



Simon C. Fireman  
Community  
Hebrew SeniorLife

Dear Applicant,

Thank you for your interest in living at Simon C. Fireman Community. Attached are several documents that you will need to fill out and return to us in order to be placed on our waiting list. It is imperative the forms are filled out completely and accurately. If needed, management would be glad to assist you in completing these forms.

**Please complete the following forms as requested, including signature and date. Also please attach any supporting documentation requested.**

**Preliminary Housing Application**

**Application Supplement for Federally Assisted Housing**

**DHCD Resident Notice and Consent Form**

**Race & Ethnic Data Form**

- HUD Form 27061-H
- 1(A) Application Addendum-Demographics Data Collection and Consent Forms

**Attach copies of your**

- Driver's license or State picture I.D
- Birth Certificate, Passport or Naturalization Certificate

**Attach proof of gross income**

- Most recent Social Security benefit letter (including SSI & SSDI)
- Most recent 6 consecutive paystubs
- Other type of income

**If you have selected a preference please attach copies of documentation to verify your claim.**

Please return these documents as soon as you have completed them and return the whole packet to the property. Names are placed on the waiting list in the order that **completed** applications are received. Income eligibility guidelines are on the following page.

***Your application will not be complete until we receive all the items listed above.*** Upon request, an applicant will be granted an additional 90 days to verify the Social Security Number for any household member. You will then be notified in writing that we have finished preliminary processing of your application and if you are placed on our waiting list.

**We will contact when your name reaches the top of the waiting list. At that time, you will be asked to complete other verification forms needed to determine final eligibility and your rent amount in order to offer you an apartment in our community.**

In the meantime, if you have any questions, please feel free to give me a call at 781-986-3412 it is our intent to offer the best affordable housing available and provide a quality customer service experience.

Thank you again for the opportunity to meet your housing needs.

Sincerely,  
Leasing Department

**PROGAM - INCOME ELIGIBILITY**

**Eligibility is based on Gross annual income**, which means any income before deductions such as taxes, Medicare, etc. Gross Income includes any wages, pension, retirement, social security payments, etc. including interest, dividends, and other income earned from net family assets.

<b>Income Limits</b>	<b>1 Person</b>	<b>2 Persons</b>
30% AMI (HUD)	\$34,300	\$39,200
30% AMI (Tax Credit)	\$34,260	\$39,180
50% AMI	\$57,100	\$65,300
60% AMI	\$68,520	\$78,360

**Application Submission Methods:**

**In Person/Mail:** 640 North Main Street  
Randolph, MA 02368

**Fax:** (617) 843-6544



Equal Housing  
Opportunities



Simon C. Fireman  
Community

Hebrew SeniorLife

## MEMO

To: Applicants  
From: Management  
Date: 4/1/2024  
Re: Eligibility Requirement-Housing Opportunities through Modernization Act (HOTMA)

Recently, HUD released a Notice implementing the Housing Opportunities through Modernization Act (HOTMA) effective the later of:

- 1/1/2024;
- When site software is updated to comply with new HOTMA requirements no later than 1/1/2025

HOTMA introduces new Section 8 eligibility rules including:

- Limits to the value of assets owned by residents receiving HUD housing assistance; and
- Exclusion of applicants and residents who own a house suitable for occupancy.

These rules apply to all Section 8 properties including Section 8, 202/8, PBRA RAD and Section 8/515 programs.

Attached please find a detailed explanation of these changes and how they may impact your eligibility to remain active on our waiting list. If you have any questions please contact our management office at 781-986-8880.

Thank you,

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Sophia Smith  
Director of Compliance & Occupancy, Supportive Housing



SIMON C. FIREMAN COMMUNITY  
COMMON RENTAL PRE-APPLICATION

(Affordable Programs)

UPON REQUEST, THE MANAGEMENT AGENT WILL PROVIDE HELP IN EXPLAINING THIS DOCUMENT. IF NECESSARY, PERSONS WITH DISABILITIES MAY ASK FOR THIS APPLICATION IN LARGE PRINT TYPE, OR OTHER ALTERNATE FORMATS AND ADDITIONAL ASSISTANCE CAN BE PROVIDED.

Instructions for Head of Household:

1. Complete all sections of this application by either typing or handwriting your information (in ink). Please do not leave any section blank and if the section does not apply to you, put "N/A". If you are submitting a handwritten application and you need to make a correction, put one line through the incorrect information, write the correct information above, and initial the change. Do not use correction fluid of any kind (e.g. "Whiteout"). Incomplete applications will not be accepted. **Please make sure that you sign and date the last page.**
2. The Rental Pre-Application must be completed in its entirety. All household members 18 years of age and older who are applying for housing must sign and date the Application. All information must be complete and correct. **False, incomplete or misleading information will cause your household's application to be denied.**
3. Once your Pre-Application is complete and on file with the Management Agent, it is your responsibility to contact the Management Agent in writing whenever there is a change in your address, telephone number, income situation or household composition (if you need to add or remove a person from your Pre-Application). It is your responsibility to respond to any waiting list application updates sent to you by the Management Agent.

Filling out a Pre-Application does not guarantee eligibility or qualification for an apartment at this development.

After the Management Agent receives your completed Pre-Application, they will make a preliminary determination of eligibility based on program and property criteria. If your household appears to be eligible for housing, your household will be placed on a waiting list, but this does not mean that your household will be offered an apartment. Every household must be screened to qualify for an apartment. When your name nears the top of the waiting list, you will be contacted to provide additional information for eligibility, screening and suitability.

If your household does not appear eligible, you will receive a letter denying your Pre-Application and you will not be placed on the waiting list. You will have the right to appeal this decision. Instructions for the appeal process will be provided with the appeal letter.

The Pre-Application process will be completed in accordance with the Management Agent's standard procedures, which are summarized in each development's site-specific copy of the Tenant Selection Plan. Upon request to the Management Agent, you have the right to receive the Tenant Selection Plan, which summarize eligibility and screening requirements for occupancy in the development.

**If you do not receive any information from the management agent within 30 calendar days of submitting this application, please contact the management agent directly.**



This is an important document. If you require language interpretation, please call the management agent for this development directly.

Este es un documento importante. Si usted requiere interpretación de idioma, por favor llame directamente al agente de gestión para la propiedad.

这是一份重要文件，如果您需要翻译，请直接致电该物业的代理。

Este é um documento importante. Se precisar de interpretação de linguagem, favor chamar diretamente o agente de administração da propriedade.

Este é um documento importante. Caso você precise de interpretação de idiomas, por favor, ligue diretamente para o agente responsável por gerenciar a propriedade.

"Это важный документ. Если Вам необходима интерпретация языка, обратитесь, пожалуйста, непосредственно к административному агенту по поводу данного объекта."

Se yo dokiman enpòtan. Si ou bezwen sèvis entèpretasyon, tanpri rele ajan jesyon an, pou pwopriyete an, dirèkteman.

Questo è un documento importante. Se si ha bisogno di un interprete per la lingua, chiamare l'agente responsabile, per la proprietà, direttamente.

Đây là một tài liệu quan trọng. Nếu quý vị cần phiên dịch, vui lòng gọi trực tiếp cho đại lý bất động sản.



7. Does the household have a Federal or State mobile housing voucher?

Yes  No

Agency: \_\_\_\_\_

The Management Agent will not discriminate based on mobile voucher holder status. This question is 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 rental subsidy; or (2) advise applicant households who are applying for a unit with project-based rental subsidy that if they move into such a unit that already has subsidy with the unit, they will be required by their voucher agency to give up their mobile voucher.

8. As of January 31, 2010 were you 62 or older and receiving HUD rental assistance at another location?

Yes  No

9. List all persons who will live with you, (include unborn children and live-in-aides). If you anticipate any household composition change in the next 12 months, please include all persons you expect to live with you.

#	Relationship	Last Name	First Name + Middle Initial	Social Security Number * (###-##-####)	Birthdate (mm/dd/yyyy)	Sex Male Female Decline	Student? (Y/N) Full Time (FT) or Part Time (PT)	Disabled (Y/N)
1	Self							
2								
3								
4								
5								
6								

\*Not providing a Social Security number for the Pre-Application will not preclude you from being put on the waitlist

10. Ethnicity, race and disability status of household members

(Optional Information/Your Answers Will Not Affect Your Application)

	Name	Ethnicity (Hispanic/Non-Hispanic/Decline)	Race (White/Black/Asian/American Indian/Native Hawaiian/Other/Decline)	Disabled (Y/N)
1				
2				
3				
4				
5				
6				

\*\*\*The Management Agent will not discriminate based on Disability status.

**Total Income: A household's income is the total anticipated amount of money received by ALL members of the household over the next 12 months based on their current income and any income earned from assets (starting from the date of application and projecting forward 12 months). This excludes income earned by live-in-aides.**

**10a. Total GROSS (before taxes) monthly income: \$ \_\_\_\_\_**

Income means money from ANY source including Wages (tips, bonus and commission, if applicable) Military Pay, Veterans Benefits, Disability Insurance Payments, SSA, SSI Federal, SSI State, Child Support, Alimony, Pension, Adoption Subsidy Payments, Education Grants, Stipends, Scholarships, Trade Union Benefits, Unemployment, Self- Employment Income, Public Assistance, Interest earned from Assets, Annuities, Workers Compensation, and Recurring Contributions such as: money someone gives you to pay your bills OR gives you as spending money OR the person uses to pay your bills directly.

**10b. Value of household assets: \$ \_\_\_\_\_ Income earned from assets: \$ \_\_\_\_\_**

Assets include checking and saving accounts, investments, stocks or bonds, mutual funds/trust accounts, certificates of deposit, IRA accounts (for example, 401K, Roth Keogh or other retirement investments), whole life insurance policy, and real estate of all household members. If any household member currently owns property, the total amount of equity in the home shall be added to their total value of assets.

**11. Priorities and Preferences**

Some of the properties that you are applying to may have eligibility requirements, whereby specific priorities/preferences may apply. In order to be considered for certain priorities/preferences, please check below ALL that apply: (Please note: The selection of priorities/preferences could impact where you are placed on the waitlist). Some developments may have additional preferences that are not included on this list. You may contact the development directly to inquire about any additional preferences that may apply.

- Homeless due to Displacement by Natural Forces
- Homeless due to Displacement by Urban Renewal
- Homeless due to Displacement by Sanitary Code Violations
- Involuntary Displacement by Domestic Violence
- Homeless Veterans
- HUD VAWA Certification (Violence Against Women Act)
- Other \_\_\_\_\_
- Other \_\_\_\_\_
- Other \_\_\_\_\_

**12. How did you hear about us? \_\_\_\_\_**



As your application nears the top of the waiting list, management will require documentation to verify the priority/preference selected.

In completing this Pre-Application, the Applicant has the right to include the name, address, telephone number, and other relevant information of a family member, friend, or advocate as the contact person to provide assistance to the Applicant in connection with this Pre-Application. (Federally assisted housing must include form HUD-92006, Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants)

Contact Person Name	Address	Telephone #
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**Certification of applicant:** (All adult applicants, 18 or older, must sign the Pre-Application.)

I/We certify that all information in this application is true to the best of my/our knowledge and I/we understand

- ✓ that false statements or information will lead to rejection of this Pre-Application or termination of tenancy after occupancy;
- ✓ that in consideration for being permitted to apply for this apartment, I, Applicant, do represent all information in this application to be true and that the owner/manager/employee/agent may rely on this information when investigating and accepting this Pre-Application;
- ✓ that the owner/manager/agent will rely on the information provided by the Applicant, once verified, to make a determination that Applicant is eligible and qualified for housing.
- ✓ that I, the Applicant, must notify the properties, for which I have submitted a Pre-Application, of any change of address in writing and I understand that my Pre-Application may be cancelled if I fail to do so.

Applicant hereby authorizes the owner/manager/agent to make independent investigations to determine my credit, financial standing, criminal background, including sex offender registration history, landlord history, and personal references. No determination of actual suitability for housing will be made until the applicant comes to the top of the waiting list, completes the full rental application and screening is completed by the Agent and suitability for housing is determined.

Applicant authorizes landlords, personal references and credit and screening agencies to release any and all information to the owner/manager/employee or their agents or background checking agencies.

Applicant hereby releases, remises and forever discharges, from any action whatsoever, in law and equity, and all owners, managers and employees or agents, both of landlord and their credit checking agencies in connection with processing, investigating, or credit checking this application, and will hold harmless from any suit or reprisal whatsoever, except as otherwise limited by laws relating to the use of personal information, credit history or criminal background.

X _____ <i>Signature of head of household</i>	Date
X _____ <i>Signature of spouse or co-head of household</i>	Date
X _____ <i>Signature of co-head of household</i>	Date
X _____ <i>Signature of co-head of household</i>	Date



**PENALTIES FOR MISUSING THIS CONSENT:** Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures of improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, for misusing the social security number as provided under the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

#### RIGHT TO REASONABLE ACCOMMODATION

The Agent for this property provides persons with disabilities the opportunity to request a reasonable accommodation in order to apply to and participate in such programs and activities. The Agent for this property will consider a reasonable accommodation, upon request, for qualified people with disabilities when an accommodation is necessary to ensure equal access to the development, its amenities, services and programs. Reasonable accommodations may include changes to the building, grounds, or an individual unit; changes to policies, practices, and procedures; and mitigating circumstances.

#### LIMITED ENGLISH PROFICIENCY

The Agent provides people whose primary language is not 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.

#### FAIR HOUSING/EQUAL OPPORTUNITY INFORMATION

The Agent for this property does not discriminate on the basis of race, color, religion, national origin, gender, disability, familial status, marital status, sexual orientation, genetic information, veteran/military status, receipt of public assistance, ancestry, age, gender identity or other basis prohibited by federal, state, or local law in the access or admission to its programs or employment or its programs, activities, functions or services.

**Please Note: If you do not receive any information from the management agent within 30 calendar days of submitting this application, please contact the management agent directly.**



## FEDERAL PREFERENCES

Congress has passed a law that requires project owners give a preference for assistance to applicants occupying substandard housing or involuntarily displaced. Thus, applicants qualifying for one or more Federal preferences will be placed higher on the waiting list and be admitted at a subsidized rent in advance of non-preference holding applicants. Each of these categories are defined in greater detail below. If you believe you qualify for one or more of these preferences, please submit, with your application, the required documentation to verify your claim.

### **1. Involuntarily Displaced:**

A. Applicants who claim they are being or have been displaced due to either a disaster or government action: written verification by a unit or agency or government.

B. Applicants who claim they are being or have been displaced because of actions taken by the project owner/agent: written verification by the agent.

C. Applicants who claim they are being or have been displaced due to domestic violence, written verification may be obtained from one or more of the following: local police, social services agency, court, clergyman, physician, and/or public or private facility giving shelter and/or counseling to victims.

# Simon C. Fireman Community

## 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

Simon C. Fireman Community 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

Simon C. Fireman Community has designated Vanessa DeMiranda 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:

Simon C. Fireman Community  
640 North Main Street  
Randolph, MA 02368  
Telephone: (781) 986-8880 / 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;

## Simon C. Fireman Community

- 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: Simon C. Fireman Community  
Office Address: 640 North Main Street, Randolph, MA 02368  
Telephone: (617) 986-8880 / Relay: 711  
Email: [vanessademiranda@hsl.harvard.edu](mailto:vanessademiranda@hsl.harvard.edu)

# Simon C. Fireman Community

**Contact Information for the Department of Housing and Urban Development Region I  
FHEO Office and State Fair Housing Agencies Where Simon C. Fireman Community  
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

# Simon C. Fireman Community

## "I SPEAK" FORM

### LANGUAGE IDENTIFICATION FLASHCARD

<input type="checkbox"/> ضع علامة في هذا المربع إذا كنت تقرأ أو تتحدث العربية.	1. Arabic
<input type="checkbox"/> Եթե կարդաք կամ խոսեք հայերեն, նշե՛ք այս քառակուսին:	2. Armenian
<input type="checkbox"/> যদি আপনি বাংলা পড়েন বা বলেন তা হলে এই বক্সে মাথ দিন।	3. Bengali
<input type="checkbox"/> លុយបញ្ជាក់ក្នុងប្រអប់នេះ បើអ្នកអាច ឬនិយាយភាសា ខ្មែរ ។	4. Cambodian
<input type="checkbox"/> Motka i kahhon ya yangin ùntùngnu' manaitai pat ùntùngnu' kumentos Chamorro.	5. Chamorro
<input type="checkbox"/> 如果你能讲中文或讲中文，请选择此框。	6. Simplified Chinese
<input type="checkbox"/> 如果你能读中文或读中文，请选择此框。	7. Traditional Chinese
<input type="checkbox"/> Označite ovaj kvadratić ako čitate ili govorite hrvatski jezik.	8. Croatian
<input type="checkbox"/> Zaškrtněte tuto kolonku, pokud čtete a hovoříte česky.	9. Czech
<input type="checkbox"/> Knis dit vakje aan als u Nederlands kunt lezen of spreken.	10. Dutch
<input type="checkbox"/> Mark this box if you read or speak English.	11. English
<input type="checkbox"/> اگر خواندن و نوشتن فارسی بلد هستید این مربع را علامت بزنید.	12. Farsi

# Simon C. Fireman Community

- |   |                    |
|---|--------------------|
| <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 kazyé sa a si ou li oswa ou pale kreyòl ayisyen.                                | 16. Haitian Creole |
| <input type="checkbox"/> अगर आप हिन्दी बोलते या पढ़ सकते हैं तो इस बक्स पर चिह्न लगाएँ।                       | 17. Hindi          |
| <input type="checkbox"/> Kos lub voj no yog koj paub twm thiab hais lus Hmoob.                                | 18. Hmong          |
| <input type="checkbox"/> Jelölje meg ezt a kövát, ha megérti vagy beszéli a magyar nyelvet.                   | 19. Hungarian      |
| <input type="checkbox"/> Markaam daytoy nga kahon no makabasa wenno makasaoka iti Ilocano.                    | 20. Ilocano        |
| <input type="checkbox"/> Marchi questa casella se legge o parla italiano.                                     | 21. Italian        |
| <input type="checkbox"/> 日本語を読んだり、話せる場合はここに印を付けてください。   | 22. Japanese       |
| <input type="checkbox"/> 한국어를 읽거나 말할 수 있으면 이 칸에 표시하십시오.   | 23. Korean         |
| <input type="checkbox"/> ຖ້າທ່ານສາມາດອ່ານ ຫຼື ກ່າວພາສາລາວ ຄວນຕິດຕາມບ່ອນນີ້.                                   | 24. Laotian        |
| <input type="checkbox"/> Prosimy o zaznaczenie tego kwadratu, jeżeli posługuje się Pan/Pani językiem polskim. | 25. Polish         |



# Simon C. Fireman Community

<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 квадратик уколико читате или говорите српски језик.	29. Serbian
<input type="checkbox"/> Označte tento štvorček, ak viete čítať alebo hovoriť po slovensky.	30. Slovak
<input type="checkbox"/> Marque esta casilla si lee o habla español.	31. Spanish
<input type="checkbox"/> Markahan itong kwadrado kung kayo ay marunong magbasa o magsalita ng Tagalog.	32. Tagalog
<input type="checkbox"/> ทำเครื่องหมายในช่องนี้หากคุณอ่านหรือพูดภาษาไทย.	33. Thai
<input type="checkbox"/> Maaka 'i he puha ni kapau 'oku ke lau pe lea fakatonga.	34. Tongan
<input type="checkbox"/> Відмітьте цю клітинку, якщо ви читаете або говорите українською мовою.	35. Ukrainian
<input type="checkbox"/> اگر آپ اردو پڑھتے یا بولتے ہیں تو اس خانے میں نشان لگائیں۔	36. Urdu
<input type="checkbox"/> Xin đánh dấu vào ô này nếu quý vị biết đọc và nói được Việt Ngữ.	37. Vietnamese
<input type="checkbox"/> באצייכנט דעם קעסטל אויב איר לייענט אדער רעדט אידיש.	38. Yiddish



Simon C. Fireman Community 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. Simon C. Fireman Community provides persons with disabilities the opportunity to request a Reasonable Accommodation in order to apply to and participate in such programs and activities. Simon C. Fireman Community 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. Vanessa DeMiranda coordinates Simon C. Fireman Community's compliance with all nondiscrimination requirements, including Section 504. Contact her with any questions or concerns relating to Simon C. Fireman Community's compliance with nondiscrimination requirements: Telephone: 781-986-8880/ Relay: 711 or at Simon C. Fireman Community, 640 North Main Street, Randolph, MA 02368.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact: (Check all that apply)</b>	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

--	--

**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

**Race and Ethnic Data Reporting Form**

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

OMB Approval No. 2502-0204  
(Exp. 03/31/2014)

Simon C. Fireman Community **023EH190**

640 North Main Street Randolph MA 02368

Name of Property

Project No.

Address of Property

**HRCA Senior Housing Inc.**

**Section 8**

Name of Owner/Managing Agent

Type of Assistance or Program Title:

Name of Head of Household

Name of Household Member

Date (mm/dd/yyyy): \_\_\_\_\_

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

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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the form as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

## Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

### A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.
  1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
  2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
2. The five racial categories to choose from are defined below: You should check as many as apply to you.
  1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
  2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
  3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
  4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
  5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.



# Simon C. Fireman Community

640 North Main Street, Randolph MA 02368

Phone: (617) 209-5450 | US Relay711

## 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](http://www.fairhousing.com/index.cfm?method=page.display&pagename=regs_fhu_100-201).

“Handicap” does not include current, illegal use of or addiction to a controlled substance.

An individual shall not be considered to have a handicap solely because that individual is a transvestite.”

1. Full Name of Head of Household: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### Race of Head of Household

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

### Ethnicity of Head of Household

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

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

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

**2. Full Name of Spouse/Co-head:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Race of Spouse/Co-head**

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

**Ethnicity of Spouse/Co-head**

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

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

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

---

**3. Full Name of HH Member #3:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Race of HH Member #3**

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

**Ethnicity of HH Member #3**

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

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

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

4. Full Name of HH Member #4: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Race of HH Member #4**

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

**Ethnicity of HH Member #4**

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

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

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

5. Full Name of HH Member #5: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Race of HH Member #5**

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

**Ethnicity of HH Member #5**

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

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

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

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

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

\_\_\_\_\_  
Head of Household Signature

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

\_\_\_\_\_  
Co-Head, Spouse or Other Adult Member

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

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

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

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

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

\_\_\_\_\_  
Management

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





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

本通知很重要。請將其譯成中文。

នេះគឺជាជំនាញសំខាន់ សូមមេត្តាបកប្រែជូនផង

Этo очень важное сообщениe 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

\_\_\_\_\_

\_\_\_\_\_