



Leyland Community

Hebrew SeniorLife

Dear Applicant,

Thank you for your interest in living at Leyland 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

DHCD Resident Notice and Consent Form

Race & Ethnic Data Form

- 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 617-971-5685 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.

Income Limits	1 Person	2 Persons
30% AMI	\$34,260	\$39,180
50% AMI	\$57,100	\$65,300
60% AMI	\$68,520	\$78,360

Application Submission Methods:

In Person/Mail: 9 Leyland Street
Dorchester, MA 02125

Fax: (617) 843-6968



Equal Housing
Opportunities

LEYLAND 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.



Leyland Community Common Rental Pre-Application

Name of Development APPLYING TO:	Leyland Community
Development Address:	9 Leyland Street, Dorchester, MA 02125
Management Agent:	Hebrew SeniorLife, Inc.
Development Phone Number:	617-971-5685

This form must be filled out in English. Please type or print neatly in ink. All fields are required. Read the instructions before completing each item.

1. Name and address of Head of Household

Last Name	First Name	Middle Initial
Mailing Address		Apt. #
City ()	State	Zip <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
Area Code	Telephone Number	
Email		

2. Bedroom size first choice 0 1
3. Bedroom size second choice 0 1
4. Do you or does any member of your household need any specific features or apartment designs, such as, wheelchair accessibility, visual aids (Braille), or apparatus for hearing assistance? Yes No

If yes, please describe:

5. List all the states where all household members have lived:

6. Are you or any household member required to register as a Sex Offender under Massachusetts or any other state law? Yes No

If yes, list the name of the person(s); the state where registration(s) needs to be filed and the length of time for which the registration is required.

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 #

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 _____
Signature of head of household

Date

X _____
Signature of spouse or co-head of household

Date

X _____
Signature of co-head of household

Date

X _____
Signature of co-head of household

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.



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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

Leyland 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

Leyland 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:

Leyland Community
9 Leyland Street
Dorchester, MA 02125
Telephone: 617-971-5685 / 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

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- 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: Leyland Community
Office Address: 9 Leyland Street, Dorchester, MA 02125
Telephone: (617) 971-5685 / Relay: 711
Email: vanessademiranda@hsl.harvard.edu

**Contact Information for the Department of Housing and Urban Development Region I
FHEO Office and State Fair Housing Agencies Where Leyland Community Conducts
Business**

Leyland Community

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

Leyland 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"/> Հայերենը լսելը կամ խոսելը հարկադրաբար չէ, բայց հարկադրաբար կարող եմ խոսել հայերեն:	2. Armenian
<input type="checkbox"/> যদি আপনি বলে পড়েন বা বলেন তা হলে এই কলম দাপ দিন।	3. Bengali
<input type="checkbox"/> លុយបញ្ជាក់ក្នុងប្រអប់នេះ បើអ្នកអាច ឬចង់ឃើញភាសា ខ្មែរ ។	4. Cambodian
<input type="checkbox"/> Motka i kahhon ya yangin ününghnu' manaitai pat ününghnu' 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"/> 如果你能讀中文或講中文，請選擇此框。	7. Traditional Chinese
<input type="checkbox"/> Označite ovaj kvadratić ako čitate ili govorite hrvatski jezik.	8. Croatian
<input type="checkbox"/> Zaškrtněte tuto kolonku, pokud čtete a hovoříte česky.	9. Czech
<input type="checkbox"/> Kruis dit vakje aan als u Nederlands kunt lezen of spreken.	10. Dutch
<input type="checkbox"/> Mark this box if you read or speak English.	11. English
<input type="checkbox"/> اگر خواندن و نوشتن فارسی، بلد صحبت این مربع را علامت بزنید.	12. Farsi

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



Massachusetts Executive Office of Housing and Livable Housing
Communities Resident Notice and Consent Form for
State-Aided Public Housing and State Rental Assistance

Pursuant to state law, Chapter 334 of the Acts of 2006, the Executive Office of Housing and Livable Communities (EOHLC) 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 state-aided public housing) and recipients of state or federal rental assistance. EOHLC 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 regulations at 760 CMR 61.00, EOHLC is requiring local housing authorities administering state-aided public housing and state rental assistance and regional agencies administering state rental assistance to collect and report certain resident household data to EOHLC. Much of this information is already collected pursuant to separate authority. EOHLC will annually report to the state legislature on its data collection efforts and may 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



Este documento es con el propósito de información solamente. La versión en Inglés de este documento es la que se considera válida legalmente.

Oficina Ejecutiva de Vivienda y Comunidades Habitables de Massachusetts
Notificación y Formulario de Consentimiento para el Residente—
viviendas públicas asistidas por el estado y la asistencia estatal para alquiler

En conformidad con la ley estatal, Capítulo 334 de las Leyes de 2006, la Oficina Ejecutiva de Vivienda y Comunidades Habitables (Executive Office of Housing and Livable Communities EOHLC)) debe reunir, compilar e informar datos para proporcionar información actual, precisa y detallada sobre el número, ubicación y residentes de unidades de vivienda asistida incluyendo viviendas públicas asistidas por el estado) y beneficiarios de asistencia estatal o federal para el alquiler. EOHLC también evaluará los datos para asegurar que la elección de vivienda y los patrones inclusivos de vivienda estén disponibles en todo el Municipio.

En respuesta a la ley arriba citada y las regulaciones de 760 CMR 61.00, EOHLC exige que las autoridades de viviendas locales que administran las viviendas públicas asistidas por el estado y la asistencia estatal para alquiler y las agencias regionales que administran la asistencia estatal para alquiler recopilen e informen determinados datos relativos a la familia del residente para EOHLC. Gran parte de esta información ya se ha recopilado conforme a una autoridad independiente. EOHLC informará anualmente a la legislatura estatal sobre sus esfuerzos de recopilación de datos. EOHLC puede proporcionar informes a otras partes interesadas de conformidad con las leyes de confidencialidad, incluyendo el Capítulo 66A de las Leyes Generales de Massachusetts. El Capítulo 66A de las Leyes Generales de Massachusetts también establece los derechos de las personas sujetas a esta información: esto incluye su derecho a inspeccionar y copiar sus datos personales y objetar la recopilación, mantenimiento, distribución, uso, precisión, compleción o relevancia de los datos o tipo de información personal retenida con respecto a usted.

Responda las siguientes preguntas informativas:

1) ¿Cuál es la raza de la persona jefe de familia?

Marque con un círculo todo lo que corresponda:

Blanco
Negro o Afroamericano
Asiático
Indígena americano o nativo de Alaska
Nativo Hawaiano u otro isleño del Pacífico
Otro (especificar) _____

2) ¿Al menos un miembro adulto de la familia pertenece a una minoría racial (Negro o Afroamericano, Asiático, Indígena Americano o nativo de Alaska, Nativo Hawaiano u otro isleño del Pacífico, u otra minoría) (sí o no)? _____

3) ¿La persona jefe de familia es de origen Hispano/Latino (sí o no)? _____

4) ¿Al menos un miembro adulto de la familia es de origen Hispano/Latino (sí o no)? _____

5) ¿Cuántos niños menores de 6 años de edad del grupo familiar residen en la vivienda? _____

6) ¿Cuántos niños del grupo familiar mayores de 6 años de edad pero menores de 18 años de edad residen en la vivienda? _____

7) ¿Qué tipo de grupo familiar es?

Marque con un círculo una de las opciones abajo:

- Unifamiliar/sin ancianos
- Ancianos
- Emparentados/Padre único (grupo familiar con un único padre con un hijo o hijos dependientes)
- Emparentados/Dos padres (grupo familiar con dos padres con un hijo o hijos dependientes)
- Otro (cualquier otro tipo de grupo familiar no incluido en las cuatro definiciones de arriba, incluyendo dos o más personas no emparentadas)

Al firmar este formulario de consentimiento, usted reconoce que después de leer este formulario proporcionó voluntariamente la información de arriba, entiende que no existen sanciones si no desea proporcionar la información y que ha recibido una copia de este formulario para futura referencia.

Firma de la persona jefe de familia

Fecha



Este documento é para fins informativos. Somente a versão em inglês deste documento é considerada um documento legalmente obrigatório.

Escritório Executivo de Habitação e Comunidades Habitáveis
Aviso para Residentes e Formulário de Consentimento –
assistência estadual para aluguel e habitação pública assistida pelo estado

De acordo com a lei estadual, o Capítulo 334 do 'Acts of 2006' (Leis de 2006), o Escritório Executivo de Habitação e Comunidades Habitáveis (Executive Office of Housing and Livable Communities (EOHLC)) deve coletar, compilar e relatar os dados para fornecer informações atuais, precisas e detalhadas sobre o número, local e residentes das unidades de habitação assistida (incluindo habitação pública assistida pelo estado) e recebedores de assistência estadual ou federal para aluguel. O EOHLC também avaliará os dados para assegurar que a escolha da habitação e os modelos inclusivos de habitação estejam disponíveis para toda a Comunidade.

Em resposta à lei supracitada e aos regulamentos em 760 CMR 61.00 o EOHLC está requisitando às autoridades de habitação local que administram a assistência estadual para aluguel e habitação pública assistida pelo estado e às agências regionais que administram a assistência estadual para aluguel para coletar e relatar certos dados de unidades familiares de residentes ao EOHLC. Muitas dessas informações já estão coletadas de acordo com a autoridade em separado. O EOHLC relatará anualmente ao poder legislativo estadual seus empenhos para coleta de dados. O EOHLC pode fornecer relatórios para outras partes interessadas de maneira consistente com as leis de privacidade, incluindo o Capítulo 66A das Leis Gerais de Massachusetts. O Capítulo 66A das Leis Gerais de Massachusetts também estabelece os direitos das pessoas envolvidas: isso inclui seu direito de inspecionar e copiar seus dados pessoais e contestar a coleta, a manutenção, a disseminação, o uso, a precisão, a integridade ou a relevância dos dados pessoais ou o tipo de informações mantidas a seu respeito.

Queira responder às seguintes perguntas de dados:

1) Qual é a raça do chefe da unidade familiar?

Circule todas as opções que se aplicam:

Branca

Negra ou afro-americana

Asiática

Nativo americano ou nativo do Alasca

Nativo do Haváí ou de outra Ilha do Pacífico

Outra (especificar) _____

2) Pelo menos um membro adulto da unidade familiar é de minoria racial (negro ou afro-americano, asiático, nativo americano ou nativo do Alasca, nativo do Havai ou de outra ilha do Pacífico, ou outra minoria) (sim ou não)? _____

3) O chefe da unidade familiar é hispânico/latino (sim ou não)? _____

4) Pelo menos um membro adulto da unidade familiar é hispânico/latino (sim ou não)? _____

5) Qual é o número de crianças com menos de 6 anos de idade na unidade familiar residindo na unidade? _____

6) Qual é o número de crianças na unidade familiar com 6 anos de idade ou mais, mas menos de 18 anos, residindo na unidade? _____

7) Qual é o tipo de unidade familiar?

Circule uma das seguintes opções abaixo:

- Solteiro/não idoso
- Idoso
- Pai ou mãe solteiro(a)/relacionado (uma unidade familiar com pai ou mãe solteiro(a) e filho(s) dependente(s))
- Pai e mãe/relacionados (uma unidade familiar com pai e mãe e filho(s) dependente(s))
- Outra (qualquer unidade familiar não incluída nas quatro definições acima, incluindo dois ou mais indivíduos não relacionados)

Ao assinar este formulário de consentimento, você reconhece que, após ler este formulário, você forneceu voluntariamente as informações acima, e compreende que não há penalidades caso não queira fornecer as informações, e que você recebeu uma cópia deste formulário para referência futura.

Assinatura do chefe da unidade familiar

Data



本檔僅供資訊瞭解之用。只有本檔的英文版本被看成具有法律效率的檔

Massachusetts 住房和宜居社區執行辦公室
居民通告及同意書
州府資助的公共住房和州府租金補助

依據州法律 2006 年法案第 334 章規定，住房和宜居社區執行辦公室 (Executive Office of Housing and Livable Communities (EOHLC)) 必須收集、彙編並報告相關資料，以便就政府補助住房單元（包括州府資助的公共住房）以及接受州府或聯邦政府租金補助的居民的數目、地點和居民情況提供準確和詳細的最新資訊。EOHLC 還將對上述資料加以評估，藉以確保在本州所有地區都提供住房選擇和廣泛包容的住房模式。

為了遵循上文引證的法律以及 Massachusetts 州法典規管條例(CMR)第 760 條第 61.00 節之規定，EOHLC 要求管理州府資助的公共住房和州府租金補助之地方住房管理當局和管理州府租金補助之地區當局收集並向 EOHLC 報告特定的居民家庭資料。已經依據其他管理當局之要求收集了此類資訊的大部份內容。EOHLC 將每年向州立法院報告其資料收集進展情況。EOHLC 可能依據隱私權保護法律（包括 Massachusetts 州普通法第 66A 章）而向其他利益相關方提供報告。Massachusetts 州普通法第 66A 章還規定了以下資料收集對象之權利：您的權利包括審閱並影印個人資料，並拒絕與個人資料或涉及您情況的各類存檔資訊相關之資料收集、保存、傳播或使用，以及資料之準確性、完整性或切實性。

請回答下列資料收集問題：

1) 請問戶主屬於哪一種族？

請圈選所有適用選項：

- 白人
- 黑人或非洲裔美國人
- 亞裔
- 美國本土印第安人或阿拉斯加本土居民
- 夏威夷原住民或其他太平洋群島居民
- 其他（請具體說明）_____

2) 您家中是否至少有一位成年家庭成員屬於少數族裔（黑人或非洲裔美國人、亞裔、美國印第安人或阿拉斯加本土居民，夏威夷原住民或其他太平洋群島居民，或者任何其他少數族裔）（請回答是或否）？ _____

3) 戶主是否屬於西班牙裔/拉丁裔（請回答是或否）？ _____

4) 您家中是否至少有一位成年家庭成員屬於西班牙裔/拉丁裔（請回答是或否）？

5) 在您住房單元中居住的 6 歲以下兒童有幾名？ _____

6) 在您住房單元中居住的年齡為 6 歲或以上但低於 18 歲的兒童或青少年有幾名？

7) 屬於哪種家庭類別？

請圈選下列選項之一：

- 單身/非老年人
- 老年人
- 有親屬關係的/單親家庭（有一名或一名以上依親子女的單親家庭）
- 有親屬關係的/雙親家庭（有一名或一名以上依親子女的雙親家庭）
- 其他（不屬於以上定義的四類家庭而且包括兩名或兩名以上無親屬關係者的任何家庭）

簽署此同意書則表示您確認以下內容：您已閱讀此同意書，並隨後自願提供以上資訊；您明白，您不會因為不願意提供這些資訊而受處罰；而且，您已獲得此同意書的副本，以便今後參考。

戶主簽名

日期



Leyland Community
9 Leyland Street, Dorchester, MA 02125
Phone: 617-971-5685 | 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.

“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