

Maple on Franklin
120 N Franklin St
Holbrook, MA 02343
Phone: (781) 852-2545 / Relay: 711
Email: mapleonfranklin@maloneyproperties.com

Dear Applicant Household:

Thank you for your interest in Maple on Franklin. 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.

This 70-unit property is governed by the Low-Income Housing Tax Credit (LIHTC). The property consists of 70 one-bedroom apartments. The attached flyer provides detailed information regarding the property's affordable housing program rents, income limits, minimum income requirements (as applicable) and information regarding the lottery.

**Methods for Application
Submission:**

Via Mail: **Maple on Franklin**
120 N Franklin St
Holbrook, MA 02343

In-Person: **Maloney Properties, Inc.**
120 N Franklin St
Holbrook, MA 02343

Via Email: **mapleonfranklin@maloneyproperties.com**

Please be aware that in addition to income eligibility requirements, the programs at this property also have student eligibility requirements. Please be sure to answer student questions for all household members you list on this application. **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 is included with this package. Please complete and return with your application if specified below:

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; and Reasonable Accommodations Request Form:

Maloney Properties, Inc. is committed to complying with all applicable Fair Housing laws; making reasonable accommodations which are changes in rules, policies and procedures, and physical modifications to enable applicants and tenants 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 would like to request a reasonable accommodation.

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/Lottery 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.**

Advertisement/Marketing Flyer: This document details the eligibility requirements (age restriction and income limits), rents, number of units etc. as well as important dates and deadlines for entry of your application into the lottery.

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 the management office at (781) 852-2545 / Relay: 711 if you have any questions or if we can be of any assistance in explaining or filling out your application.

Sincerely,

Management Agent, Maloney Properties Inc.

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



If you have difficulty understanding this notice because of limited English proficiency you may request oral interpretation at no cost to you. For this assistance, please contact your Property Manager.

Если Вам не понятно это сообщение из за недостаточного знания Английского языка, Вы можете обратиться к Менеджеру дома и Вам бесплатно устно переведут.

Russian

AKO TI IMAS PROBLEM RAZUMIJEVANJA ILI OGRANICEN GOVOR ENGLISKOG
MOZES IMATI PREVODIOCA DA TEBE NECE KOSTATI. ZA OVU POMOC MOLIM
DASE OBRATITE SVOME MENAGERU.

Bosnian

Caso tiver dificuldade em entender esta nota, você pode pedir a sua interpretação gratis. Para tal assistência, por favor, contacte a Administração do Prédio.

Portuguese

Si usted tiene dificultad leyendo este aviso por Inglés limitado usted puede solicitar la acción de la información a ningún costo a usted. Para esta ayuda, comuníquese por favor con la Jefe de la Gerencia de su unidad.

Spanish

Nếu bạn không hiểu bản thông cáo này, bởi vì tiếng anh của bạn chỉ có giới hạn bạn có thể yêu cầu thông dịch viên mà không cần phải trả bất cứ lệ phí nào.
Nếu bạn cần thêm sự giúp đỡ, xin vui lòng gặp nhân viên quản lý của bạn.

Vietnamese

Si vous avez de la difficulté à comprendre cette avis à cause d'une compréhension limitée de la langue Anglais, vous pouvez faire une demande pour le service de traduction orale. Ceci est un service gratuit. Pour demandez ce service, s'il vous plait, contactez le gérant de votre immeuble.

French

如果你對閱讀此通告的內容有任何不明白之處是基於英語的理解能力，你可以要求口述翻譯而不需付額外費用的。如需這協助，請聯絡你的物業經理。

Chinese

ចើងសិនដល់ការអនុវត្តកម្មវិធីយុវជនក្នុងការការពារសិទ្ធិសកលដល់ក្មេងស្រីដែលបានរងការរំលោភបំពានសិទ្ធិនិងចង្អុលឡើងវិញនូវការអនុវត្ត
មតិស្របចិត្តការសម្ភាសនាក្នុងរូបភាពដែលបានដោយឥតគោលបំណងផ្ដល់ព័ត៌មានដល់អង្គការអន្តរជាតិដើម្បីប្រឆាំងនឹងប្រព័ន្ធនេះឡើយ។
ជំងឺយុវជនដែលបានរងការរំលោភបំពានសិទ្ធិសកលដោយផ្ទាល់ ២

Cambodian

I SPEAK FORM

<input type="checkbox"/>	ضع علامة في هذا المربع إذا كنت تقرأ أو تتحدث العربية.	1. Arabic
<input type="checkbox"/>	Խոսողո՞ւմ ե՞նք նշող՞ կատարե՞ք այս քառակուսում, եթե խոսող՞ կամ՝ կարողո՞ւմ եք հայերեն:	2. Armenian
<input type="checkbox"/>	যদি আপনি বাংলা পড়েন বা বলেন তা হলে এই বাক্সে দাগ দিন।	3. Bengali
<input type="checkbox"/>	ឈ្មួញបញ្ជាក់ក្នុងប្រអប់នេះ បើអ្នកអាន ឬនិយាយភាសា ខ្មែរ ។	4. Cambodian
<input type="checkbox"/>	Motka i kahhon ya yangin ûntûngnu' manaitai pat ûntûngnu' kumentos Chamorro.	5. Chamorro
<input type="checkbox"/>	如果你能读中文或讲中文，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 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 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 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 ຖ້າທ່ານອ່ານຫຼືປາກພາສາລາວ.	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 casuță 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 квадратикћ 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 marunong 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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The information requested in this form is required by the gov't. agency regulating this project.

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Please do not use whiteout. If you make a mistake, cross it out, write the correct answer and put initials next to the crossed-out information.

APPLICATION FOR HOUSING

Low-Income Housing Tax Credit
and/or HUD Subsidized Property

Please Print Clearly

Please complete **ALL** sections of this application, lottery preference form and all applicable attachments and return to the address at the top of the page. If a question is not applicable to you, please write "N/A" in that section. If all sections are not completed, the application will be returned to you for completion, and, as such, will not be placed on the waiting list. Thank you for your assistance.

A. GENERAL INFORMATION

Applicant Name(s): _____

Address: _____
Street Apt. # City State ZIP

Day Phone: _____ Evening Phone: _____

E-Mail: _____

Additional Contact Name: _____

Additional Contact Phone: _____ E-Mail: _____

Current Unit Size (# of BRs): _____ Do you ☐ RENT or ☐ OWN (check one)

Amount of current monthly rental or mortgage payment: \$ _____

If owned, do you receive monthly rental income from property? ☐ Yes ☐ No

Check utilities paid by you: ☐ Heat ☐ Electricity ☐ Gas ☐ Other (specify)

Approximate monthly cost of utilities paid by you (excluding phone and cable TV): \$ _____

Bedroom Size Requested: ☐ One BR

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

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

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

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

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

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

☐ Yes ☐ No

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

☐ Yes ☐ No

If yes, please explain: _____

HOUSEHOLD COMPOSITION & STUDENT STATUS ELIGIBILITY

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

1.	Name	Relationship to head of household	Birth Date	Age (optional)	Social Security#*	Student Status (F1) (Must Choose Y/N as Applicable to EACH Member)
Head		HOH				
Co-T						
3.						
4.						
5.						
6.						
7.						
8.						

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

If yes, explain:

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C. INCOME

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

Household Member Name	Source of Income	Gross Monthly Amount
1.	Social Security F12	\$
	Social Security F12	\$
	Social Security F12	\$
2.	SSI Benefits F12	\$
	SSI Benefits F12	\$
	SSI Benefits F12	\$
3.	SSP Payments (State Supplement Program) F9a&b	\$
4.	Pension F13 List source:	\$
5.	Veteran's Benefits F8 List claim #:	\$
		\$
6.	Unemployment Compensation F11	\$
	Unemployment Compensation F11	\$
7.	Worker's Compensation F11	\$
8.	Title IV/TANF/TAFDC/Public Assistance F9	\$
9.	Interest Income F19 List source:	\$
10.	Other Income (including recurring gifts, lottery winnings, rental property, net income from a business, etc.)? Verify as applicable List source:	\$
11.	*Student Financial Assistance in excess of tuition and other required fees and charges (scholarships, grants, private sources, work study, etc.) F1 Addendum & F2 List source:	

*Student Financial Assistance in excess of tuition and other required fees and charges (scholarships, grants, private sources, work study, etc.): Only counted for Sec. 8 and/or LIHTC members with Section 8 assistance if the individual is applying separate from his/her parent(s) and he/she isn't 24 or older with a dependent child.

Household Member Name	Source of Income	Monthly Amount
12.	Employment Income F5	\$
	Employer:	
	Employer Address:	
	Employer Phone:	
	Position Held:	How long employed:
13.	Employment Income F5	\$
	Employer:	
	Employer Address:	
	Employer Phone:	
	Position Held:	How long employed:
14.	Employment Income F5	\$
	Employer:	
	Employer Address:	
	Employer Phone:	
	Position Held:	How long employed:
15.	Alimony F15, F16	
	a. Are you <i>entitled</i> by a court order or other legal agreement to receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are <i>entitled</i> to receive.	\$
	b. Do you receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list amount you receive.	\$
16.	Child Support F15, F16	
	a. Are you <i>entitled</i> by a court order or other legal agreement to receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list the amount you are <i>entitled</i> to receive.	\$
	b. Do you receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you receive.	\$
17. Are any adult members 18 or older and not employed but are receiving unearned income such as Social Security, SSI, Public Assistance, Unemployment, etc.? F4: Section B Only		<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Are any adult members 18 or older, not employed and not receiving any unearned income from any source? F4: Section A Only		<input type="checkbox"/> Yes <input type="checkbox"/> No
19. TOTAL GROSS ANNUAL INCOME (Monthly amounts listed above x 12)?		\$
20. TOTAL GROSS ANNUAL INCOME FROM PRIOR YEAR (Based on last tax year)?		\$
21. Do you anticipate any changes in this income in the next 12 months?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain:		
22. Do you file income tax returns? <input type="checkbox"/> Yes <input type="checkbox"/> No		
(If yes, provide prior year's taxes with W-2(s), 1099(s), etc. for all members 18 and older with application)		
D. ASSETS		
If your assets are too many to list here, please request an additional form. If a section doesn't apply, cross out or write N/A.		

Household Member Name:				
1. Checking Accts F19		Bank:	Acct:	Balance \$
		Bank:	Acct:	Balance \$
		Bank:	Acct:	Balance \$
2. Savings Accts F19		Bank:	Acct:	Balance \$
		Bank:	Acct:	Balance \$
		Bank:	Acct:	Balance \$
3. Direct Express Debit Card (SSA) Current Stmt/ATM Receipt	Member: _____			Balance: \$
	Member: _____			Balance: \$
	Member: _____			Balance: \$
4. Other Debit Acct Cards Current Stmt/ATM Receipt	Member: _____			Balance: \$
	Member: _____			Balance: \$
	Member: _____			Balance: \$
5. Cash on Hand F30				Amount \$
6. Trust Account F22		Bank:	Acct:	Balance \$
		Bank:	Acct:	Balance \$
7. Certificates of Deposit F19		Bank:	Acct:	Balance \$
		Bank:	Acct:	Balance \$
8. Savings Bonds F19		Maturity Date		Value \$
		Maturity Date		Value \$
9. Life Insurance Policy F20	Ins. Co: _____ Acct: _____			Cash Value \$
10. Life Insurance Policy F20	Ins. Co: _____ Acct: _____			Cash Value \$
11. Mutual Funds F19	Name: Bank Name:	#Shares:	Annual Interest or Dividend \$	Value \$
12. Stocks F19	Name: Bank Name:	#Shares:	Annual Interest or Dividend \$	Value \$
13. Bonds F19	Name: Bank Name:	#Shares:	Annual Interest or Dividend \$	Value \$
14. Annuities, 401(k), IRA, Keogh F21	Name: Source:			Value \$
15. Investment Property F23	Name: Source:			Appraised Value \$
16. Real Estate Property: Does any household member own any property? F24, F25				<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, Name of Household Member:			b. Type of property:	
c. Location of property:				
d. Appraised Market Value:				\$
e. Mortgage or outstanding loans balance due:				\$
f. Amount of annual insurance premium:				\$
g. Amount of most recent tax bill:				\$

17. Has any household member sold/disposed of any property in the last 2 years? F17		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, Name of Household Member:		Type of property:
Market value when sold/disposed		\$
Amount sold/disposed for		\$
Date of transaction		

18. Has any household member disposed of any other assets in the last 2 years? (Example: Given away money to relatives, set up Irrevocable Trust Accounts)? F17, F22			<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, Name of Household Member:		b. Describe Asset:	
c. Date of disposition:			
d. Amount disposed:		\$	
e. Does any member have any assets not listed above?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please list:	Household Member Name:	Type of Asset:	

E. ADDITIONAL INFORMATION		
1. How were you referred to this property?		
<u>Notice for the following question:</u> We do not discriminate based on Voucher/ Certificate holder status. These questions are asked for the sole purpose to: (1) determine an applicant household's ability to pay rent for a unit that does not have Project Based Section 8; or (2) to advise applicant households who are applying for a unit with Project-based Section 8 that if they move into such a unit that already has Section 8 with the unit, they will be required by their voucher agency to give up their mobile voucher.		
2. Do you currently have a mobile Voucher/Certificate? (If yes, please attach copy.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Failure to respond to the questions below may jeopardize approval of your application.		
3a. Are you, or any member of your household (including any live-in aide) listed in Section B above, currently illegally using a controlled substance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3b. Do you, or any member of your household (including any live-in aide) listed in Section B above, have a pattern or illegal drug use or abuse of alcohol that has threatened or would threaten the health, safety and right to peaceful enjoyment of others?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4a. Have you, or any member of your household (including any live-in aide) listed in Section B above, been convicted of a felony in the last 7 years? NOTE: A "yes" answer does not automatically result in the household's inability to obtain housing. Mitigating circumstances are considered.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4b. Are you, or any member of your household (including any live-in aide) listed in Section B above, subject to any State Sex Offender Lifetime Registration requirement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes to 4 (a or b), specify whether (a) and/or (b) along with member name(s) and describe. Attach additional pages(s) if necessary:</i>		

5. Provide a <u>complete list of ALL States</u> in which any applicant household member has ever resided:		
6. Are you an owner, developer or sponsor of this project (or officer, employee, Lottery Agent or consultant of the owner, developer or sponsor)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes, please describe:

8. Have you ever filed for bankruptcy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, describe:

9. Will you take an apartment when one is available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Briefly describe your reasons for applying:

F. REFERENCE INFORMATION

You must provide all full addresses resided at in the past five years and the names, addresses and phone numbers of all landlords, if applicable. (Please attach a separate sheet if necessary, to include all landlords in the last 5 years.)

1. Current Landlord	Name:		
	Address:		
	Home Phone:		
	Bus. Phone:		
	Address You Resided At:		
	How Long?	From:	To:
2. Prior Landlord	Name:		
	Address:		
	Home Phone:		
	Bus. Phone:		
	Address You Resided At:		
	How Long?	From:	To:

3. In case of emergency notify:

Address:

Relationship:	Phone #:
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4. In case of emergency notify:

Address:

Relationship:	Phone #:
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G. CERTIFICATION

I/We hereby certify that I/We do/will not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management's selection criteria. I/We certify that all information in this application is accurate and complete to the best of my/our knowledge and I/We understand that intentional false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. I/We hereby authorize the release of information regarding a criminal background and credit check, and landlord authorization. All adult household members, 18 or older, must sign the application. Further, any head, co-head or spouse, who is an emancipated minor, must also sign below.

SIGNATURE(S):

_____ (Signature of Tenant)	_____ Date
_____ (Signature of Co-Tenant)	_____ Date
_____ (Signature of Co-Tenant)	_____ Date
_____ (Signature of Co-Tenant)	_____ Date

Attachments: Application Cover Letter, as applicable, based on program(s) at property
Application Attachments below, as applicable, based on program(s) at property

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

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

Attachment C: DHCD Resident Notice and Consent Form

Attachment D: Advertisement/Flyer for Maple on Franklin



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



NOTICE OF NON-DISCRIMINATION, THE RIGHT TO REASONABLE ACCOMMODATION FOR PERSONS WITH DISABILITIES, AND THE RIGHT TO FREE LANGUAGE ASSISTANCE FOR PEOPLE WITH LIMITED ENGLISH PROFICIENCY

Non-Discrimination

Maloney Properties, Inc. does not discriminate on the basis of any status protected by federal, state, or local law, in the admission or access to, or treatment or employment in, its programs, services and activities including, but not limited to, the following: race, color, religion, sex, national origin, familial status, disability, sexual orientation, gender identity or expression, marital status, age, ancestry, genetic information, membership in the armed services or status as a veteran, receipt of public assistance, because someone is, has been or is threatened with being the victim of domestic violence, dating violence, sexual assault or stalking, or has obtained, or sought, or is seeking relief from any court in the form of a restraining order for protection from domestic abuse

Maloney Properties, Inc. has designated Pam Moynagh to coordinate compliance with applicable federal and state nondiscrimination requirements and to address grievances applicants and residents may have. The following is her contact information:

Maloney Properties, Inc.
27 Mica Lane
Wellesley, MA 02481
Telephone: (781) 943-0200, extension 255; Relay: 711

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

Reasonable Accommodation for People with Disabilities

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

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

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

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

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

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

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

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

Free Language Assistance for People with Limited English Proficiency

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

Property Contact Information:

Name of Property:	Maple on Franklin 120 N Franklin St
Office Address:	Holbrook, MA 02343
Telephone:	(781) 852-2545 / Relay: 711
Email:	mapleonfranklin@maloneyproperties.com

**Contact Information for the Department of Housing and Urban Development Region I FHEO Office
and State Fair Housing Agencies Where Maloney Properties, Inc. Conducts Business**

The Department of Housing and Urban Development

Boston Regional Office of FHEO

U.S. Department of Housing and Urban Development

Thomas P. O'Neill, Jr., Federal Building

10 Causeway Street, Room 321

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

Discrimination (MCAD)

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

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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Maple on Franklin
120 N Franklin St
Holbrook, MA 02343
Phone: (781) 852-2545 / Relay: 711

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



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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。

នេះគឺជាជំនាញ 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)? ☐ Yes ☐ No

3) Is the head of household Hispanic/Latino (yes or no)? ☐ Yes ☐ No

4) Is at least one adult member of the household Hispanic/Latino (yes or no)? ☐ Yes ☐ 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

MAPLE ON FRANKLIN

120 N. FRANKLIN STREET, HOLBROOK, MA 02343

AFFORDABLE ONE- BEDROOM APARTMENTS * AGE 62+ ONLY* NEW CONSTRUCTION * ALL UTILITIES INCLUDED



Maximum Gross Income for Eligibility (per Household Size)

# OF UNITS	AREA MEDIAN INCOME (AMI)	1 PERSON	2 PEOPLE	MINIMUM INCOME (Not Applicable to Voucher Holders)	MONTHLY TENANT RENT
52	60%	\$58,920	\$67,320	\$47,340	\$1,578
18	30%	\$29,450	\$33,650	N/A	30% ADJUSTED INCOME

AMENITIES INCLUDE ON-SITE LAUNDRY, OFF-STREET PARKING, EV CHARGING STATIONS, A LIBRARY, COMMUNITY ROOM, OPEN LIVING ROOM LOUNGE AND CAFÉ, AND MORE!

INCOME LIMITS AND RENTAL RATES SUBJECT TO CHANGE. MOBILE VOUCHER HOLDERS ENCOURAGED TO APPLY

ALL HOUSEHOLD MEMBERS MUST BE AT LEAST 62 YEARS OF AGE AS OF LOTTERY DATE

ALL APPLICANTS MUST MEET THE PROPERTY'S TENANT SELECTION PLAN CRITERIA. PREFERENCES APPLY BASED ON DISABILITY STATUS.

Submit Your Completed Application

EMAIL: MapleonFranklin@MaloneyProperties.com

Mail OR In-Person

Maple on Franklin, 120 N Franklin St, Holbrook , MA 02343

Completed applications must be received by July 24, 2023 to be included in the lottery.

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, including participating in the Information meetings please call 781-852-2545 | Relay 711

Professionally Managed By:



Owned & Developed By:

