

**TRINITY
MANAGEMENT**
DBA NEWPORT HEIGHTS

March 1, 2024

Our Public Housing Waiting List is currently closed until further notice due to current long wait times on this list.

Currently we are only accepting applications for the following programs:

NOP	1 Bedroom		2 Bedroom		3 Bedroom		4 Bedroom	
Minimum Income Limits	14,560		12,680		10,720		\$8,800	
	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
Maximum	38,080	43,520	48,960	54,360	58,720	63,080	67,440	71,760

Tax Credit	1 Bedroom		2 Bedroom		3 Bedroom		4 Bedroom		5 Bedroom
Minimum Income Limits	\$40,440.		\$48,210		\$55,260		\$61,170		\$65,790
	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People	
Maximum Income Limits	57,120	65,280	73,440	81,540	88,080	94,620	101,160	107,640	

Market	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
Must Exceed	57,121	65,281	73,441	81,541	88,081	94,621	101,161	107,641

MOD	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
Minimum Income Limit	57,120	65,280	73,440	81,540	88,080	94,620	101,160	107,640
Maximum Income Limit	76,160	87,040	97,920	108,720	117,440	126,160	134,880	143,520

	1 Bedroom	2 Bedroom	3 Bedroom	4 Bedroom	5 Bedroom
Monthly rent	\$1,348	\$1,607	\$1,842	\$2,039	\$2,193

**** In order to apply at this time, your income must meet or exceed the minimum.**

We are also accepting applications for Market Rate apartments and applicants who currently have a Mobile Section 8 Voucher.

Thank you.

Newport Heights Management Staff



Present Housing Cost Per Month \$ _____ Including Utilities? []Yes []No
 How Long Have You Lived at Present Address? _____ Years
 What are the reasons for Moving? _____

FAMILY COMPOSITION - List all those who will occupy the apartment – INCLUDE YOURSELF. Please add additional household members on back of this sheet.

<u>FULL NAME OF EACH PERSON IN HOUSEHOLD</u>	<u>RELATIONSHIP TO HEAD OF HOUSEHOLD</u>	<u>DATE OF BIRTH</u>	<u>SEX</u>	<u>SOCIAL SECURITY NUMBER</u>	<u>FULL TIME STUDENT</u>
1 _____	Head of Household	_____	_____	_____	Yes or No
2 _____	_____	_____	_____	_____	Yes or No
3 _____	_____	_____	_____	_____	Yes or No
4 _____	_____	_____	_____	_____	Yes or No
5 _____	_____	_____	_____	_____	Yes or No
6 _____	_____	_____	_____	_____	Yes or No
7 _____	_____	_____	_____	_____	Yes or No
8 _____	_____	_____	_____	_____	Yes or No

Will/Are you able to put the electric bill in a households name listed above should your application get approved for an apartment? _____ Yes or No

If Yes, Please list name of household's name _____
 If No, Please explain _____

If you do not have a social security number, please answer the following questions:

Were you 62 years of age or older as of 1/31/2010 and receiving subsidy as of 1/31/2010? Yes or No
 Are you claiming eligible immigration status? Yes or No
 Is a child aged 6 years or younger that was added to the household within the last 6 months? Yes or No

REFERENCES - Full name and address of Landlords or Officials at other places you have lived over the **last five years**, such as shelters.

Present Landlord's Name: _____
 Present Landlord's Address: _____
 The address at which you live: _____
 Landlord's Phone Number: _____ how long have you lived here? _____
 Monthly Rent: _____



Previous Landlord's Name: _____
Landlord's Address: _____
The address at which you lived: _____
Landlord's Phone Number: _____ how long did you lived there? _____
Monthly Rent: _____

Previous Landlord's Name: _____
Landlord's Address: _____
The address at which you lived: _____
Landlord's Phone Number: _____ how long did you lived there? _____
Monthly Rent: _____

Previous Landlord's Name: _____
Landlord's Address: _____
The address at which you lived: _____
Landlord's Phone Number: _____ how long did you lived there? _____
Monthly Rent: _____

NOTE: If you are unable to furnish a landlord or other housing reference, please furnish character references. They must have known you for one (1) year or more and not be related to you.

Name of Character Reference _____ Telephone _____
Address _____

Name of Character Reference _____ Telephone _____
Address _____

**Please indicate the income received and assets held by each member of your household.
List each member by the corresponding number.**

GROSS EMPLOYMENT INCOME BY HOUSEHOLD MEMBER:

Member # _____
Name of Present Employer _____ Telephone _____
Address _____
Years Employed _____ Position _____ Current Rate per hour \$ _____
of Hours Worked per Week _____

Member # _____
Name of Present Employer _____ Telephone _____
Address _____
Years Employed _____ Position _____ Current Rate per hour \$ _____
of Hours Worked per Week _____

Member # _____
Name of Present Employer _____ Telephone _____
Address _____
Years Employed _____ Position _____ Current Rate per hour \$ _____
of Hours Worked per Week _____



OTHER SOURCES OF INCOME BY HOUSEHOLD MEMBER:

List all other income such as Welfare, Social Security, SSI, Pensions, Disability Compensation, Unemployment Compensation, Interest, Alimony, Child Support, Annuities, Dividends, Income from Rental Property, Military Pay, Scholarships, and/or grants.

<u>Household Member</u>	<u>Type of Income</u>	<u>Gross Earnings (Before Taxes)</u>
_____	_____	_____ per _____
_____	_____	_____ per _____
_____	_____	_____ per _____ (week, month, year)

INCOME FROM ASSETS:

Please list all assets. Assets include Checking Accounts, Savings Accounts, Term Certificates, Money Markets, Stocks, Bonds, Real Estate holdings and Cash Value of a Life Insurance Policy.

<u>Household Member</u>	<u>Bank Name</u>	<u>Address</u>	<u>Acct. #</u>	<u>Current Balance</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

OTHER INFORMATION:

Does any member of the household have any accessibility or reasonable accommodation requests or changes in a unit or development or alternate ways we need to communicate with you? If yes, please explain. _____

Priority:

1. Are you currently homeless? Yes No

Have you or any member of your household ever been convicted of or pled guilty or “no contest” to any felony? Yes No

If yes, describe: _____

Have you ever been evicted or served with a Notice to Quit? Yes No

If yes, describe reason(s): _____

Are you currently under eviction or have you been evicted? Yes No

If yes, describe:

Have you or any member of your household ever been convicted of or pled guilty or “no contest” to a sexual offense? Yes No



Have you or any member of your household ever been convicted of or pled guilty or “no contest” to any drug-related criminal offense? Yes No

Is any member of your household currently engaging in illegal use of drugs? Yes No

Do you have a registration requirement under a state sex offender registration program? Yes No If yes, in what state? _____

If yes, is the registration a lifetime requirement? Yes No

Note: Federal regulations prohibit the admission to federally assisted housing of persons with a lifetime registration requirement under a state sex offender registration program.

Do you own a pet? Yes No If yes, please list below:

I/We hereby certify that the information furnished on this application is true and complete, to the best of my/our knowledge and belief. **Inquiries may be made to verify the statements herein.** All information is regarded as confidential in nature, and a **consumer credit report and a Criminal Offenders Record Information (CORI) report may also be requested.** I/We certify that I/We understand that false statements or information are punishable applicable under State or Federal Law.

I/We hereby certify that we have received a notice form the management agent describing the right to reasonable accommodations for persons with disabilities.

Signed under the pains and penalties of perjury.

Head of Household/Applicant Date _____
Co-Applicant Date

Co-Applicant Date _____
Co-Applicant Date

Trinity Management LLC does not discriminate on the basis of race, color, religion, sex, national origin, sexual orientation, age, familial status or physical or mental disability in the access or admission to its programs or employment, or in its programs, activities, functions or services



AUTHORIZATION TO RELEASE INFORMATION

Re: Applicant/Tenant _____

Property Name: Newport Heights

Address: _____

I/We, the undersigned below hereby authorize all persons or companies in the categories listed below to release information regarding employment, income and/or assets for purposes of verifying information on my/our apartment rental application. I/We authorize release of information without liability to the owner/manager of the apartment community listed on the attached verification form and/or the State and Local Agencies/Department's service provider.

INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity, student status, employment, other income, income assets, etc. This also includes medical or child care allowances/expenses. I/We understand that this authorization cannot be used to obtain information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information include, but are not limited to:

Past and Present Employers	Welfare Agencies	Veterans Administrations
Support and Alimony Providers	Educational Institutions	Retirement Systems
State Unemployment Agencies	Social Security Administration	Medical and Child Care
Banks and other Financial	Previous Landlords (including	Providers
Institutions	Public Housing Agencies)	

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and **will be valid for 15 months from my signature date. Everyone 18 years or age and older must sign this form.**

SIGNATURES

Signature of Applicant/Resident	Printed Applicant/Resident Name	Date
Signature of CO/Applicant Resident	Printed Co/Applicant/Resident Name	Date
Signature of Adult Member	Printed Adult Member Name	Date
Signature of Adult Member	Printed Adult Member Name	Date

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF A TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY



RACE AND ETHNICITY SELF CERTIFICATION

RIHousing requests the following information in order to comply with the Housing and Economic Recovery Act (HERA) of 2008, which requires all Low Income Housing Tax Credit (LIHTC) properties to collect and submit to the U.S. Department of Housing and Urban Development (HUD), certain demographic and economic information on tenants residing in LIHTC financed properties. Complete one form for each household member.

Although RIHousing would appreciate receiving this information, you may choose not to furnish it. You will not be discriminated against on the basis of this information, or on whether or not you choose to disclose it.

Head of Household Name: _____ Unit #: _____

Address: _____ City: _____

Household Member: _____ Date: _____

Ethnic Categories	Select One
Hispanic or Latino	
Not Hispanic or Latino	
I do not wish to disclose this information	
Racial Categories	One or More
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	
I do not wish to disclose this information	

Definitions of categories may be found on the reverse side of this form.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Tenant Signature

Date

GENERAL INSTRUCTIONS

This form was created for the purpose of collecting race and ethnic data under the LIHTC program. Owners and agents are required to offer the applicant/tenant the option to complete the form 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 certification. 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 disclose their race and ethnic data; however, the appropriate selection not to disclose must be selected and the form signed accordingly. Parents or guardians are able to complete the form for children under the age of 18.

ETHNIC CATEGORIES DEFINED

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

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."

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.

RACIAL CATEGORIES DEFINED

You may select one or more of the five racial categories as defined below:

American Indian or Alaska Native

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.

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.

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."

Native Hawaiian or Other Pacific Islander

A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White

A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Newport Heights
59 John H. Chafee Blvd. Newport, RI 02840
401-845-2550
401-845-8989

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.

The information requested in this form is required to verify a person's request for a reasonable accommodation.

Send To Name & Address:

Send To Phone & Fax:

Phone: _____
Fax: _____

REASONABLE ACCOMMODATION VERIFICATION

Applicant / Resident: _____

Address / Unit Number: _____

The person named above has requested a reasonable accommodation to have an equal opportunity to apply to or live in this property or fully participate in a program or service this property offers residents. Please complete the following information and return as soon as possible to at the above address. **Your assistance in completing this form accurately and timely is greatly appreciated!**

Applicant/Resident Release Statement:

Applicant/Resident's Name: _____

Social Security Number: _____ Date of Birth: _____
(Last 4 digits only)

1) I hereby authorize Trinity Management LLC (TM LLC) to obtain information to substantiate my request for a reasonable accommodation. I am requesting: _____

2) I also give permission for my designated 3rd party professional to describe any alternative accommodation that adequately addresses my disability related need prior to TM LLC determining if my requested accommodation is reasonable. I understand that TM LLC may need information regarding alternative acceptable accommodations because even if TM LLC verifies that I have a disability and the accommodation I requested is necessary, TM LLC may determine the specific accommodation I requested will pose an undue financial and administrative burden or fundamentally alter the nature of the program. The sole purpose of me providing permission now for the release of alternative accommodations is to enable TM LLC to provide as expeditiously as possible an alternative accommodation if it determines the specific accommodation will pose an undue financial and administrative burden or fundamentally alter the nature of the program.

I understand that TM LLC has the right to verify that I have a disability (not the nature or severity of my disability if my disability isn't obvious) and whether or not as a result of my disability I need the reasonable accommodation I request to have an equal opportunity to apply to or enjoy my housing or participate fully in a program or service offered by this property if the need isn't obvious. This verification is **solely** for the purpose of determining this, and if there are any alternative acceptable accommodations to me.

Signature: _____ Date: _____

To The Household Member: You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

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

Trinity Management LLC (TMLLC) 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, creed, religion, sex (including actual and perceived gender identity and sexual orientation), national origin, familial status, disability, marital status, age, ancestry, genetic information, membership in the armed services or status as a veteran, receipt of public assistance and legal source of income, citizenship, 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. TMLLC has designated Doreen Cummings 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:

**Trinity Management (TMLLC)
75 Federal Street, 4th Floor
Boston, MA 02110**

Telephone: (617) 398-2588 (direct line) or TMLCC’s main line at (617) 542 -3019/ 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 properties 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 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:

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

Trinity Management LLC (TMLLC) does not discriminate on the basis of any protected status, including disability, in the admission of or access to, or treatment or employment in its programs and activities. TMLLC provides persons with disabilities the opportunity to request a Reasonable Accommodation to apply to and participate in such programs and activities. TMLLC also provides people whose primary language isn’t English, and as a result have limited English proficiency, the opportunity to request free language assistance to apply to or participate in its programs and activities. Doreen Cummings coordinates TMLLC’s compliance with all nondiscrimination requirements, including Section 504. Contact her with any questions or concerns relating to TMLLC’s compliance with nondiscrimination requirements: Telephone (617) 398-2588 (direct line) or at TMLLC (617) 542-3019, Relay #711



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

1. your disability is obvious, or you can document that you have a disability;
2. the nexus or connection between your disability and the need for the accommodation is obvious or you can document it; **and**
3. 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 in writing 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 in writing the reason(s). 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 under Property Contact Information. 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: Newport Heights

Office Address: 59 John H Chafee Blvd, Newport, RI 02840

Telephone: 401-845-2550

Relay: 711

Email: newportoff@trinitymanagementcompany.com

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**CONTACT INFORMATION FOR THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT REGION I
FHEO OFFICE AND STATE FAIR HOUSING AGENCIES WHERE TRINITY MANAGEMENT LLC
CONDUCTS BUSINESS**

The Department of Housing and Urban Development

Boston Regional Office of FHEO-Region I (MA, RI, CT)
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
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

The Department of Housing and Urban Development

New York Regional Office of FHEO
U.S. Department of Housing and Urban Development
26 Federal Plaza, Room 3532
New York, New York 10278-0068
Phone: (212) 542-7519
Toll Free: (800) 496-4294
TTY: (212) 264-0927
E-Mail: ComplaintsOffice02@hud.gov

Connecticut

Connecticut Commission on Human Rights and
Opportunities
450 Columbus Boulevard
Hartford, CT 06103-1835
Phone: (860) 541-3400
Connecticut Toll Free: (800) 477-5737
TTY: (860) 541-3459
FAX: (860) 541-4701

Capitol Region Office
450 Columbus Boulevard
Hartford, CT 06103
Phone: (860) 566-7710
TTY: (860) 566-7710
Fax: (860) 566-1997
E-Mail: CHRO.Capitol@ct.gov

Eastern Region Office
100 Broadway
Norwich, CT 06360
Phone: (860) 886-5703
TTY: (860) 886-5707
Fax: (860) 886-2550
E-Mail: CHRO.Eastern@ct.gov

West Central Region Office
Rowland State Government Center
55 West Main Street, Suite 210
Waterbury, CT 06702-2004
Phone: (203) 805-6530
TTY: (203) 805-6579
Fax: (203) 805-6559
E-Mail: CHRO.WestCentral@ct.gov

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

Southwest Region Office
 350 Fairfield Avenue, 6th Floor
 Bridgeport, CT 06604
 Phone: (203) 579-6246
 TTY: (203) 579-6246
 Fax: (203) 579-6950
 E-Mail: CHRO.Southwest@ct.gov

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

New York City

New York City Commission on Human Rights
 22 Reade Street
 First Floor
 New York, NY 10007
 718-722-3131 or call 311 and ask for the New York City Commission on Human Rights

New York State

Division of Human Rights

Albany

Agency Building 1, 2nd Floor
 Empire State Plaza
 Albany, New York 12220
 Telephone No. (518) 474-2705

Binghamton

44 Hawley Street, Room 603
 Binghamton, New York 13901
 Telephone No. (607) 721-8467

Bronx Central Office

One Fordham Plaza, 4th Floor
 Bronx, NY 10458
 Telephone No. (718) 741-8400

Brooklyn

55 Hanson Place, Room 304
 Brooklyn, New York 11217
 Telephone No. (718) 722-2385

Buffalo

Walter J. Mahoney State Office Bldg.
 65 Court Street, Suite 506
 Buffalo, New York 14202
 Telephone No. (716) 847-7632

Long Island (Nassau)

50 Clinton Street, Suite 301
 Hempstead, New York 11550
 Telephone No. (516) 539-6848

Long Island (Suffolk)

250 Veterans Memorial Highway,
 Suite 2B-49
 Hauppauge, New York 11788
 Telephone No. (631) 952-6434

Manhattan

Adam Clayton Powell Jr. State Office
 Bldg.
 163 West 125th Street, 4th Floor
 New York, New York 10027
 Telephone No. (212) 961-8650

Office of Sexual Harassment Issues/Queens

55 Hanson Place, Room 900
 Brooklyn, New York 11217
 Telephone No. (718) 722-2060

Rochester

One Monroe Square
 259 Monroe Avenue, Suite 308
 Rochester, New York 14607
 Telephone No. (585) 238-8250

Syracuse

John J. Hughes State Office Building
 333 E. Washington Street, Room 543
 Syracuse, New York 13202
 Telephone No. (315) 428-4633

White Plains

7-11 South Broadway, Suite 314
 White Plains, New York 10601
 Telephone No. (914) 989-3120

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I SPEAK FORM

LANGUAGE IDENTIFICATION FLASHCARD

<input type="checkbox"/>	ضع علامة في هذا المربع إذا كنت تقرأ أو تتحدث العربية.	1. Arabic
<input type="checkbox"/>	Ինչպե՞ս եմ ես խոսում/խոսում եմ, եթե խոսում եմ ինչպե՞ս ես խոսում եմ:	2. Armenian
<input type="checkbox"/>	যদি আপনি বাংলা পড়েন বা বলেন তা হলে এই বক্সে দাগ দিন।	3. Bengali
<input type="checkbox"/>	ឈ្មោះបញ្ជាក់ក្នុងប្រអប់នេះ បើអ្នកនិយាយ ឬអានភាសា 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 kazyè sa a si ou li oswa ou pale kreyòl ayisyen.	16. Haitian Creole
<input type="checkbox"/>	अगर आप हिन्दी बोलते या पढ़ सकते हैं तो इस बक्स पर चिह्न लगाएँ।	17. Hindi
<input type="checkbox"/>	Kos lub voj no yog koj paub twm thiab hais lus Hmoob.	18. Hmong
<input type="checkbox"/>	Jelölje meg ezt a kockát, ha megérti vagy beszélí 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 căsuță dacă citiți sau vorbiți românește.	27. Romanian
<input type="checkbox"/>	Пометьте этот квадратик, если вы читаете или говорите по-русски.	28. Russian
<input type="checkbox"/>	Обележите овај квадратик уколико читате или говорите српски језик.	29. Serbian
<input type="checkbox"/>	Označte tento štvorček, ak viete čítať alebo hovoriť po slovensky.	30. Slovak
<input type="checkbox"/>	Marque esta casilla si lee o habla español.	31. Spanish
<input type="checkbox"/>	Markahan itong kuwadrado kung kayo ay marinong magbasa o magsalita ng Tagalog.	32. Tagalog
<input type="checkbox"/>	ให้ทำเครื่องหมายลงในช่องถ้าท่านอ่านหรือพูดภาษาไทย.	33. Thai
<input type="checkbox"/>	Maaka 'i he puha ni kapau 'oku ke lau pe lea fakatonga.	34. Tongan
<input type="checkbox"/>	Відмітьте цю клітинку, якщо ви читаете або говорите українською мовою.	35. Ukrainian
<input type="checkbox"/>	اگر آپ اردو پڑھتے یا بولتے ہیں تو اس خانے میں نشان لگائیں۔	36. Urdu
<input type="checkbox"/>	Xin đánh dấu vào ô này nếu quý vị biết đọc và nói được Việt Ngữ.	37. Vietnamese
<input type="checkbox"/>	באצייכנט דעם קעסטל אויב איר לייענט אדער רעדט אידיש.	38. Yiddish

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