interest in Woodland Cove Apartments! We look forward to the opportunity to serve you and your family's housing needs.

Enclosed please find our community flyer and the pre-application packet. It is extremely important that you fully understand the application as well as all documents enclosed. Plan on joining our public **Information Webinar** live on December 7, 2022, at 6:00 PM or view the presentation on our website. If someone within your household has a disability or limited English proficiency, and as a result need assistance completing the application and/or require any assistance during the application process, please call (617) 209-5436 | Relay 711. We will be happy to assist you.

Please be aware that our resident selection criteria include suitability and eligibility requirements, including tenant income certification and student status rules. It is extremely important that each question being asked within this packet is answered. If a question is not applicable to your household, please type or neatly write "N/A" rather than leaving anything blank. If all sections are not completed, the incomplete application will be returned to you for completion and may not be included into the lottery. As stated within the local preference election form, applicants who submit documentation verifying qualification of the local preference will receive priority for some of the available units. This documentation must be included with the complete application packet.

# To be included in the LOTTERY, your application MUST be RECEIVED on or BEFORE the APPLICATION DEADLINE -- Friday, December 23, 2022

**Submit Your Application!** 

**Email**: WoodlandCove@MaloneyProperties.com

**Mail**: Woodland Cove c/o Maloney Properties, Inc.

27 Mica Lane, 3<sup>rd</sup> Floor, Wellesley, MA 02481

### NOTE: ONLY ONE APPLICATION MAY BE SUBMITTED BY A HOUSEHOLD.

Any additional application(s) received for a household, will not be added to the lottery/waitlist.

Upon receipt of a complete Pre-Application packet, we will send a notice with your lottery registration number to the email address listed on our application or mailing address if no email address is listed.

Any application received after the application deadline will be added to a 'post lottery' waitlist which will be processed only after all lottery applications are processed.

The <u>LOTTERY DRAWING</u> will be held <u>publicly via zoom</u> on <u>Thursday</u>, <u>January 12</u>, <u>2023</u>, <u>at 6:00 PM</u>. The lottery results will be posted on our website for public viewing (lottery waitlist placement # per registration #): www.WoodlandCoveMA.com

Each applicant will receive an email with the lottery placement number per registration number. If your pre-application does not list an email address than this information will be sent to the mailing address listed on the pre-application.





### NOW ACCEPTING PRE-APPLICATIONS FOR THE LOTTERY!



**Phone:** (617) 209-5436 | US Relay711 **Email:** WoodlandCove@MaloneyProperties.com

#### WHAT HAPPENS NEXT?

After the lottery drawing, Management will begin screening applicants for units with a local preference, starting with the applicants with the lowest number drawn for each unit size and type. Applicants will be contacted to set up an interview with the property manager and/or another member of Management. Applicants will proceed through the process as follows:

- (1) All adult household members will be asked to interview with agent. They will be asked to provide information/documentation and sign/date the interview and other necessary documents promptly so agent can efficiently process all applications consistently to determine if applicants meet the eligibility requirements of the property and programs. Failure to promptly respond to the Agent's request for interview, documentation and/or information to process the application will result in rejection of the application. Note: if an application is rejected, the applicant will receive a written rejection notice with instruction on an appeal option.
- (2) Once Management has qualified the household, including confirming the household has passed suitability criteria (resident history verification, credit and criminal background checks), the approved applicant household will be shown/offered an apartment. Upon the offer, the applicant will have 48 hours to decide whether to lease the apartment. The applicant may reserve the apartment home by placing the security deposit equal to one month rent. If the offer is accepted and an apartment reserved, it is expected a lease will be signed and effective within 2 weeks from the date of offer.
- (3) If an applicant does not pass the credit and criminal background, agent will contact the applicant via phone/text/email to see if there are any special circumstances. If sufficient information cannot be supplied, agent will provide a formal written rejection notice and option for appeal in accordance with the 'Rejection of an Application' policy and procedures as stated in the Tenant Selection Plan.
- (4) If a household does not qualify due to exceeding the income limit, not meeting the minimum income, or another eligibility or suitability criteria, agent will contact the applicant via regular mail/phone/text/email and provide a written rejection notice including appeal option in accordance with the 'Rejection of an Application' procedures as detailed in the Tenant Selection Plan. A household is considered unsuitable for housing if their adjusted income to rent/utilities burden ratio is greater than 40%. In other words, the applicant's adjusted income must exceed 2.5 times the gross rent (rent plus utilities). HOME designated apartments are more restrictive; applicants adjusted income to rent/utilities burden ratio must be less than 30% for rental of a HOME designated apartment. Voucher holders will always meet the minimum income when the Housing Authority payment standard exceeds the apartment's gross rent. Voucher holders pay 30% their monthly adjusted gross income for rent and utilities. If the apartment's gross rent is greater than the Housing Authority's payment standard, the voucher holder must pay the additional amount. This is not acceptable on HOME units; however, the Housing Authority may approve on non-HOME units if the gross rent is not more than 40 percent of the household's adjusted monthly income.
- (5) If an approved applicant chooses not to accept an apartment at the time a unit is offered, applicant will be removed from the lottery waiting list and if they choose to remain on the waitlist, applicant will be placed on the post-lottery waitlist based on date and time the applicant rejected the unit offer. If upon a second unit offer an applicant does not accept, the applicant will be removed from the waiting list.

Please feel free to reach out if you have any questions or would like additional information.







# JOIN OUR COMMUNITY TODAY! WOODLAND COVE

c/o Maloney Properties, Inc. 27 Mica Lane | Wellesley,MA | 02841 **Phone:** 617.209.5436 | Relay 711

Email: WoodlandCove@MaloneyProperties.com

# **Please Print Clearly**

NAME:		UNIT SIZE RE	QUES	TED:	
ADDRESS:		LINUT CIZE ONI		NCE.	
CITY/STATE/ZIP:		UNIT SIZE 2NI			
PHONE: ALT PHON	NOT:	E: Important notice to the email add			
EMAIL:		notices to be ser	ıt throu	igh the US l	
	MPOSITION & STUDEN will live in the apartment.				
First Name, Last Name	Relationship to head of household	Date of Birth		Student St st Circle as <u>EACH</u> M	Applicable to
	Head of Household				
Are ALL household members full time stude	nts?			☐ Yes	□ No
If yes, answer the j	following questions "a" thr	rough "e".			
a. Is any full-time student(s) a TANF or a tit	1			☐ Yes	□ No
b. Is any student(s) enrolled in a job-training Training Partnership Act or other similar federates.		ice under the Job		☐ Yes	□ No
c. Are all full-time student(s) married (not no return?	ecessarily to one another) a	nd filing a joint tax		☐ Yes	□ No
d. Are all of the full-time student(s) a single and not a Dependent on another individual's dependent of another person other than a par-	tax return and the child/chil		L	☐ Yes	□ No
e. Has any full-time student previously been program (under Part B or E of Title IV of the		ent of a foster care		□ Yes	□ No







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# **Please Print Clearly**

	INCOME		
	anticipated to be received by any/all household members of the control of the con		
	oyment, self-employment (net business income), uner n payments child support, alimony, regular gift/co		
Household Member Name	Source of Income		ss Annual Amount
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
	ASSETS		
List ALL household members' as		icies, 401K, S	SSA Direct Express
List ALL household members' as accounts, certificates of deposit (	ASSETS sets, including but not limited to: Checking accounts	of Acct #	SSA Direct Express  Current Balance Checking Accts – 6
List ALL household members' as accounts, certificates of deposit (ODebit Cards, etc.	ASSETS sets, including but not limited to: Checking accounts CDs), credit unions, savings bonds, life insurance pol	of Acct #	SSA Direct Express  Current Balance Checking Accts – 6
List ALL household members' as accounts, certificates of deposit (ODebit Cards, etc.	ASSETS sets, including but not limited to: Checking accounts CDs), credit unions, savings bonds, life insurance pol	of Acct #	SSA Direct Express  Current Balance Checking Accts – 6
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List ALL household members' as accounts, certificates of deposit (ODebit Cards, etc.	ASSETS sets, including but not limited to: Checking accounts CDs), credit unions, savings bonds, life insurance pol	of Acct #	SSA Direct Express  Current Balance Checking Accts – 6

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.







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# **Please Print Clearly**

1.	*Note: If you only need a unit on the first floor and it "no" here and respond to question 4 below with a "yes	doesn't need to be fully accessible		er
2.	Do you need only certain accessible features of a unit			
3.	Do you need a unit with special features for someone Yes No	with a hearing and/or visual impa	irment?	
4.	Does any member of the household have any accessib ways we need to communicate with you?  Yes No If yes, please explain:		_	
	ADDITIONAL INFO	DRMATION		
Notice for	the following question: We do not discriminate based on your pose to determine an applicant household's ability to pay ren			
	currently have a mobile Voucher/Certificate? es, issued by:		☐ Yes	□ No
	an owner, developer or sponsor of this project (or officer, em eloper or sponsor)?	ployee, agent or consultant of the	□ Yes	□ No
4. Do you	wish to request a pet to be authorized in the apartment? If yes	s, provide pet details:	☐ Yes	□ No
RENTAL A	T LANDLORD INFORMATION: DDRESS: RED NAME: LAD PHONE: LAOF RESIDENECY: RENT: MONTHLY LE	NDLORD NAME:		







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# **Please Print Clearly**

# **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
(A-8)	
(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: 1A Application Addendum - Demographics Data Collection & Consent

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.







### WOODLAND COVE

c/o Maloney Properties, Inc. 27 Mica Lane | Wellesley,MA | 02841

Phone: 617.209.5436 | Relay 711 Email: WoodlandCove@MaloneyProperties.com



# 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 flu 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 Head of Household	Ethnicity of Head of Household
1 - White	1 - Hispanic or Latino
2 - Black/African American	2 - Not Hispanic or Latino
3 - American Indian/Alaska Native	3 - I do not wish to disclose
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	
5a - Native Hawaiian 5b - Guamanian or Chamorro	
5c - Samoan	
5d - Other Pacific Islander	
6 - Other	
7 - I do not wish to disclose	
1 do not wish to disclose	
Disability Status of this Member that Meets the Fair Housing Act Definition Abo	ve:
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 Head of Household	Ethnicity of Head of Household
Race of Head of Household 1 - White	Ethnicity of Head of Household 1 - Hispanic or Latino
Race of Head of Household  1 - White 2 - Black/African American	Ethnicity of Head of Household
Race of Head of Household  1 - White  2 - Black/African American  3 - American Indian/Alaska Native	Ethnicity of Head of Household  1 - Hispanic or Latino  2 - Not Hispanic or Latino
Race of Head of Household  1 - White 2 - Black/African American	Ethnicity of Head of Household  1 - Hispanic or Latino  2 - Not Hispanic or Latino
Race of Head of Household  1 - White  2 - Black/African American  3 - American Indian/Alaska Native  4 - Asian (please choose a sub-category)	Ethnicity of Head of Household  1 - Hispanic or Latino  2 - Not Hispanic or Latino
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	Ethnicity of Head of Household  1 - Hispanic or Latino  2 - Not Hispanic or Latino
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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	Ethnicity of Head of Household  1 - Hispanic or Latino  2 - Not Hispanic or Latino
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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
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4. Full Name of HH Member #4:	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  1 - Member has a disability  2 - Member does not have a disability  3- I do not wish to disclose the disability status.	Above:
5. Full Name of HH Member #5:	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  1 - Member has a disability  2 - Member does not have a disability  3- I do not wish to disclose the disability status.	Above:

# **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 #711or at Maloney Properties, Inc. 27 Mica Lane, Wellesley, MA 02481.



## LOCAL PREFERENCE ELECTION FORM

Woodland Cove will utilize a local preference for up to 70% of the affordable non-PBV designated units being filled through this lottery during the initial lease up. Only applicants who provide the required local preference verification/documentation with their application by the lottery deadline shall be given priority in accordance with the local preference requirement. This preference does not make anyone eligible who was not otherwise eligible.

This entire form must be completed and documentation to support the request for preference <u>must</u> be provided to be given priority.

1. I hereby of	ertify under the pains and penalty of perjury that (	select as appliable):
☐Yes ☐ No	I currently live in Wareham at the time of application	n.
Note: this incl	ides a local shelter, or if homeless, your last place of r	esidence before becoming homeless.
Documentation	n Required with Initial Application	
WAREHAM	LOCAL RESIDENT PREFERENCE: To qualify pr	ovide 2 of the following:
A utility l	rental lease signed and dated within the last year in your name: original gas or electric bill dated with stration, driver's license, or Massachusetts I.D. with the	hin last thirty days.
	Vareham public school registration record for your chilable – I do not live in Wareham as of the date of this a	•
2. I hereby o	ertify under the pains and penalty of perjury that (	select as appliable):
☐Yes ☐ No	I currently work in Wareham at the time of applicati	on.
	on Required with Initial Application  LOCAL EMPLOYMENT PREFERENCE: To qual	ify provide 1 of the following:
	f current paystub showing the company name and loca	
	rom employer detailing applicant is or has been hired	
date Not	appliable – I do not work in Wareham as of the date of	this application.
I hereby o	reserves the right to request additional documentation.  ertify under the pains and penalty of perjury that r d supporting documentation is required.	
Head of I	Household Member Signature	Date









1. I (or my family) lacks a fixed, regular, and adequate nighttime residence, meaning:

### WOODLAND COVE

**Phone:** 617.209.5436 | Relay 711 **Email:** WoodlandCove@MaloneyProperties.com

## INITIAL APPLICATION ADDNEDUM: SELF CERTIFICATION OF HOMELESSNESS

Woodland Cove's Section 8 PBV units are also homeless (or at risk of homelessness) set aside units. Meeting the definition of 'homeless or at risk does not make anyone eligible who was not otherwise eligible. This is to certify whether or not the below named individual or household meets the homeless or at risk definition. Any "Yes" response requires supporting documentation. **The entire form must be completed.** 

Yes No My/our primary nighttime residence is a public or private place not designed for or ordinarily used as a

Yes   No   I/we are living in a supervised publicly or privately-operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, State, or local government programs for low-income individuals). Ol   Yes   No   I (or a household member) am exiting an institution where I resided for 90 days or less and resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.    Yes   No   My/our primary nighttime residence will be lost within 14 days of the date of application;   Yes   No   No subsequent residence has been identified; AND   I/we lack the resources or support networks, e.g., family, friends, faith-based or other social networks, to obtain other permanent housing;    3. I/we have unaccompanied youth under 25 years of age, or am a family with children and youth, who do not otherwise qualify as homeless under this definition, but who:   Yes   No   Are defined as homeless under section 387 of the Runaway and Homeless Youth Act (42 USC 5732a), section 637 of the Head Start Act (42 USC 9832), section 41403 of the Violence Against Women Act of 1994 (42 USC 14043e-2), section 330(h) of the Public Health Service Act (42 USC 254b(h)), section 3 of the Food and Nutrition Act of 2008 (7 USC 2012), section 17(b) of the Child Nutrition Act of 1966 (42 US 1786(b)), or section 725 of the McKinney-Vento Homeless Assistance Act (42 USC 11434a);   Yes   No   Have not had a lease, ownership interest, or occupancy agreement in permanent housing at any time during the 60 days immediately preceding the date of application;   Yes   No   Expected to continue in such status for an extended period of time because of chronic disabilities; chronic		regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train
arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, State, or local government programs for low-income individuals). Of I (or a household member) am exiting an institution where I resided for 90 days or less and resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.  2. I (or my family) will imminently lose my/our primary nighttime residence, provided that:  Yes No My/our primary nighttime residence will be lost within 14 days of the date of application;  Yes No I (we lack the resources or support networks, e.g., family, friends, faith-based or other social networks, to obtain other permanent housing:  3. I/we have unaccompanied youth under 25 years of age, or am a family with children and youth, who do not otherwise qualify as homeless under section 387 of the Raunaway and Homeless Youth Act (42 USC 5732a), section 33 of the Head Start Act (42 USC 9832), section 41403 of the Violence Against Women Act of 1994 (42 USC 14043e-2), section 330(h) of the Public Health Service Act (42 USC 254b(h)), section 3 of the Food and Nutrition Act of 2008 (7 USC 2012), section 17(b) of the Child Nutrition Act of 1966 (42 US 178(b)), or section 725 of the McKinney-Vento Homeless Assistance Act (42 USC 11434a); he do days immediately preceding the date of application;  Yes No Have experienced persistent instability as measured by two moves or more during the 60-day period immediately preceding the date of application; AND  Yes No Expected to continue in such status for an extended period of time because of chronic disabilities; chronic physical health or mental health conditions; substance addiction; histories of domestic violence or childhoo abuse (including neglect); the presence of a child or youth with a disability; or two or more barriers to employment, which include the lack of a high school degree or GED, illiteracy, low English proficiency, a history of incarceration or		station, airport, or camping ground.
charitable organizations or by federal, State, or local government programs for low-income individuals). O	∐Yes ∐ No	
Yes   No   I (or a household member) am exiting an institution where I resided for 90 days or less and resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.  2. I (or my family) will imminently lose my/our primary nighttime residence, provided that:   Yes   No   My/our primary nighttime residence will be lost within 14 days of the date of application;   Yes   No   No subsequent residence has been identified; AND   I/we lack the resources or support networks, e.g., family, friends, faith-based or other social networks, to obtain other permanent housing;  3. I/we have unaccompanied youth under 25 years of age, or am a family with children and youth, who do not otherwise quality as homeless under this definition, but who:   Yes   No   Are defined as homeless under section 387 of the Runaway and Homeless Youth Act (42 USC 5732a), section 637 of the Head Start Act (42 USC 9832), section 17(b) of the Violence Against Women Act of 1994 (42 USC 14043e-2), section 330(h) of the Public Health Service Act (42 USC 254b(h)), section 3 of the Food and Nutrition Act of 2008 (7 USC 2012), section 17(b) of the Child Nutrition Act of 1966 (42 US 1786(b)), or section 725 of the McKinney-Vento Homeless Assistance Act (42 USC 11434a);   Have not had a lease, ownership interest, or occupancy agreement in permanent housing at any time during the 60 days immediately preceding the date of application; AND		
cmergency shelter or place not meant for human habitation immediately before entering that institution.   Yes		
2. I (or my family) will imminently lose my/our primary nighttime residence, provided that:   Yes	∐Yes ∐ No	l i i
Yes		emergency shelter or place not meant for human habitation immediately before entering that institution.
Yes	2. I (or my far	nily) will imminently lose my/our primary nighttime residence, provided that:
Yes   No   No subsequent residence has been identified; AND   We lack the resources or support networks, e.g., family, friends, faith-based or other social networks, to obtain other permanent housing;  3. I/we have unaccompanied youth under 25 years of age, or am a family with children and youth, who do not otherwise qualify as homeless under this definition, but who:    Yes   No   Are defined as homeless under section 387 of the Runaway and Homeless Youth Act (42 USC 5732a), section 637 of the Head Start Act (42 USC 9832), section 41403 of the Violence Against Women Act of 1994 (42 USC 14043e-2), section 330(h) of the Public Health Service Act (42 USC 254b(h)), section 3 of the Food and Nutrition Act of 2008 (7 USC 2012), section 17(b) of the Child Nutrition Act of 1966 (42 US 1786(b)), or section 725 of the McKinney-Vento Homeless Assistance Act (42 USC 11434a);    Yes   No   Have not had a lease, ownership interest, or occupancy agreement in permanent housing at any time during the 60 days immediately preceding the date of application;    Yes   No   Expected to continue in such status for an extended period of time because of chronic disabilities; chronic physical health or mental health conditions; substance addiction; histories of domestic violence or childhoo abuse (including neglect); the presence of a child or youth with a disability; or two or more barriers to employment, which include the lack of a high school degree or GED, illiteracy, low English proficiency, a history of incarceration or detention for criminal activity, and a history of unstable employment; OR  4. I (or my family):    Yes   No   Am fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against me (or a family member, including a child), that has either taken place within my (my family's) primary nighttime residence or has made me (or my family) afraid to return to my/our primary nighttime residence;    Yes   No   No		
Yes	Yes No	
obtain other permanent housing;	Yes No	I/we lack the resources or support networks, e.g., family, friends, faith-based or other social networks, to
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Yes		
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the Food and Nutrition Act of 2008 (7 USC 2012), section 17(b) of the Child Nutrition Act of 1966 (42 US 1786(b)), or section 725 of the McKinney-Vento Homeless Assistance Act (42 USC 11434a);    Yes		
Yes		
Yes		
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immediately preceding the date of application; AND    Yes		the 60 days immediately preceding the date of application;
<ul> <li>Yes □ No</li></ul>	Yes No	Have experienced persistent instability as measured by two moves or more during the 60-day period
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my family) afraid to return to my/our primary nighttime residence;  Yes No Has no other residence; AND  Lack the resources or support networks, e.g., family, friends, and faith-based or other social networks, to obtain other permanent housing.  I hereby certify under the pains and penalty of perjury that my selections above are true and understand supporting documentation is required.		
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obtain other permanent housing.  I hereby certify under the pains and penalty of perjury that my selections above are true and understand supporting documentation is required.		, ,
I hereby certify under the pains and penalty of perjury that my selections above are true and understand supporting documentation is required.		
Head of Household Member Signature Date		rtify under the pains and penalty of perjury that my selections above are true and understand
		Head of Household Member Signature Date

RA1





# 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:**

### WOODLAND COVE

c/o Maloney Properties, Inc. 27 Mica Lane | Wellesley,MA | 02841 **Phone:** 617.209.5436 | Relay 711

Email: WoodlandCove@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

10 Causeway Street, Room 321

Phone: (617) 994-8300 Toll Free: (800) 827-5005 TTY: (800) 877-8339 Fax: (617) 565-6558

Boston, MA 02222-1092

E-Mail: ComplaintsOffice01@hud.gov

### **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 Fax: (6170 994-6024 E-Mail: mcad@mass.gov

Springfield Office

436 Dwight Street, Room

220

Springfield, MA 01103 Phone: (413) 739-2145

TTY: (617) 994-6196 (Boston Office)

Fax: (413) 784-1056 E-Mail: mcad@mass.gov

Worcester Office Worcester

City Hall

484 Main Street, Room 320 Worcester, MA 01608

Phone: (508) 453-9630

TTY: (617) 994-6196 (Boston Office)

Fax: (508) 755-3861 E-Mail: mcad@mass.gov

New Bedford Office

128 Union Street, Suite 206 New Bedford, MA 02740 Phone: (774) 510-5801

TTY: (617) 994-6196 (Boston Office)

Fax: (774) 510-5802 E-Mail: <u>mcad@mass.gov</u>

### Connecticut

Connecticut Commission on Human Rights and

Opportunities

450 Columbus Boulevard Hartford, CT 06103-1835 Phone: (860) 541-3400

Connecticut Toll Free: (800) 477-5737

TTY: (860) 541-3459 FAX: (860) 541-4701

Capitol Region Office 450 Columbus Boulevard Hartford, CT 06103 Phone: (860) 566-7710 TTY: (860) 566-7710 Fax: (860) 566-1997

E-Mail: CHRO.Capitol@ct.gov

Eastern Region Office 100 Broadway Norwich, CT 06360 Phone: (860) 886-5703 TTY: (860) 886-5707 Fax: (860) 886-2550

E-Mail: CHRO.Eastern@ct.gov

West Central Region Office Rowland State Government Center 55 West Main Street, Suite 210 Waterbury, CT 06702-2004 Phone: (203) 805-6530 TTY: (203) 805-6579

Fax: (203) 805-6559

E-Mail: CHRO.WestCentral@ct.gov

Southwest Region Office 350 Fairfield Avenue, 6th Floor

Bridgeport, CT 06604 Phone: (203) 579-6246 TTY: (203) 579-6246 Fax: (203) 579-6950

E-Mail: CHRO.Southwest@ct.gov





# **New Hampshire**

NH Commission for Human Rights 2 Industrial Park Drive, Bldg. One Concord, NH 03301

Phone: (603) 271-2767 Fax: (603) 271-6339

E-mail: <a href="mailto:humanrights@nh.gov">humanrights@nh.gov</a>

### **Rhode Island**

Rhode Island Commission for Human Rights 180 Westminster Street, 3rd Floor Providence, RI 02903 Phone: (401) 222-2661

TTY: (401) 222-2664 Fax: (401) 222-2616

E-Mail: mailto:RICHR.Housing@richr.ri.gov

#### Vermont

Vermont Human Rights Commission 14-16 Baldwin Street Montpelier, VT 05633 Phone: 802-828-2480

Vermont Toll Free: (800) 416-2010

TDD: (877) 294-9200 Fax: (802) 828-2481

E-mail: <u>human.rights@vermont.gov</u>

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









## I SPEAK FORM

### LANGUAGE IDENTIFICATION FLASHCARD

ضع علامة في هذا المربع إذا كنت تقرأ أو تتحدث العربية.	1. Arabic
րիր իստաց, իտգ, իտեմատ, ըն էտքրիչ»։ թունատ, ըրն տնաղ, քառանըն անս ճատրիսատը,	2. Armenian
যদি আপৰি বাংলা পড়েৰ বা বংলন ভা হলে এই বংকন দাগ দিন।	3. Bengali
ឈូមបញ្ជាក់ក្នុងប្រអប់នេះ បើអ្នកអាន ឬនិយាយភាសា ខ្មែរ ។	4. Cambodian
Motka i kahhon ya yangin ûntûngnu' manaitai pat ûntûngnu' kumentos Chamorro.	5. Chamorro
如果你能读中文或讲中文,请选择此框。	6. Simplified Chinese
	•
如果你能镀中文或饠中文、請選擇此框。	7. Traditional Chinese
<b>如果你能镀中文或鱬中文,簡短滯此框。</b> Označite ovaj kvadratić ako čitate ili govorite hrvatski jezik.	
	Chinese
Označite ovaj kvadratić ako čitate ili govorite hrvatski jezik.	Chinese 8.Croatian
Označite ovaj kvadratić ako čitate ili govorite hrvatski jezik.  Zaškrtněte tuto kolonku, pokud čtete a hovoříte česky.	8.Croatian 9. Czech





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





Assinale este quadrado se você lê ou fala português.	26. Portuguese
Însemnați această căsuță dacă citiți sau vorbiți românește.	27. Romanian
Пометьте этот квадратик, если вы читаете или говорите по-русски.	28. Russian
Обележите овај квадратић уколико читате или говорите српски језик.	29. Serbian
Označte tento štvorček, ak viete čítať alebo hovoriť po slovensky.	30. Slovak
Marque esta casilla si lee o habla español.	31. Spanish
Markahan itong kuwadrado kung kayo ay marunong magbasa o magsalita ng Tagalog.	32. Tagalog
ให้กาเครื่องหมายลงในช่องถ้าท่านอ่านหรือพูกภาษาไทย.	33. Thai
Maaka 'i he puha ni kapau 'oku ke lau pe lea fakatonga.	34. Tongan
Відмітьте цю клітинку, якщо ви читаєте або говорите українською мовою.	35. Ukranian
اگرآپ اردو پڑھتے یا بولتے ہیں تو اس خانے میں نشان لگائیں۔	36. Urdu
Xin đánh dấu vào ô này nếu quý vị biết đọc và nói được Việt Ngữ.	37. Vietnamese
באצייכנט דעם קעסטל אויב איר לייענט אדער רעדט אידיש.	38. Yiddish

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