

Applicants must be 18 years of age and/or have the legal capacity to sign the lease.

Massachusetts Rental Application

This application is to be completed fully with every question answered. Incomplete applications will be returned to applicant and result in processing delays. If additional pages are necessary, please attach them. The information provided will be used in the tenant selection process and is subject to verification. In the event any information provided is later determined to be false, Landlord may, in Landlord's sole discretion, cancel the application or terminate any lease. Landlord's gathering of information from and about prospective residents is for the benefit of the Landlord, only, and does not create any right of reliance on the part of any resident regarding the behavior or character of any other resident or occupant of the community. Additionally, all information provided is subject to verification regulations that govern this property's housing programs which may include the U.S. Dept. of Housing and Urban Development, the Internal Revenue Code §42 Low Income Housing Tax Credit program, Connecticut Housing Finance Authority, Maine State Housing, MassHousing, and/or Rhode Island Housing requirements. All information provided will be held confidential.

The Management Agent will provide assistance with completing this application upon request. If necessary, persons with disabilities or those with limited English proficiency may ask for this application in large print, alternate format or another language. Contact management staff at the address and telephone number listed below.



FOR OFFICE USE ONLY:

Received date and time stamp here:

Total household income: \$ \_\_\_\_\_

(Please print clearly)

Applicant's Full Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

This rental application is for: \_\_\_\_\_ Desired Move-In Date: \_\_\_\_\_

Bedroom size requested, please check: 1BR ☐ 2BR ☐ 3BR ☐ Accessible unit ☐

**Note:** Please answer all sections completely. Failure to do so will result in your application being returned to you as incomplete causing further delays in processing.

#### HOUSEHOLD COMPOSITION

NAME OF HOUSEHOLD MEMBERS (First, Middle Initial, Last)	RELATIONSHIP TO HEAD OF HOUSEHOLD	DATE OF BIRTH (mm/dd/year)	SOCIAL SECURITY NUMBER	STUDENT (Y/N) FULL (FT) or PART-TIME (PT)
	HEAD			

**\*\*Do you expect any changes to your household in the next 12 months?** Yes ☐ No ☐

If yes, please explain: \_\_\_\_\_

Provide all addresses where you have lived for the past five (5) years. Please print clearly.

#### CURRENT ADDRESS:

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Lived There From: \_\_\_\_\_ to: \_\_\_\_\_ Monthly Rent: \$ \_\_\_\_\_

E-mail address: \_\_\_\_\_

Reason for Moving: \_\_\_\_\_ Landlord Name: \_\_\_\_\_

Landlord Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Landlord Telephone/Cell: \_\_\_\_\_ Comments: \_\_\_\_\_

**PREVIOUS ADDRESS #1**

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Lived There From: \_\_\_\_\_ to: \_\_\_\_\_ Monthly Rent: \$ \_\_\_\_\_

Reason for Moving: \_\_\_\_\_ Landlord Name: \_\_\_\_\_

Landlord Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Landlord Telephone/Cell: \_\_\_\_\_ Comments: \_\_\_\_\_

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**PREVIOUS ADDRESS #2**

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Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Lived There From: \_\_\_\_\_ to: \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_

Reason for Moving: \_\_\_\_\_ Landlord Name: \_\_\_\_\_

Landlord Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Landlord Telephone/Cell: \_\_\_\_\_ Comments: \_\_\_\_\_

**Please list all states and territories of the U.S. applicant(s) has/have lived in:**  
\_\_\_\_\_

**DISABILITY STATUS:**

- |   |     |                          |    |                          |
|---|-----|--------------------------|----|--------------------------|
| 1. Would you or anyone in your household benefit from the features of an accessible unit? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 2. Would you like to be placed on a waiting list for an accessible unit?                  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 3. Are you seeking admission based on a disability?                                       | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 4. Do you require any modifications to the unit?  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

If so, please list the specific modifications needed:

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**RACE & ETHNICITY:**

We are required to collect data on race & ethnicity in accordance with federal regulations. Please check race and ethnicity categories that apply to you and/or your household.

Is the Head of Household (check only one) Hispanic or Latino ☐ Not Hispanic or Latino ☐

Is the Head of Household (select as many as appropriate)

White ☐ Black/African American ☐ American Indian/Alaska Native ☐ Asian ☐Native Hawaiian /Other Pacific Islander ☐ Other (please specify) \_\_\_\_\_**STUDENT STATUS:**

Have you or any household member been enrolled as a full-time student at an educational institution (including grades K-12 and higher education) during the past five months of the certification year or plan to within the next 12 months?

Yes ☐ No ☐

If yes, please explain: \_\_\_\_\_

**GENERAL INFORMATION:**

1. Have you or any member of your household filed for bankruptcy? Yes ☐ No ☐
2. Have you or any member of your household ever been evicted from any housing? Yes ☐ No ☐
3. Have you or any member of your household willfully or intentionally refused to pay rent? Yes ☐ No ☐

If yes, please explain: \_\_\_\_\_

4. Have you or any member of your household been convicted for the sale or manufacture of an illegal or controlled substance? Yes ☐ No ☐

If yes, please explain: \_\_\_\_\_

5. Are you or any member of your household required to register as a lifetime sex offender in any state or territory of the U.S.? Yes ☐ No ☐

6. Are you currently living in federal or state subsidized housing? Yes ☐ No ☐

7. Were you 62 years of age or older and receiving HUD rental assistance at another location on or before January 31, 2010? Yes ☐ No ☐ N/A ☐

If yes, please provide Street Address, Apt #, City, ST, Zip Code \_\_\_\_\_

8. Have you or any household member, while living in a subsidized apartment, had tenancy or housing assistance terminated for fraud, nonpayment of rent or non-compliance with the terms of the lease? Yes ☐ No ☐

9. Are you or any member of your household a Veteran of the U.S. Military? Yes ☐ No ☐

If yes, please provide household member name and U.S. military branch: \_\_\_\_\_

10. Do you have any pets (excluding service animals)? Yes ☐ No ☐

If yes, describe: \_\_\_\_\_

11. How did you hear about our apartment community? \_\_\_\_\_

12. Briefly explain your reasons for applying to our apartment community: \_\_\_\_\_

13. Will you take an apartment when one becomes available? Yes ☐ No ☐

**EMERGENCY CONTACT** - Please provide contact information for two people who are not planning to live with you whom we may contact in the event of an emergency or to locate you during the processing of your application:

**Contact #1**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

**Contact #2**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

**INCOME**

The U.S. Department of Housing and Urban Development and Section 42 of the Internal Revenue Code regulations (if applicable) require that each applicant disclose all sources of income and assets including those of minors. Applicants for housing at this property must complete this disclosure of income and assets by providing the requested information and certifying to its accuracy. **Please provide the mailing address and phone number for each of these sources in the area provided. Note: If an income source is received from a foreign country, you must disclose this as well.**

INCOME SOURCES	CIRCLE YES or NO FOR EACH SOURCE		HOUSEHOLD MEMBER WHO RECEIVES THE INCOME	MONTHLY GROSS AMOUNT	ADDRESS & PHONE # TO SEND VERIFICATION FORM
	YES	NO			
Employment income including wages, tips, bonuses and commissions	YES	NO		\$	
Self-employment or business income	YES	NO		\$	
Social Security Retirement Benefits	YES	NO		\$	
Supplemental Security Income (SSI including SSP) or SSDI	YES	NO		\$	
Periodic payments from Short or Long-Term Disability, Death Benefit, Trust, Pension, Annuity or other type of Retirement Account	YES	NO		\$	
Public Assistance (TANF, EAEDC, General Assistance)	YES	NO		\$	
Real estate rental income	YES	NO		\$	
Child support or unearned income from a family member under 18 years of age	YES	NO		\$	
Alimony	YES	NO		\$	
Veterans' benefits	YES	NO		\$	
Unemployment compensation	YES	NO		\$	
Interest or dividend income earned from assets.	YES	NO		\$	
Recurring gifts or family contributions (monetary or not)	YES	NO		\$	
Financial Aid (grants & scholarships) in excess of tuition.	YES	NO		\$	
Other (Please explain)	YES	NO		\$	

Do you anticipate any changes in your household income during the next 12 months? Yes ☐ No ☐

Explanation: \_\_\_\_\_

**CHILD SUPPORT:**

We must count court-ordered support whether or not it is received, unless legal action has been taken to remedy. We must also count support that is not court-ordered but rather received directly from payer.

1. Do you or any household member have a court order to receive child support payments? Yes ☐ No ☐
2. **If yes**, are you **currently** receiving any child support payments? Yes ☐ No ☐
3. **If yes**, are your child support payments court ordered? Yes ☐ No ☐
4. **If child support is not being received, are you taking legal action to remedy?** Yes ☐ No ☐

**Explanation:** \_\_\_\_\_

**ASSETS:** You must disclose all household assets including those held by minors and assets in foreign countries such as real estate and/or bank accounts. If you need additional space, please request an additional form.

Type of Assets	CIRCLE YES or NO FOR EACH ASSET		Balance or Cash Value	Account #	Financial Institution Name
	Yes	No			
Checking Account	Yes	No	\$		
Checking Account	Yes	No	\$		
Savings Account	Yes	No	\$		
Savings Account	Yes	No	\$		
Cash on Hand	Yes	No	\$		
Trust (Revocable or Non-revocable)	Yes	No	\$		
Certificate of Deposit (CD)	Yes	No	\$		
Life Insurance (Whole or Universal)	Yes	No	\$		
Credit Union Account	Yes	No	\$		
IRA or 401k Account	Yes	No	\$		
Pension/Retirement	Yes	No	\$		
Stocks or Mutual Funds	Yes	No	\$		
Investment Bonds	Yes	No	\$		
Money market account	Yes	No	\$		
Money in a safety deposit box	Yes	No	\$		
U.S. Savings Bonds	Yes	No	\$		
Personal property held as an investment such as antique cars, coins, etc.	Yes	No	\$		
Assets held in foreign countries	Yes	No	\$		
Other (Describe)	Yes	No	\$		

**Jointly held assets:** Are any of the above assets owned jointly by any household members? Yes ☐ No ☐

If yes, please explain: \_\_\_\_\_

Do you or any household member have an asset owned jointly with a person who is not a member of your household as listed on page 1? Yes ☐ No ☐

If yes, please explain: \_\_\_\_\_

**REAL ESTATE (including real estate in a foreign country):**

Do you own any property? Yes ☐ No ☐

If yes, type of property: \_\_\_\_\_ Location: \_\_\_\_\_

Market Value: \$ \_\_\_\_\_

Do you receive any rental income from your property? Yes: ☐ No: ☐

If yes, type of property: \_\_\_\_\_ Location \_\_\_\_\_

Amount received per month: \$ \_\_\_\_\_

**Assets disposed of for less than fair market value within past two years:**

Applicants must also disclose any assets disposed of for less than fair market value in the two years preceding the effective date of an income certification. This includes, but is not limited to, assets or money given away or sold for less than their true value if they were to be offered for sale to the public.

Did you have any assets (excluding personal assets) in the last two years not listed above? Yes ☐ No ☐

If yes, did you dispose of any assets for less than fair market value? Yes ☐ No ☐

**Please list assets disposed of within past two years:**

TYPE OF ASSET	MARKET VALUE	AMOUNT RECEIVED	DATE DISPOSED
	\$	\$	
	\$	\$	

**NOTE:**

In considering this application from you, the Landlord will rely heavily on the information you have provided. It is most important that this information is accurate and complete. By signing this application, you represent and warrant the accuracy of the information and you authorize the Management Agent to verify all information you provided.

I/we do hereby certify that the information provided on this application and the questions answered are true and complete to the best of my/our knowledge. I/we further certify that I/we have disclosed all sources of income and assets currently held or previously disposed of and that I/we have no other income or assets than those listed on this form (other than personal property).

Under penalties of perjury, I/we certify that the information presented in this application is true and accurate to the best of my/our knowledge and belief. The undersigned further understands that providing false representations herein constitutes an act of fraud and is punishable by law. False, misleading or incomplete information may result in the cancellation of this application or termination of tenancy after occupancy.

The U.S Department of Housing and Urban Development has also established a process to match resident wage and benefit data with federal and state records to assure that applicants/residents fully disclose all sources of household income. I/we hereby certify that if applying for a federally-subsidized apartment, it will serve as my sole, permanent residence and that I/we will not maintain a separate residence in a different location. **All applicants, age 18 or older must sign and date this application.**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please indicate whether any of the following priorities below apply to your current situation:**

If you answer “yes” to any of these questions, you may qualify for a preference. In order to receive a preference, you must provide verification of the priority you have selected. (Please note that all preference claims will be verified prior to the offering of an apartment.)

**Priority #1:** Homelessness due to Displacement by Natural Forces:

An applicant, otherwise eligible and qualified, who has been displaced by one of the following:

- ☐ Fire not due to the negligence or intentional act of applicant or a household member; or
- ☐ Earthquake, flood or other natural cause; or
- ☐ A disaster declared or otherwise formally recognized under disaster relief laws.

**Priority #2:** Homelessness due to Displacement by Public Action (Urban Renewal):

An applicant, otherwise eligible and qualified, who will be displaced within 90 days, or has been displaced within three years prior to application, by:

- ☐ Any low rent housing project as defined in M.G.L. c. 121B, s 1, or
- ☐ A public slum clearance or urban renewal project initiated after January 1, 1947, or
- ☐ Other public improvement

**Priority #3:** Homelessness due to Displacement by Public Action (Sanitary Code Violations):

An applicant, otherwise eligible and qualified, who is being displaced, or has been displaced within 90 days prior to application, by enforcement of minimum standards of fitness for human habitation established by the State Sanitary Code or local ordinances, provided that:

- ☐ Neither the applicant nor a household member has caused or substantially contributed to the cause of enforcement proceedings, and
- ☐ The applicant has pursued available ways to remedy the situation by seeking assistance through the courts or appropriate administrative or enforcement agencies.

\* Please note: “enforcement” is interpreted as a formal condemnation of the apartment. Citation for code violations does not, without written verification from the agency, constitute a condemnation.

**Priority #4:** Involuntary Displacement by Domestic Violence, Rape/Dating Violence, Sexual assault or Stalking

An applicant, otherwise eligible and qualified, who has been, or is being, involuntarily displaced by domestic violence, rape, sexual assault or stalking (DVRSAS), as such terms are defined in M.G.L. c. 186, § 23. An applicant is involuntarily displaced by DVRSAS if:

- ☐ The applicant has vacated a housing unit because of DVRSAS; or
- ☐ The applicant lives in a housing unit with a person who engages in DVRSAS.

For Landlord Use Only:

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## Consent for the Release of Information

Your signature(s) on this form authorizes the Landlord to obtain any information that is pertinent to eligibility, according to federal law, for residency at the housing development in which you have applied. Any individual or organization may be asked to release information. Inquiries including, but not limited to, the following information may be made:

Employment Income	Social Security Income
Self-Employment Income	Disability Income
Pension Income	Other Sources of Income
Assets of Any Kind	Student Status
Family Composition	Landlord References
Federal, State, Tribal, and Local Benefits	Credit References
Criminal History	

### Please Complete This Section:

I/We understand that failure to consent to the release of this information will render me/us and my/our household ineligible for the property at which I/We have applied. I give my permission for the Landlord, as mentioned above, to obtain any information that is pertinent to my/our eligibility and to any reference or entity I have identified to release such information to Landlord.

### Applicant Information:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth (mm/dd/year): \_\_\_\_\_

Driver's License or Photo ID # \_\_\_\_\_ State Issued: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Co-Applicant Information:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth (mm/dd/year): \_\_\_\_\_

Driver's License or Photo ID # \_\_\_\_\_ State Issued: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please use a separate page for additional household members who are age 18 and older.

Attachments: HUD-92006 "Supplement to Application for Federally Assisted Housing Form"  
HUD-27061-H "Race and Ethnic Data Reporting Form" for each household member.  
Reasonable Accommodation Policy

**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 or 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, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the \*\*Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42U.S.C. 408 (a) (6), (7) and (8).



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

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

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

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Emergency  <input type="checkbox"/> Unable to contact you  <input type="checkbox"/> Termination of rental assistance  <input type="checkbox"/> Eviction from unit  <input type="checkbox"/> Late payment of rent </div> <div style="width: 45%;"> <input type="checkbox"/> Assist with Recertification Process  <input type="checkbox"/> Change in lease terms  <input type="checkbox"/> Change in house rules  <input type="checkbox"/> Other: _____ </div> </div>	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

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

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**Signature of Applicant**

**Date**

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

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

**Race and Ethnic Data  
Reporting Form****U.S. Department of Housing  
and Urban Development**  
Office of HousingOMB Approval No. 2502-0204  
(Exp. 06/30/2017)

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**Name of Property** **Project No.** **Address of Property**

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**Name of Owner/Managing Agent** **Type of Assistance or Program Title:**

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**Name of Head of Household** **Name of Household Member****Date (mm/dd/yyyy):** \_\_\_\_\_

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

**\*Definitions of these categories may be found on the reverse side.****There is no penalty for persons who do not complete the form.**

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**Signature**

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**Date**

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

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

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

### A. General Instructions:

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

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

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

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

*Nota: Usted puede pedir una copia de esta planilla en español al Coordinador de la Sección 504 de Schochet Companies a la dirección de correo: 536 Granite Street, Suite 301, Braintree, MA 02184 Atención: Coordinador 504. Por teléfono al 617-482-8925 o al número de fax (617) 830-0971 Atención: Coordinador 504.*



**THE SCHOCHET COMPANIES'  
REASONABLE ACCOMMODATION POLICY AND PROCEDURES  
FOR PROSPECTIVE AND EXISTING TENANTS WITH DISABILITIES**



**I. Policy**

The Schochet Companies' ("The Schochet Companies" or the "Company") Reasonable Accommodation Policy and Procedures For Prospective and Existing Tenants With Disabilities (the "Policy") contains important information for tenants and prospective tenants in its Massachusetts properties. Please read it carefully.

Summary: It is unlawful, and against this Policy, for any Schochet Companies employee to discriminate against a prospective or existing tenant who is a person with a disability as defined by law. The Schochet Companies promotes and encourages the participation of such disabled persons to the fullest extent possible in all of its programs, services, and activities. In accordance with the law and this Policy, The Schochet Companies will provide "reasonable accommodations" to all prospective and existing tenants who request such accommodations to afford them equal opportunity to use and enjoy the Company's housing or programs and who are persons with a disability as defined by law, unless it is determined that the accommodation would present an undue financial or administrative burden or make a fundamental alteration in the nature of its programs. If a request for accommodation may present an undue financial or administrative burden or make a fundamental alteration of a program, The Schochet Companies will attempt to propose alternative solutions and/or accommodations which do not create such a hardship or make such an alteration, and otherwise work in good faith with the requesting tenant to determine the availability of an acceptable alternative.

Non-Retaliation: It is unlawful, and against The Schochet Companies policy, for any Schochet Companies employee to retaliate against any prospective or existing tenant who has requested a reasonable accommodation or has complained of or opposed alleged discrimination by The Schochet Companies based on disability or any other protected status. Depending upon the specific circumstances, examples of such retaliation could include initiating eviction proceedings against a tenant, or subjecting a tenant to heightened scrutiny of the tenant's compliance with Schochet Companies policies because the tenant has requested such an accommodation or complained about such conduct, or creating a hostile environment for a tenant because he or she is disabled or exercised his or her rights under this Policy.

Person with a disability: A person has a disability under state and federal law if the person (1) has a physical or mental impairment that substantially limits a major life activity, or (2) the person has a record of such an impairment, or (3) the person is perceived as having such an impairment. A disability can be apparent, as in the case of someone who needs use of a wheelchair for mobility or is deaf or blind, or not apparent, as in the case of someone with a

cognitive disability or mental illness. Under the Massachusetts fair housing law, a person may still have a physical or mental impairment that substantially limits a major life activity within the meaning of state law if the person would have this condition in the absence of any self-help measures that person undertakes, such as use of glasses or the taking of medication.

Reasonable accommodation: A reasonable accommodation is a change, which is reasonable, to the physical environment at The Schochet Companies, or the way The Schochet Companies handles that person's current or prospective tenancy, that the person needs because of a disability in order to have an equal opportunity to enjoy The Schochet Companies' facilities or programs.

A need for a reasonable accommodation and the obligation to provide one may arise in the following situations:

- a prospective or existing tenant with a disability needs a change in The Schochet Companies' rules, policies or procedures to have an equal opportunity to use and enjoy The Schochet Companies' premises and programs;
- a prospective or existing tenant with a disability needs a change, modification or repair to his or her apartment or a special type of apartment in order for that person to have an equal opportunity to use and enjoy the apartment;
- a prospective or existing tenant with a disability needs a change or repair to some other part of the housing site in order to use and enjoy his or her apartment or The Schochet Companies' facilities or programs; and
- a prospective or existing tenant needs a change in the way The Schochet Companies communicates with that person for the person to use and enjoy his or her apartment or The Schochet Companies' facilities or programs.

Section 504 Coordinator: In order to implement this Policy, The Schochet Companies has designated a Section 504 Coordinator. Information on the identity and contact information for the Section 504 Coordinator is included under Step 2 of this Policy and in The Schochet Companies' Notice of Right to Reasonable Accommodation ("Notice of Rights"), Exhibit 1 to this Policy.

Requests for reasonable accommodation: There is no magic formula for the words a person needs to use to request a reasonable accommodation. A person does not necessarily need to say specifically that he or she "requests a reasonable accommodation" to be considered for one. It is enough that the person indicate a need for action by The Schochet Companies of a type described above because of a medical, physical, psychiatric, or emotional condition, or inform The Schochet Companies' Section 504 Coordinator or an employee working in the Management Office, who is instructed to report that person's request to the Section 504 Coordinator. A person is not entitled to be considered for or receive a reasonable accommodation, however, unless she or he requests one. To facilitate a request for reasonable accommodation, it is usually helpful for both the requesting party and the Company if the request is in writing. Therefore, The Schochet Companies has provided forms for the requesting party to complete, as explained

below. However, the Company will timely consider a reasonable accommodation request made orally to the Section 504 Coordinator (either during a telephone conversation 617-482-8925 or an in-person meeting with the Section 504 Coordinator) if the person is unable to prepare a written request or in writing without the use of the Request for a Reasonable Accommodation Form, along with any form of documentation from a qualified person verifying the requesting person's disability and need for the accommodation.

Medical Information: If a person's disability is obvious, or otherwise known to the Company, and if the need for the requested accommodation is also readily apparent or known, then the Company generally has no need to request any additional information about the requester's disability or the disability-related need for the accommodation. If the requester's disability is either not known or not readily apparent to the Company, or the need for the accommodation is not readily apparent or known, the Company may request information that is necessary to verify the existence of the disability and need for the accommodation. (Note: A Requesting Party's receipt of SSI or SSDI may be sufficient proof of disability.)

Therefore, any requests for medical information must be limited to verification: (1) that a person's condition meets the legal definition of "disability" (where the disability is not readily apparent), and (2) that a reasonable accommodation would afford the person an equal opportunity to enjoy The Schochet Companies' housing and services (where the need for the accommodation is not readily apparent). This means that The Schochet Companies will not inquire about the nature or severity or other details of the disability or medical history, treatment and medications taken, or request a person's medical records in connection with a request for an accommodation under this Policy.

Interactive process: The Schochet Companies shall make reasonable efforts to comply with a request for a reasonable accommodation made by a prospective or existing tenant with a disability as defined by law. If a request cannot be allowed because the accommodation would pose an undue financial or administrative burden or would make a fundamental change in the nature of the program, The Schochet Companies will take reasonable efforts to work with the applicant or tenant to identify the availability of an alternative solution, in order to provide the person with an equal housing opportunity, as required by law. Similarly, the applicant and tenant will make reasonable efforts to cooperate with The Schochet Companies' efforts.

## **II. Procedures**

The following procedures apply to the reasonable accommodation request process. All forms referenced below will be maintained confidentially and separate from tenant files, and may be made available to Schochet Companies employees who are directly involved in this decision-making process regarding a request for accommodation, overseeing or supervising this process, or as permitted by law. The Schochet Companies may be required to provide an existing or prospective tenant's information to government entities, housing agencies (such as HUD and MassHousing), and as required in the course of discovery taking place in a legal action pursuant to applicable rules of procedure, or by subpoena, or as otherwise ordered by a court of competent jurisdiction.

Any tenant of a unit within a Schochet Companies property who wishes to request a reasonable accommodation is to direct such request to The Schochet Companies' 504 Coordinator, as described below. The 504 Coordinator shall follow the procedures outlined below.

**STEP 1: The Schochet Companies Distributes this Policy to Prospective and Existing Tenants.**

Five (5) exhibits are attached to this Policy, as follows:

- Exhibit 1: Notice of Right to Reasonable Accommodation in English and Spanish ("Notice of Rights");
- Exhibit 2: Request for a Reasonable Accommodation Form ("Request Form");
- Exhibit 3: Verification Statement – Request for Reasonable Accommodation ("Verification Form");
- Exhibit 4: Letter with Acknowledgment of Receipt of Request Form and Notice of Additional Information You Must Provide ("Follow-Up Letter"); and
- Exhibit 5: Appeal from Denial of Accommodation ("Appeal Form").

All persons who submit applications to the Company for housing on or after October 15, 2007 shall be provided a copy of this Policy (with exhibits) at the initial application stage, in English (or Spanish at the request of the applicant).

All persons who are existing tenants on or after October 15, 2007 shall be provided with a copy of this Policy (with exhibits) a minimum of once annually, in English (or Spanish at the request of the tenant).

All prospective and existing tenants who request an accommodation on or after October 15, 2007 shall also be given a copy of this Policy (with exhibits) in English (or Spanish at the request of the tenant).

**STEP 2: A Person Makes a Request for a Reasonable Accommodation to the Section 504 Coordinator.**

A person who makes a request for a reasonable accommodation on his or her own behalf or on the behalf of an existing or prospective tenant of the Company shall be referred to as the "Requesting Party." A Requesting Party should direct a reasonable accommodation request to The Schochet Companies' Section 504 Coordinator, who can be reached at 536 Granite Street Suite 301, Braintree, MA 02184, 617-482-8925. In order to facilitate timely and effective consideration of a person's Reasonable Accommodation Request, The Schochet Companies prefers that a Requesting Party submit a request for a reasonable accommodation in writing utilizing the Company's Request Form (Exhibit 2) and Verification Form (Exhibit 3), which a Requesting Party may obtain from the administrative office of any Schochet Companies property or from the Section 504 Coordinator at 536 Granite Street Suite 301, Braintree, MA 02184, 617-482-8925.

The Requesting Party should complete the Request Form and the Authorization Section of the Verification Form and return them to the Section 504 Coordinator at the above address or at fax number (617) 830-0971. (However, the Section 504 Coordinator will also consider other forms of written requests and verification from a qualified professional of the Requesting Party's disability and/or need for a disability, if such verification is needed to establish the disability or need for accommodation.)

If the Requesting Party needs assistance in completing the Request Form or the Authorization Section of the Verification Form (for example, reducing verbal information she or he provides to writing), she or he should request assistance from the Section 504 Coordinator and/or the Requesting Party's designee.

Upon receipt of a reasonable accommodation request, the Section 504 Coordinator will send to the Requesting Party the Follow-Up Letter (Exhibit 4).

**STEP 3: If Necessary, The Schochet Companies Sends the Verification Form to the Certifying Professional Identified by the Requesting Party**

If the Requesting Party's disability is not readily apparent or the need for the accommodation is not readily apparent, and the Requesting Party has not otherwise previously submitted verification of the disability or need for accommodation which is adequate as to the current request, the Section 504 Coordinator will mail or fax the Verification Form to the person designated by the Requesting Party to complete the Verification Form within five (5) business days of the Section 504 Coordinator's receipt of the completed Request Form and Authorization Section of the Verification Form. In the event that a completed Verification Form is not received within ten (10) business days of mailing, the Section 504 Coordinator shall notify the Requesting Party in writing that no completed Verification Form was received.

If the Section 504 Coordinator receives a completed Verification Form or other form of written verification and determines that the information supplied is insufficient to verify the disability and/or need for the requested accommodation, the Section 504 Coordinator will make diligent efforts to promptly obtain complete information, including contacting, as appropriate, either the Requesting Party or the party designated by the Requesting Party to make verification (or from whom the Requesting Party has supplied verification, if that was previously supplied), and shall document such efforts.

**STEP 4: The Schochet Companies Makes a Decision about the Request for Reasonable Accommodation.**

**A. Review of Documentation**

The Section 504 Coordinator will review the Request Form and Verification Form (if required) or any alternative written form of request for reasonable accommodation and verification supplied. If the Section 504 Coordinator concludes that the person is disabled for purposes of this Policy and that the accommodation requested is needed because of the disability and is necessary to provide the person with equal enjoyment of The Schochet Companies' housing,



programs, services, or activities, the Section 504 Coordinator will grant the requested accommodation, unless the Section 504 Coordinator can identify a specific, well-founded reason to believe that the requested accommodation is unreasonable because it would place an undue financial or administrative burden on The Schochet Companies or would make a fundamental change in the nature of its program. Some factors to be considered in determining whether a requested accommodation is reasonable are:

- the level of difficulty involved with providing the requested accommodation;
- the cost of the requested accommodation after available tax deductions and alternative funding sources;
- a thorough consideration of the availability/unavailability of The Schochet Companies' resources and outside or other source funding;
- the impact of the requested accommodation on the overall operations of the property;
- the impact on the property employees;
- the availability of an alternative reasonable accommodation that would be effective in affording the person an equal opportunity to enjoy The Schochet Companies' housing, programs, and services, recognizing that persons with disabilities typically have the most accurate knowledge about the functional limitations posed by their disabilities, and an individual is not obligated to accept an alternative accommodation suggested by the provider if he or she believes it will not meet his or her needs and his or her preferred accommodation is reasonable; and
- other factors allowed by law.

The Section 504 Coordinator may establish internal procedures to best effectuate the obligations set forth herein, including, but not limited to, the use of appropriate designees to assist in addressing the paperwork and timeliness requirements set forth herein and committees to address determination as to requests for reasonable accommodations.

**B. Decision Letter to the Requesting Party**

Within ten (10) business days of receiving a completed Request Form (Exhibit 2) (or other written form of a reasonable accommodation request) and, if necessary, a completed Verification Form (Exhibit 3) or other form of written verification, and any additional information requested in the Follow-Up Letter (Exhibit 4) and supplied by any person, the Section 504 Coordinator shall, in a written decision letter to the Requesting Party (the "Decision Letter"), inform the Requesting Party of the decision with respect to his/her request for accommodation. If the Requesting Party indicated on the Request Form a need for an emergency response, the Section

504 Coordinator will make reasonable efforts to comply with a reasonable request for an earlier response.

If a request is denied, the Section 504 Coordinator's Decision Letter shall inform the person of the reasons for the denial and the Decision Letter should contain the following information:

- If the reason for denial is that accommodation requested is not reasonable or would pose an undue financial or administrative burden or would pose a fundamental alteration of The Schochet Companies' programs or services, the Decision Letter shall (1) state the basis for so concluding, (2) state that The Schochet Companies will take reasonable efforts to identify if there is an alternative, reasonable solution, and (3) request that the person contact the Section 504 Coordinator to discuss alternatives and will provide the Section 504 Coordinator's contact information.
- If the reason for denial is insufficient information, the Decision Letter shall inform the person that The Schochet Companies will reconsider its denial upon receipt of the information needed and request that the person contact the Section 504 Coordinator to discuss the need for further information.
- A copy of Appeal from Denial of Accommodation form ("Appeal Form") (Exhibit 5 to the Policy), in English (and in Spanish if the Section 504 Coordinator has reason to believe that the recipient of the Decision Letter would benefit from a Spanish language version) and a statement informing that Requesting Party that she or he has the right to appeal the denial by completing and submitting the Appeal Form to the Section 504 Coordinator within thirty (30) days of the date of the Decision Letter.

#### C. Review of Appeal; Decision on Appeal

A Requesting Party may appeal a decision denying his/her request for an accommodation by completing an Appeal Form (Exhibit 5), and stating on that form the reasons why she or he believes the denial of the request for accommodation was wrong. The Requesting Party must submit the completed Appeal Form to the Section 504 Coordinator, within thirty (30) days of the date of the Decision Letter.

The Section 504 Coordinator shall submit the completed Appeal Form to a committee designated by the Company to hear such appeals (the "Appeals Committee"), and the decision by that committee on the appeal shall be final. The Section 504 Coordinator will inform the Requesting Party of the outcome of the appeal in writing. In connection with the appeal, the Section 504 Coordinator shall supply the Appeals Committee with all of the documentation pertaining to the request that is in the Section 504 Coordinator's possession to assist it in deciding the appeal, and shall work with the Committee to obtain any additional information needed.

#### **STEP 5: Maintenance of Records by The Schochet Companies**

The Section 504 Coordinator shall maintain a log containing a record of all reasonable accommodation requests made by prospective or existing tenants at its Massachusetts properties ("Reasonable Accommodation Log"), including the following:

- the date of receipt of the completed Request Form or other written form of request for reasonable accommodation;
- the date of receipt of the completed Verification Form or other written form of verification of a disability or need for the requested accommodation, if applicable;
- the date of delivery of the Follow-Up Letter;
- the date of delivery of the Decision Letter and the substance of the decision;
- the date and description of the reasonable accommodation or modification provided;
- the date of receipt of any Appeal Form; and
- the date of delivery of the Decision on Appeal.

All documentation relating to prospective and existing tenants' requests for accommodation and The Schochet Companies' response to such requests, including, but not limited to, completed Request Forms, Verification Forms, Decision Letters, Appeal Forms, the Reasonable Accommodation Log, and other documents referenced in this Policy, shall be retained by The Schochet Companies in accordance with applicable law and applicable orders of the Court.

**It is against The Schochet Companies policy and federal and state law for any Schochet Companies representative to in any way retaliate against a person because the person has requested a reasonable accommodation or has complained of or opposed alleged discrimination by The Schochet Companies based on disability or any other protected status, including by seeking to evict a tenant who has done so, by subjecting such tenant to heightened scrutiny of the tenant's conformance with The Schochet Companies' rules or policies or to a hostile environment, or by any other adverse action.**



## NOTICE OF RIGHT TO REASONABLE ACCOMMODATION



***Nota:** Usted puede pedir una copia de esta planilla en español al Coordinador de la Sección 504 de The Schochet Companies a la dirección de correo: 536 Granite Street, Suite 301, Braintree, MA 02184  
Atención: Coordinador 504. Por teléfono al 617-482-8925 o al número de fax (617) 830-0971  
Atención: Coordinador 504*

### **If you have a disability and as a result of your disability you need...**

- a reasonable change in The Schochet Companies' rules or policies that would make it easier for you to live here and use the facilities or take part in programs on site,
- a reasonable change, modification or repair in your apartment or a special type of apartment that would make it easier for you to live here and use the facilities or take part in programs on site,
- a reasonable change or repair to some other part of the housing site that would make it easier for you to live here and use the facilities or take part in programs on site, or
- a reasonable change in the way we communicate with you or give you information that would make it easier for you to live here and use the facilities or take part in programs on site,

**You can submit a request for this kind of reasonable change or modification, which will be reviewed by The Schochet Companies. This type of a request is called a Request for Reasonable Accommodation.**

If you can show that you have a disability and if your request is reasonable and is needed because of your disability, if it is not too expensive, and if it is not too difficult to arrange, you have the right to receive the change you request or a similar alternative.

You can request a reasonable accommodation by contacting The Schochet Companies' Section 504 Coordinator. The Section 504 Coordinator will ask you to complete and submit the Reasonable Accommodation Request Form ("Request Form"), and a completed Verification Statement – Reasonable Accommodation Request ("Verification Form") must also be received by the Section 504 Coordinator, if your disability or need for the accommodation is not obvious. If you need help filling out these forms, let us know.

We will give you a written response within ten (10) business days of when we are in receipt of both your completed Request Form and completed Verification Form (if required). (If you indicate on the Request Form you need an earlier response, we will try to accommodate your request.) We will let you know if we need more information or verification 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 notify you of the denial in writing and explain in that notice the reasons for the denial. You can give us more information if you think that will help.

If you would like more information on The Schochet Companies' policy and procedures on reasonable accommodations, you may request a copy of The Schochet Companies' Reasonable Accommodation Policy and Procedures for Prospective and Existing Tenants with Disabilities from The Schochet Companies' Section 504 Coordinator and her/his designee.

**It is against Schochet Companies policy and federal and state law for any Schochet Companies representative to in any way retaliate against a person because the person has requested a reasonable accommodation or has complained of or opposed alleged discrimination by The Schochet Companies based on disability or any other protected status, including by seeking to evict a tenant who has done so, by subjecting such tenant to heightened scrutiny of the tenant's conformance with The Schochet Companies' rules or policies or to a hostile environment, or by any other adverse action.**

**NOTE: All information you provide will be kept confidential as required by law and be used to make it easier for you to live here and use the facilities or take part in programs on site. The Schochet Companies may be required to provide your information to government entities, housing agencies (such as the United States Department of Housing and Urban Development ("HUD") and Mass Housing), and as required in the course of discovery taking place in a legal action pursuant to applicable rules of procedure, or by subpoena, or as otherwise ordered by a court of competent jurisdiction.**



## REASONABLE ACCOMMODATION REQUEST FORM



***Nota:** Usted puede pedir una copia de esta planilla en español al Coordinador de la Sección 504 de Schochet Companies a la dirección de correo: 536 Granite Street, Suite 301, Braintree, MA 02184  
Atención: Coordinador 504. Por teléfono al 617-482-8925 o al número de fax (617) 830-0971  
Atención: Coordinador 504*

Name of person completing this form: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Today's Date: \_\_\_\_\_

1. I, or the following member of my household, has a disability. (A disability is defined as a physical or mental impairment that substantially limits one or more major life activities; a record of having such an impairment; or being regarded as having such an impairment.)

Name of disabled person needing accommodation: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

2. As a result of a disability, the following modification(s) are requested so that (the person listed above) can have an equal opportunity to occupy, use and enjoy the premises. **Check the kind of modification (change) that is needed.**

☐ A change in the apartment or other part of the rental premises, as described below.

☐ A change in a rule, policy, or procedure, as described below.

☐ A service or companion animal, as described below.

Describe the specific accommodation you are requesting: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. This accommodation is needed because: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. If you asked for a change to your apartment or to any common area, please use the space below to list any company or organization that you know of that might help us locate or build anything special that you need. (If you don't know of any, we will try to get this information ourselves.)

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5. If you believe special circumstances warrant or require a response by The Schochet Companies earlier than the fourteen (14) business days for a response, tell us the date by which you feel you need a response and why (The Schochet Companies will try to comply with your request if it can).

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6. I authorize The Schochet Companies to verify that I (or my household member) have a disability and the need for an accommodation by contacting my health care professional, whose name and contact information is as follows:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

(Note: If your disability or your need for the requested accommodation is not obvious to us, your request will not be processed until we receive a completed Verification Statement – Reasonable Accommodation Request (Exhibit 3). The Company will not send the Verification Form to your health care provider unless you provide the above information and sign below where it says “*Authorization is Granted By:*”.

**I understand that The Schochet Companies has the right to verify the fact that I or a family member has a disability which requires the accommodation requested. This verification is solely for the purposes of determining the most appropriate reasonable, or alternatively effective, accommodation. I give you permission to contact the above individual for purposes of verifying that I or a family member has a disability and needs the reasonable accommodation requested above. I understand that the information you obtain will be kept completely confidential and used solely to determine if you will provide an accommodation.**

*Authorization is Granted By:* \_\_\_\_\_ (Signature)

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

**NOTE: It is against Schochet Companies policy and federal and state law for any The Schochet Companies employee or agent to retaliate in any way against any person because the person has requested a reasonable accommodation or has complained of or opposed alleged discrimination by The Schochet Companies based on disability or any other protected status, including by seeking to evict a tenant who has done so, by subjecting such tenant to heightened scrutiny of the tenant's conformance with The Schochet Companies' rules or policies or to a hostile environment, or by any other adverse action.**



## VERIFICATION STATEMENT – REASONABLE ACCOMMODATION REQUEST



*Nota: Usted puede pedir una copia de esta planilla en español al Coordinador de la Sección 504 de Schochet Companies a la dirección de correo: 536 Granite Street, Suite 301, Braintree, MA 02184  
Atención: Coordinador 504. Por teléfono al 617-482-8925 o al número de fax (617) 830-0971  
Atención: Coordinador 504*

### **PART I - AUTHORIZATION: To be completed by Requesting Party**

#### **Requesting Party's Instruction to Certifying Health Care Professional:**

I, \_\_\_\_\_, hereby authorize you to complete, sign and date this Verification Form and send it by mail to The Schochet Companies (the "Company") at 536 Granite Street, Suite 301, Braintree, MA 02184 Attention: 504 Coordinator, or by fax (617) 830-0971 Attention: 504 Coordinator.

I have authorized the Company to obtain from you the information requested in this Form to substantiate my disability and need for the reasonable accommodation I requested so I may have equal opportunity to use the Company's housing, programs, services, or activities. Thank you.

Name of Person Requesting Accommodation: \_\_\_\_\_

Mailing Address of Person Requesting Accommodation: \_\_\_\_\_

Requesting Party's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### **Part II - VERIFICATION: To be completed by Certifying Health Care Professional**

Please return this completed form within seven (7) days of receipt to: Section 504 Coordinator, The Schochet Companies, 536 Granite Street, Suite 301, Braintree, MA 02184.

#### **Section 1**

I understand that I am completing this Verification Form in connection with a request for an accommodation made by the above referenced person in regard to his/her housing at the above referenced address. I certify the information below to be based upon my best professional judgment and to be true and correct to the best of my knowledge.

Name of Certifying Professional: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Profession: \_\_\_\_\_

Title: \_\_\_\_\_

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_

Relationship to Person Requesting Accommodation: \_\_\_\_\_



Accommodation Requested: \_\_\_\_\_

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## Section 2

Question A: In my professional opinion, the above referenced person requesting an accommodation has a disability as defined below (check all that apply):

- \_\_\_ A physical or mental impairment that substantially limits one or more major life activities
- \_\_\_ A record of having such an impairment
- \_\_\_ Is regarded as having such an impairment

Question B: Please describe the special housing features, types of physical adaptations, assistive technology, or accommodations in rules or policies which are needed by the person requesting the reasonable accommodation as a result of that person's disability in order for that person to have an equal housing opportunity:

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(Please use another page if you need more space.)

Question C: Please describe any special circumstances that affect the timing of when this person needs the reasonable accommodation:

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(Please use another page if you need more space.)

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Signature of Certified Professional

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Date Signed



**ACKNOWLEDGEMENT OF OUR RECEIPT OF YOUR  
REQUEST FOR REASONABLE ACCOMMODATION AND  
NOTICE OF ADDITIONAL INFORMATION YOU MUST PROVIDE TO US**



***Nota:** Usted puede pedir una copia de esta planilla en español al Coordinador de la Sección 504 de Schochet Companies a la dirección de correo: 536 Granite Street, Suite 301, Braintree, MA 02184  
Atención: Coordinador 504. Por teléfono al 617-482-8925 o al número de fax (617) 830-0971  
Atención: Coordinador 504*

Date: \_\_\_\_\_

To: \_\_\_\_\_

This follow-up letter is in response to your request for a reasonable accommodation.

**General Information.** Before we can review and act upon your request, we must be in receipt of the following:

1. If your disability or your need for the requested accommodation is not obvious and if you have not already supplied us with documentation of your disability and need for the requested accommodation that is adequate as to this request, then we will need to obtain verification of these matters (as necessary) from a qualified person or entity. If you have not already supplied us with the needed documentation, you will need to sign Part I of the Verification Form that is enclosed, identifying a qualified health care professional (such as your physician or health care provider) who can verify your disability and/or your need for the requested accommodation. After completing Part I of the Verification Form, please return it to The Schochet Companies' Section 504 Coordinator. We will then send the Verification Statement to the person you have designated for us to contact.
2. Once we are in receipt of the completed Request Form (or another written form of request) and the completed Verification Form or other written verification (if your disability or your need for accommodation is not obvious), your request for a reasonable accommodation will be reviewed.
3. You will receive written notification of the decision within ten (10) business days following the date of our receipt of the above and additional information (if any) we request. If you indicate on the Request Form special timing needs that you feel warrant or require an earlier response from us, we will try to respond to your needs.

### **Acknowledgement of Documents You Submitted To Us Already**

- Request Form or other written form of request for accommodation
- Verification Form or other written verification from a qualified professional person or entity
- Other (describe)

### **Notice of Additional Information You Must Provide to Us**

- Although we received your Request Form or other written form of request, we need this additional information:

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- Although we received your Verification Form or other written form of verification, we need this additional information:

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- Other (describe)

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Upon receipt of the additional information listed above, your request for a reasonable accommodation will be processed.

If you have any questions regarding this procedure, contact The Schochet Companies' Section 504 Coordinator at 617-482-8925.

**Please know that it is against The Schochet Companies policy and federal and state law for any The Schochet Companies employee or agent to retaliate in any way against any person because the person has requested a reasonable accommodation or has complained of or opposed alleged discrimination by The Schochet Companies based on disability or any other protected status, including by seeking to evict a tenant who has done so, by subjecting such tenant to heightened scrutiny of the tenant's conformance with The Schochet Companies' rules or policies or to a hostile environment, or by any other adverse action.**



## APPEAL FORM FOR DENIAL OF ACCOMMODATION



**Nota:** Usted puede pedir una copia de esta planilla en español al Coordinador de la Sección 504 de Schochet Companies a la dirección de correo: 536 Granite Street, Suite 301, Braintree, MA 02184  
Atención: Coordinador 504. Por teléfono al 617-482-8925 o al número de fax (617) 830-0971  
Atención: Coordinador 504

Name of Person Appealing Denial of Accommodation: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Date of Decision Letter: \_\_\_\_\_

I requested an accommodation from The Schochet Companies and I was not permitted to have that accommodation. I appeal that decision and request it be reviewed again. Specifically, I believe the decision was not appropriate because: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Person Appealing Denial of Accommodation

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

**Instructions:** Please complete this Appeal Form, including the reasons why you believe the denial of your request for reasonable accommodation was wrong, to The Schochet Companies, Attn: Section 504 Coordinator, 536 Granite Street, Suite 301, Braintree, MA 02184 within thirty (30) days after the date of the Decision Letter.