

Center Communities of Brookline

108 Centre

100 Centre Street, Brookline, MA 02446

Phone: (617) 363-8392 | US Relay: 711 | Fax: (617) 498-9869

CCBCentreStreetCampus@hsl.harvard.edu

Dear Applicant Household:

Thank you for your interest in Center Communities of Brookline-108 Centre. Attached please find the application package that you requested. It is extremely important that you fully understand the application as well as all documents enclosed; therefore, if you should need assistance understanding and/or filling anything out, please contact us and we will be happy to assist you.

The attached flyer provides detailed information regarding the property, rents, income limits and information session dates time and locations.

Please see below for important dates, deadlines and application submission instructions if you want your application considered for entry into the lottery. If you do, you must: 1) complete your application in full including all attachments; 2) anyone 18 years or older must sign your application and applicable attachments; and 3) email or mail your completed, signed application package to the applicable address detailed in the Application Submission Instructions section detailed below.

Lottery Application Period: May 25, 2024-July 25, 2024

Virtual Information Sessions: June 27, 2024 @ 12PM | July 8, 2024 @ 5PM
Visit: HebrewSeniorLife.org/108ccb for the link to join

Deadline for Application Submission Must be postmarked or submitted by July 25, 2024, by 5PM

Application Submission Methods: **EMAIL:** CCBCentreStreetCampus@hsl.harvard.edu

MAIL: Center Communities of Brookline
100 Centre Street
Brookline, MA 02446

IN-PERSON DROPBOX: Center Communities of Brookline
100 Centre Street, Brookline, MA 02446
(ground floor)

FAX: (617) 498-9869

Listed below you will find a brief description of the forms that are attached to this application. Please be aware that if the application is incomplete at submission, it will be rejected, returned to you, and will not be evaluated until all required information has been re-submitted.

The following are included with this package for you to complete and return with your application if specified:

Notice of Non-Discrimination and the Right to Reasonable Accommodation for Persons with Disabilities, and the Right to Free Language Assistance for People with Limited English Proficiency & “I Speak” Language

Identification Form: Center Communities of Brookline is committed to complying with all applicable Fair Housing laws; making reasonable accommodations which are changes in rules, policies, procedures, and physical modifications to enable applicants/residents with disabilities to have an equal opportunity to apply to and enjoy their housing; and providing free language assistance to applicants/residents who have limited English proficiency. **Please review this important notice and follow the applicable procedures if you’d like to request a reasonable accommodation and/or free language assistance.**

1(A) Application Addendum - Demographics Data Collection and Consent Form: Similar to the Notice of Non-Discrimination and the Right to Reasonable Accommodation for Persons with Disabilities, state agencies that fund and/or monitor state and federal affordable housing programs must gather information from Owners/Agents to determine the populations who are and are not being served by these programs. This form asks the necessary questions and includes the necessary consent to gather and share this information with state agencies so they can in turn report on the information, as applicable. **Please read this form carefully, complete it in accordance with the instructions on the form and have all adult members of the household sign/date it and return with your completed application.**

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

Within 30 days of receiving a complete application submission, Management will send written notification informing you as to the status of your application, i.e., the approximate wait for an apartment as well as your placement on the waiting list, if applicable. When you reach the top of the waiting list, we will contact you for an interview. At that time, the head, spouse, co-head, and all adult members of the family will be asked to sign the required individual verification forms authorizing management to verify family income, assets, student status and other eligibility factors throughout the application process.

We look forward to hearing from you and receiving your application! Please feel free to contact Center Communities of Brookline-108 Centre Apartments Leasing Team at (617) 363-8392 Relay 711 if you have any questions or if we can be of any assistance in explaining or filling out your application.

Sincerely,

Center Communities of Brookline-108 Centre Apartments Leasing Team



Center Communities of Brookline 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. Center Communities of Brookline provides persons with disabilities the opportunity to request a Reasonable Accommodation in order to apply to and participate in such programs and activities. Center Communities of Brookline 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. Sophia Smith coordinates Center Communities of Brookline compliance with all nondiscrimination requirements, including Section 504. Contact her with any questions or concerns relating to Center Communities of Brookline compliance with nondiscrimination requirements: Telephone (617) 363-8392, Relay #711 or at Center Communities of Brookline 100 Centre Street, Brookline, MA 02446.



Center Communities of Brookline
 108 Centre Street, Brookline, MA
Affordable Senior Living * One Bedrooms * Brand New Construction



Maximum Gross Annual Income for Eligibility (per Household Size)				Minimum Incomes (based on AMI)	Monthly Tenant Rental Rates
Number of Household Members					
# of Units	AMI	1 Person	2 People	1 Bedroom	Unit Count
16	30%	\$34,260.00	\$39,180.00	N/A	*Income Based
38	60%	\$68,520.00	\$78,360.00	\$55,080	\$1,836

MOBILE VOUCHER HOLDERS ENCOURAGED TO APPLY

*These units have project-based subsidy. Applicants for these units must also meet the requirements of the applicable subsidy programs. SELECTION BY LOTTERY/HEAD OF HOUSEHOLD, CO-HEAD OR SPOUSE MUST BE AGE 62 OR OLDER TO BE ENTERED INTO LOTTERY

Request an Application

Email: CCBCentreStreetCampus@hsl.harvard.edu

Phone Number: 617-363-8392 | Relay 711

Pickup: Brookline Library | Brookline Senior Center | 100 Centre Street

Website: www.hebrewseniorlife.org/108ccb

Submit Completed Application

Email: CCBCentreStreetCampus@hsl.harvard.edu or Fax: 617-498-9869

Mail or In-person drop off: Center Communities of Brookline, 100 Centre Street, Brookline, MA 02446

Must be postmarked or submitted by 7/25/24 @ 5:00pm

Virtual Information Sessions

June 27, 2024 @ 12:00 pm and July 8, 2024 @ 5:00 pm
 Visit www.hebrewseniorlife.org/108ccb for the Zoom links

Lottery Drawing will be held virtually

August 21, 2024 @ 1:00pm
 Visit www.hebrewseniorlife.org/108ccb for the Zoom link

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 any assistance during the application process, please call 617-363-8392 | Relay 711





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PRE-APPLICATION FOR HOUSING - please print clearly

NAME: _____

UNIT SIZE REQUESTED: -

ADDRESS: _____

CITY/STATE//ZIP: _____

PHONE: _____ ALT PHONE: _____

EMAIL: _____

NOTE: Important notices about your application will be sent to the email address provided unless you opt for notices to be sent through the US Postal Service, which will delay receipt of important information.

I have read the 'NOTE' to the right and would like to opt out of email notices.
 By checking here, I am requesting notices to be mailed through USPS:

HOUSEHOLD COMPOSITION & STUDENT STATUS ELIGIBILITY

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

First Name, Last Name	Relationship to head of household	Date of Birth	Student Status (F1) (Must Circle as Applicable to <u>EACH</u> Member)
	Head of Household		

Are ALL household members full time students?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, answer the following questions "a" through "e".</i>		
a. Is any full-time student(s) a TANF or a title IV recipient?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Is any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act or other similar federal, state or local law?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Are all full-time student(s) married (not necessarily to one another) and filing a joint tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are all of the full-time student(s) a single parent living with his/her minor child/children and not a Dependent on another individual's tax return and the child/children aren't a dependent of another person other than a parent of the child/children?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Has any full-time student previously been under the care and placement of a foster care program (under Part B or E of Title IV of the Social Security Act)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No





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PRE-APPLICATION FOR HOUSING - please print clearly

INCOME

List ALL sources of gross income anticipated to be received by any/all household members in the next 12 months, including but not limited to: Employment, self-employment (net business income), unemployment, Social Security, SSI, SSP, Public Assistance, Pension payments child support, alimony, regular gift/contributions etc.

Household Member Name	Source of Income	Gross Annual Amount
		\$
		\$
		\$
		\$
		\$
		\$

DO YOU ANTICIPATE ANY INCOME CHANGES IN THE NEXT 12 MONTHS?

 Yes

 No

If yes, please explain: _____

Assets

List ALL household members' assets, including but not limited to: Checking accounts, savings accounts, trust accounts, certificates of deposit (CDs), credit unions, savings bonds, life insurance policies, 401K, SSA Direct Express Debit Cards, etc.

Household Member Name	Type of Asset / Bank Name / Last 4 Digits of Acct #	Current Balance (Checking Accts – 6 mo Average Balance)

HAS ANY HOUSEHOLD MEMBER SOLD/DISPOSED OF ANY ASSETS IN THE LAST 2 YEARS?

 Yes

 No

If yes, please explain: _____

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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PRE-APPLICATION FOR HOUSING - please print clearly

1. Do you need a fully accessible unit for someone with a mobility impairment? Yes No
 *Note: If you only need a unit on the first floor and it doesn't need to be fully accessible please answer "no" here and respond to question 4 below with a "yes" and let us know your needs.
2. Do you need only certain accessible features of a unit?
 Yes No If yes, please list the features that you need to be accessible: _____

3. Do you need a unit with special features for someone with a hearing and/or visual impairment?
 Yes No
4. Does any member of the household have any accessibility or reasonable accommodation requests or alternate ways we need to communicate with you?
 Yes No If yes, please explain: _____

ADDITIONAL INFORMATION

1. How were you referred to this property?

Notice for the following question: We do not discriminate based on voucher certificate holder status. The following question is asked for the sole purpose to determine an applicant household's ability to pay rent for a unit that does not have Project Based Subsidy.

2. Do you currently have a mobile Voucher/Certificate? **If yes, form where?**

3. Are you an owner, developer or sponsor of this project (or officer, employee, agent or consultant of the owner, developer or sponsor)?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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4. I understand this is a non-smoking building.

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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CURRENT LANDLORD INFORMATION:

RENTAL ADDRESS: _____
 LANDLORD NAME: _____
 LANDLORD PHONE: _____
 LENGTH OF RESIDENCY: _____ RENT: _____/MONTHLY

PREVIOUS LANDLORD INFORMATION:

RENTAL ADDRESS: _____
 LANDLORD NAME: _____
 LANDLORD PHONE: _____
 LENGTH OF RESIDENCY: _____ RENT: _____/MONTHLY





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PRE-APPLICATION FOR HOUSING - 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
(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: Local Preference Form

Attachment B: 1(A) Application Addendum - Demographics Data Collection Consent

Attachment C: Notice of Nondiscrimination, Right to a Reasonable Accommodation and Free Language Assistance for People with LEP

Attachment D: DHCD Resident Notice and Consent Form

Center Communities of Brookline 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. Center Communities of Brookline provides persons with disabilities the opportunity to request a Reasonable Accommodation in order to apply to and participate in such programs and activities. Center Communities of Brookline 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. Sophia Smith coordinates **Center Communities of Brookline** compliance with all nondiscrimination requirements, including Section 504. Contact her with any questions or concerns relating to **Center Communities of Brookline** compliance with nondiscrimination requirements: Telephone (617) 363-8392, Relay #711 or at Center Communities of Brookline 100 Centre Street, Brookline, MA 02446.



LOCAL PREFERENCE ELECTION FORM

Center Communities of Brookline-108 Centre will utilize a local preference for up to 25% 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 must be provided to be given priority.

1. I hereby certify under the pains and penalty of perjury that (select as applicable):

<input type="checkbox"/> Yes <input type="checkbox"/> No	I currently live in Brookline at the time of application.
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Note: this includes a local shelter, or if homeless, your last place of residence before becoming homeless.

Documentation Required with Initial Application

BROOKLINE LOCAL RESIDENT PREFERENCE: To qualify provide 1 of the following:

<input type="checkbox"/>	Current rental lease dated within the last year.
<input type="checkbox"/>	Letter from Brookline shelter confirming current residency.
<input type="checkbox"/>	Heating, cable, insurance, cell phone, utility bill or rent receipt dated within the last thirty days.
<input type="checkbox"/>	Car registration or voter registration.
<input type="checkbox"/>	Current Brookline school registration record for your child (under 18 years old) with current address.

2. I hereby certify under the pains and penalty of perjury that (select as applicable):

<input type="checkbox"/> Yes <input type="checkbox"/> No	I currently work in Brookline at the time of application or am retired from the Town of Brookline.
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Documentation Required with Initial Application:

BROOKLINE LOCAL EMPLOYMENT PREFERENCE: To qualify provide 1 of the following:

<input type="checkbox"/>	Copy of current paystub showing the company name and local address.
<input type="checkbox"/>	Letter from employer stating applicant is working in Brookline or has been hired with definitive start date.
<input type="checkbox"/>	Pension documentation or letter from the Town of Brookline evidencing applicant's retirement from the municipality.

*Management reserves the right to request additional documentation.

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



Attachment B

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

Use an additional form for households with 6 or more members

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

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

Fair Housing Act Definition for Handicap/Disability

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

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

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

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

1. Full Name of Head of Household: _____ Date of Birth: _____

Race of Head of Household

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

Ethnicity of Head of Household

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

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

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

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

Race of 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.
-

3. Full Name of HH Member #3: _____ 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.

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 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 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.

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

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Attachment C

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

Center Communities of Brookline 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.

Center Communities of Brookline has designated Sophia Smith 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:

Center Communities of Brookline
100 Centre Street
Brookline, MA 02446
Telephone: (617) 363-8392, Relay: 711

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

Reasonable Accommodation for People with Disabilities

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

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

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

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

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

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

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

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

Free Language Assistance for People with Limited English Proficiency

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

Property Contact Information:

Name of Property: Center Communities of Brookline-108 Centre
Office Address: 100 Centre Street, Brookline, MA 02446
Telephone: (617) 363-8392 Relay 711
Email: CCBCentreStreetCampus@hsl.harvard.edu

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Contact Information for the Department of Housing and Urban Development Region I FHEO Office and State Fair Housing Agencies Where Center Communities of Brookline 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
Boston, MA 02222-1092
Phone: (617) 994-8300
Toll Free: (800) 827-5005
TTY: (800) 877-8339
Fax: (617) 565-6558
E-Mail: ComplaintsOffice01@hud.gov

Massachusetts

Massachusetts Commission Against

Boston Office
One Ashburton Place Sixth Floor,
Room 601
Boston, MA 02108
Phone: (617)994-6000
TTY: (617) 994-6196
Fax: (617) 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: mcad@mass.gov

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: humanrights@nh.gov

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: human.rights@vermont.gov

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LANGUAGE IDENTIFICATION FLASHCARD

<input type="checkbox"/> ضع علامة في هذا المربع إذا كنت تقرأ أو تتحدث العربية.	1. Arabic
<input type="checkbox"/> Մարտակ' եւ յոյճ' կարտակ յոյճ յարտակ.տակ', կիտ կարտակ' կալ' կարտակ' ե յոյճ յարտակ':	2. Armenian
<input type="checkbox"/> যদি আপনি বাংলা পড়েন বা বলেন তা হলে এই বক্সে চাপ দিন।	3. Bengali
<input type="checkbox"/> ឈ្មួចញ៉ាក់ក្នុងប្រអប់នេះ បើអ្នកអាន ឬនិយាយភាសា ខ្មែរ ។	4. Cambodian
<input type="checkbox"/> Motka i kahon ya yangin ûntûngnu' manaitai pat ûntûngnu' 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

- | | | |
|--------------------------|--|--------------------|
| <input type="checkbox"/> | Cocher ici si vous lisez ou parlez le français. | 13. French |
| <input type="checkbox"/> | Kreuzen Sie dieses Kästchen an, wenn Sie Deutsch lesen oder sprechen. | 14. German |
| <input type="checkbox"/> | Σημειώστε αυτό το πλαίσιο αν διαβάσετε ή μιλάτε Ελληνικά. | 15. Greek |
| <input type="checkbox"/> | Make kazyè sa a si ou li oswa ou pale kreyòl ayisyen. | 16. Haitian Creole |
| <input type="checkbox"/> | अगर आप हिन्दी बोलते या पढ़ सकते हैं तो इस बक्स पर चिह्न लगाएँ। | 17. Hindi |
| <input type="checkbox"/> | Kos lub voj no yog koj paub twm thiab hais lus Hmoob. | 18. Hmong |
| <input type="checkbox"/> | Jelölje meg ezt a kockát, ha megérti vagy beszél 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"/> | ໃຫ້ໝາຍໃສ່ຊ່ອງນີ້ ຖ້າທ່ານອ່ານຟື້ປາກພາສາລາວ. | 24. Laotian |
| <input type="checkbox"/> | Prosimy o zaznaczenie tego kwadratu, jeżeli posługuje się Pan/Pani językiem polskim. | 25. Polish |

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

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Attachment D

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。請將之譯成中文。

នេះគឺជាជំនាញសំខាន់ សូមមេត្តាបកប្រែជូនផង

Это очень важное сообщение обязательно переведите

Massachusetts Department of Housing and Community
Development Resident Notice and Consent Form

Pursuant to state law, Chapter 334 of the Acts of 2006, the Department of Housing and Community Development (DHCD) must gather, compile, and report data in order to provide current, accurate, and detailed information on the number, location, and residents of assisted housing units (including privately owned housing with state subsidy or federal subsidy administered by the state). DHCD will also evaluate the data to ensure that housing choice and inclusive patterns of housing are available across the Commonwealth.

In response to the above cited law and the regulations at 760 CMR 61.00, DHCD and the quasi-public agencies Massachusetts Housing Partnership, MassHousing, and MassDevelopment are requiring development sponsors/owners or their delegates to collect and report certain resident household data to a web-based reporting system, including income level and the information requested below. DHCD will annually report to the state legislature on its data collection efforts. DHCD may also share information with the quasi-public agencies and provide reports to other interested parties in a manner consistent with privacy laws, including Massachusetts General Laws Chapter 66A. Massachusetts General Laws Chapter 66A also provides for the rights of data subjects: this includes your right to inspect and copy your personal data and to object to the collection, maintenance, dissemination, use, accuracy, completeness, or relevance of the personal data or type of information held about you.

Please respond to the following data questions:

1) What is the race of the head of household?

Check 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?

Check 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
