NOW ACCEPTING PRE-APPLICATIONS FOR THE LOTTERY!

WEST NEWTON ARMORY
c/o Maloney Properties LLC, 27 Mica Lane, Wellesley, MA 02481
Phone: (617) 209-5468 | US Relay 711
Email: WNArmory@MaloneyProperties.com
https://westnewtonarmory.com/

Dear Applicant:

Thank you for your interest in WEST NEWTON ARMORY! We look forward to the opportunity to serve you and your family's housing needs.

Enclosed please find our community flyer and the pre-application packet. It is extremely important that you fully understand the application as well as all documents enclosed. If you or someone within your household has a disability or limited English proficiency, and as a result needs assistance completing the application and/or require any assistance during the application process, please call (617) 209-5468/Relay 711. We will be happy to assist you.

Please be aware that our resident selection criteria include suitability and eligibility requirements, including tenant income certification and student status rules. **It is extremely important that each question being asked within this packet is answered. If a question is not applicable to your household, please type or neatly write "N/A" rather than leaving anything blank.** If all sections are not completed, the incomplete application will be returned to you for completion and may not be included in the lottery.

To be included in the LOTTERY, your application MUST be POSTMARKED or RECEIVED by the APPLICATION DEADLINE -- 9/18/2026*.
*** If received online or postmarked after this deadline, it will be added to our post-lottery waitlist.**

Submit Your Application!

EMAIL: WNArmory@maloneyproperties.com

Mail OR In-Person Dropbox (Dropbox located on 1st floor) at:
West Newton Armory, c/o Maloney Properties LLC
27 Mica Lane, 3rd Floor, Wellesley, MA 02481

NOTE: ONLY ONE APPLICATION MAY BE SUBMITTED BY A HOUSEHOLD.
Any additional application(s) received for a household, will not be added to the lottery/wait-list.

Upon receipt of a complete Pre-Application packet, we will send a notice with your Registration Number to the email address listed on your application or mailing address if no email address is listed.

Any application received after the application deadline will be added to a 'post lottery' wait-list which will be processed only after all lottery applications are processed.

The **LOTTERY DRAWING** will be held **publicly via zoom** on **October 6, 2026 at 1PM** Please visit our website https://westnewtonarmory.com/ for the zoom link.

Each applicant will receive an email with their lottery placement number per registration number. If your pre-application does not list an email address, then this information will be sent to the mailing address listed on the pre-application.

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WHAT HAPPENS NEXT?

After the lottery drawing, Management will begin screening applicants according to their lottery number, starting with the applicants with the lowest placement number for each unit size and type. Applicants will be contacted to set up an interview with a member of the Management team. Applicants will proceed through the process as follows:

(1) All adult household members will be asked to interview with agent. They will be asked to provide information/documentation and sign/date the interview and other necessary documents promptly so agent can efficiently process all applications consistently to determine if applicants meet the eligibility requirements of the property and programs. Failure to promptly respond to the Agent's request for interview, documentation and/or information to process the application will result in rejection of the application. Note: if an application is rejected, the applicant will receive a written rejection notice with instruction on an appeal option.

(2) Once Management has qualified the household, including confirming the household has passed suitability criteria (resident history verification, credit and criminal background checks), the approved applicant household will be shown/offered an apartment. Upon the offer, the applicant will have 48 hours to decide whether to lease the apartment. If the offer is accepted and an apartment reserved, it is expected a lease will be signed and effective within 2 weeks from the date of offer. This timeline will be adjusted based on the building being ready for occupancy.

(3) If an applicant does not pass the credit and criminal background, agent will contact the applicant via phone/text/email to see if there are any special circumstances. If sufficient information cannot be supplied, agent will provide a formal written rejection notice and option for appeal in accordance with the 'Rejection of an Application' policy and procedures as stated in the Tenant Selection Plan.

(4) If a household does not qualify due to exceeding the income limit, not meeting the minimum income, or another eligibility or suitability criteria, agent will contact the applicant via regular mail/phone/text/email and provide a written rejection notice including appeal option in accordance with the 'Rejection of an Application' procedures as detailed in the Tenant Selection Plan. A household is considered unsuitable for housing if their adjusted income to rent/utilities burden ratio is greater than 40%. In other words, the applicant's adjusted income must exceed 2.5 times the gross rent (rent plus utilities). HOME designated apartments are more restrictive; applicants adjusted income to rent/utilities burden ratio must be less than 30% for rental of a HOME designated apartment. Voucher holders will always meet the minimum income when the Housing Authority payment standard exceeds the apartment's gross rent. Voucher holders pay 30% of their monthly adjusted gross income for rent and utilities. If the apartment's gross rent is greater than the Housing Authority's payment standard, the voucher holder must pay the additional amount. This is not acceptable on HOME units; however, the Housing Authority *may* approve on non-HOME units if the gross rent is not more than 40 percent of the household's adjusted monthly income.

(5) If an approved applicant chooses not to accept an apartment at the time a unit is offered, applicant will be removed from the lottery waiting list and if they choose to remain on the waitlist, applicant will be placed on the post-lottery waitlist based on date and time the applicant rejected the unit offer. If upon a second unit offer an applicant does not accept, the applicant will be removed from the waiting list.

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PREFERENCES:

There will be preferences provided to applicants who meet certain criteria for the following:

1. Accessible Affordable Housing Grants (AAHG) Program Preference (6 Units): This is for fully accessible units, or the units modified for visual and hearing impairments. At least one household member must be under the age of 60, have a disability and need one or more of the accessible unit's features due to their disability. A medical provider verification may be required.

2. Non-AAHG Accessible Units (2 Units): This is for fully accessible units, or the units modified for visual and hearing impairments. Preference shall be given to the applicants who need the features of these units.

3. HOME-ARP - Homeless or At Risk of Homelessness Household Preference (3 Units): These units are for households who meet any of the following criteria:

    - Homeless or At Risk of being Homeless.
    - Fleeing, or Attempting to Flee, Domestic Violence, Dating Violence, Sexual Assault, Stalking, or Human Trafficking.
    - Families Requiring Services or Housing Assistance to Prevent Homelessness, a household previously qualified as homeless and currently housed with temporary assistance and would need additional assistance to prevent a return to homelessness,
    - Have a household income equal to or below 30% AMI as determined by HUD and are currently paying in excess of 50% of your gross income for rent.
    - Have a household income equal to or below 50% AMI as determined by HUD and are currently experiencing these or similar housing conditions: multiple recent moves, overcrowding, exiting an institution or system of care, or residing in a hotel/motel without public or nonprofit assistance.
    - Please see the website for additional details on the Home ARP program requirements and qualifications.

4. DMH/DDS/MassAbility/EOAI Set-Aside (1 Unit): This unit is for residents receiving services from the MA Department of Mental Health, MA Department of Developmental Services, MassAbility, or the MA Executive Office of Aging and Independence.

5. Local Preference (11 Units): Local preference only applies at initial occupancy and does not apply to units with project-based subsidy. To be eligible for this preference, applicants must have at least one household member currently:
    - Legally residing in the City of Newton.
    - Employed by the City of Newton.
    - Employed by a company or organization located in the City of Newton.
    - Have a child enrolled in the municipality's schools.

Please feel free to reach out if you have any questions or would like additional information.

WEST NEWTON ARMORY

1137 Washington Street, Newton, MA 02465

43 NEW AFFORDABLE APARTMENTS * PET FRIENDLY * HEAT, COOLING & HOT WATER INCLUDED * FANTASTIC LOCATION

These 43 new apartments include 15 1-BR, 21 2-BR and 7 3-BR units. 8 units are accessible (7 mobility accessible units and 1 sensory hearing/vision accessible unit). Features include on-site property management, community space and patio. All units are subject to local, state and/or federal affordable housing restrictions. Income limits and rental rates subject to change. Mobile voucher holders encouraged to apply. Applicants must meet the property's tenant selection plan criteria. Preferences for accessible apartments apply based on disability status. All units will include Heat, Cooling, and Hot Water. $500 maximum security deposit.

Maximum Gross Income for Eligibility (per Household Size)
***AMI = Area Median Income**

HOUSEHOLD SIZE	1 PERSON	2 PEOPLE	3 PEOPLE	4 PEOPLE	5 PEOPLE	6 PEOPLE
30% AMI [1]	$36,000	$41,150	$46,300	$51,400	$55,550	$59,650
60% AMI [2]	$72,000	$82,320	$92,580	$102,840	$111,120	$119,340

Monthly Rents

INCOME LIMITS	1 BR	2 BR	3 BR
30% AMI	30% of Household Income		
60% AMI	$1,678	$1,999	$2,312

[1] 15 units are available to households at or below 30% of AMI. Four of those units are available to AAHG eligible households. Three (3) units will be set aside for HOME-ARP qualifying populations. One unit will be set aside for residents receiving services from the MA Department of Mental Health or MA Department of Developmental Services.

[2] Two (2) units available to households at or below 60% of AMI have AHVP project-based vouchers for AAHG eligible households. See the application or website for qualification requirements for AAHG and HOME-ARP units.

Application Process

Units will be awarded by lottery with occupancy anticipated for early 2027.

To be considered for one of these units, you must fill out the West Newton Armory Pre-Application.

Applications available July 16, 2026 through September 18, 2026 and may be obtained as follows:

EMAIL: WNArmory@maloneyproperties.com | **ONLINE**: www.westnewtonarmory.com

CALL: 617-209-5468 / Relay 711 | **PICK UP:** Newton Free Library, 330 Homer Street, Newton, MA 02459

Submit Your Completed Application

EMAIL: WNArmory@maloneyproperties.com

Mail OR In-Person Dropbox (Dropbox located on 1st floor) at:

West Newton Armory, c/o Maloney Properties LLC, 27 Mica Lane, 3rd Floor, Wellesley, MA 02481

Completed applications must be postmarked or received by September 18, 2026 to be included in the lottery.

INFORMATION SESSIONS:

July 22, 2026 at 6PM & August 8, 2026 at 10AM | Please visit www.westnewtonarmory.com for the Zoom links

VIRTUAL LOTTERY DRAWING

October 6, 2026 at 1PM | Please visit www.westnewtonarmory.com for the Zoom link

For more information or if you or a family member has a disability or limited English proficiency, and as a result need assistance completing the application and/or require any assistance during the application process, including participating in the Information meetings, please call 617-209-5468 | Relay 711

EQUAL HOUSING OPPORTUNITY

Maloney PROPERTIES

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The information requested in this form is required by the government. Agency regulating this project.

Please do not use whiteout. If you make a mistake, cross it out, write the correct answer

PRE-APPLICATION FOR HOUSING

Please Print Clearly

Preliminary applications are used to pre-qualify prospective applicants for the waiting list/ lottery as specified in the Tenant Selection Plan located at the management office. All applicants will be asked to complete a full application upon being selected from the waiting list and interviewed for housing only after the receipt of the full application.

Please complete all sections of this preliminary application and return to the address listed above. If a question is not applicable, write "N/A" in that section. If all sections are not completed, the preliminary application will be returned to you for completion and will not be placed in the lottery or waiting list. Every family member age 18 and over, as well as the Head, Co-head or Spouse must sign and date the application.

Head of Household Name:				
Address:				
	Street	*Apt. #*	*City*	*State*
	ZIP			
Daytime Phone:	Evening Phone:	Email Address:		

Apartment Size Requested: Check all that apply.

☐ 1 Bedroom ☐ 2 Bedroom ☐ 3 Bedroom

Preferences: Verification of preferences will be requested during the pre-lottery screening process.

Local Preference: There are several units set aside for this preference. Applicants must have at least one household member currently legally residing in the City of Newton, at least one household member employed by the City of Newton or a company or organization located in the City of Newton, or have a child enrolled in the municipality's schools.	☐ Yes
AAHG Units: There are 6 one-bedroom units set aside for this program, which requires that at eligibility, at least one household member be under age 60 and have a disability. Check yes if you meet the AAHG program requirements.	☐ Yes

<u>Homeless/ Home ARP:</u> There are 3 two-bedroom units set aside for this program. These units are for households who meet any of the following criteria: **Check yes if you meet any of these Home ARP program requirements.** • Homeless or At Risk of being Homeless. • Fleeing, or Attempting to Flee, Domestic Violence, Dating Violence, Sexual Assault, Stalking, or Human Trafficking. • Families Requiring Services or Housing Assistance to Prevent Homelessness, a household previously qualified as homeless and currently housed with temporary assistance and would need additional assistance to prevent a return to homelessness, • Have a household income equal to or below 30% AMI as determined by HUD and are currently paying in excess of 50% of your gross income for rent. • Have a household income equal to or below 50% AMI as determined by HUD and are currently experiencing these or similar housing conditions: multiple recent moves, overcrowding, exiting an institution or system of care, or residing in a hotel/motel without public or nonprofit assistance. *Please see the website for additional details on the Home ARP program requirements and qualifications.	☐ Yes

Do you or any member of your household need any specific features or apartment designs, such as wheelchair accessibility, visual aids (braille), or apparatus for hearing assistance? ☐ Yes ☐ No
If Yes, please describe:

_____

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

☐Yes ☐No If yes, please explain:

_____

Demographic information is collected for the sole purpose of tracking our affirmative fair housing marketing plan efforts.

PLEASE LIST ALL PERSONS WHO WILL RESIDE IN THE APARTMENT INCLUDING THE HEAD OF HOUSEHOLD

	Name	Relationship to Head of Household	Birth Date	Demographics Circle All That Apply See Numerical Code Below	Student Status (Must Circle as Applicable to EACH Member)
1.		Head		1 2 3 4 5 6	Full-time / Part-time / Not Student
2.				1 2 3 4 5 6	Full-time / Part-time / Not Student
3.				1 2 3 4 5 6	Full-time / Part-time / Not Student
4.				1 2 3 4 5 6	Full-time / Part-time / Not Student
5.				1 2 3 4 5 6	Full-time / Part-time / Not Student
6.				1 2 3 4 5 6	Full-time / Part-time / Not Student

[**1.** White] [**2.** Black/ African American] [**3**. American Indian/ Alaska Native]
[**4**. Asian] [**5.** Native Hawaiian/ Pacific Islander] [**6.** Hispanic/ Latino (of any race)]

Will **all** of the persons in the household be or have been full time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students?	☐ Yes ☐ No
*If you answered **yes** to the above question, please complete the following:* Are any full-time student(s) married and filing a joint tax return?	☐ Yes ☐ No
Are any student(s) enrolled in a job-training program receiving assistance under the Workforce Investment Act or similar federal, state or local program?	☐ Yes ☐ No
Are any full-time student(s) a TANF/AFDC or a title IV recipient?	☐ Yes ☐ No
Are any full-time student(s) a single parent living with his/her minor children and such parent is not a dependent (as defined in Section 152) and whose children are not dependents of another individual other than a parent?	☐ Yes ☐ No
Are any full-time student(s) previously in a foster care program under Part B or Part E of title IV of the Social Security Act?	☐ Yes ☐ No

Please list all sources of income for all household members anticipated over the next 12 months. **NOTE: "Income" includes but is not limited to all money received from Employment, Social Security Benefits, Supplemental Security Payments, Pensions, Veteran's Benefits, Unemployment Compensation, Public Assistance, Child Support, Alimony and interest earned from assets.** Please indicate the total annual income PRIOR to deductions (taxes, etc.).

Household Member Name	Source of Income	Annual Amount

Please list all household members' assets. **NOTE: "Assets" include but are not limited to money held in checking accounts, savings accounts, trust accounts, certificates of deposit, credit unions, savings bonds, life insurance policies, mutual funds, stocks, bonds, annuities, 401(K), Keogh, brokerage accounts, investments, real estate, and investment properties.**

Household Member Name	Type of Asset	Balance/ Value

Have you or any member of your household been: (A) convicted of a felony in the last 5 years; and/or (B) subject to any State Sex Offender Lifetime Registration requirement? Failure to respond to this question may jeopardize the approval of your application.	☐ Yes ☐ No
If yes, specify whether (A) and/or (B) is applicable including member name(s) and description of convictions etc. including dates. Attach separate sheet if necessary:	
Provide a complete list of ALL States in which any applicant household member has ever resided:	

Certification: I/We further certify that this will be my/our sole and permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility and suitability for housing will be based on applicable income limits and by management's tenant selection plan. I/We certify that all above information is true to the best of my/our knowledge. I/We understand that intentional false statements or information are punishable by law and will lead to cancellation of this preliminary application or termination of tenancy after occupancy. I/We understand that this is a preliminary application to determine my eligibility for available waitlists, and that I/We will be required to complete a full application once an apartment becomes available for me/us. I/We understand all changes to this application, including but not limited to address change, family composition change, and annual household income change must be made to the management office in writing, and that failure to do so may result in my application being cancelled. All household members aged 18 or older or who is an emancipated minor must sign below:

Signature (Head of Household): _____ Date: _____

Signature (Co Head / Spouse): _____ Date: _____

Signature (Other Adult) _____ Date: _____

Signature (Other Adult): _____ Date: _____

Attachments:

Application Cover Letter, as applicable, based on program(s) at property Application Attachments below, as applicable, based on program(s) at property
Attachment A: 1A Application Addendum - Demographics Data Collection & Consent

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

Maloney Properties LLC 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.
Maloney Properties LLC provides persons with disabilities the opportunity to request a Reasonable Accommodation in order to apply to and participate in such programs and activities.
aloney Properties LLC also provides people whose primary language isn't English and as a result have limited English proficiency the opportunity to request free language assistance in order to apply to or participate in its programs and activities. Pam Moynagh coordinates Maloney Properties' compliance with all nondiscrimination requirements, including Section 504.
Contact her with any questions or concerns relating to Maloney Properties' compliance with nondiscrimination requirements: Telephone (781)943-0200 x255, Relay #711 or at Maloney Properties LLC 27 Mica Lane, Wellesley, MA 02481.

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

Use an additional form for households with 6 or more members

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

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

Fair Housing Act Definition for Disability*
The member has a physical or mental impairment which substantially limits one or more major life activities; a record of such an impairment, or being regarded as having such an impairment. For a definition of "physical or mental impairment" and other terms used in this definition, please see CFR § 100.201.
"Disability"* does not include current, illegal use of or addiction to a controlled substance.
*Note: The Fair Housing Act uses the term "handicap" in their definition. The term "disability" is being used instead and does not change the definition used in the statute or its regulations.

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

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

Ethnicity of Head of Household
- ☐ 1 - Hispanic or Latino
- ☐ 2 - Not Hispanic or Latino
- ☐ 3 - I do not wish to disclose

Disability Status of this Member that Meets the Fair Housing Act Definition Above:
1 - Member has a disability
- ☐ 2 - Member does not have a disability
- ☐ 3- I do not wish to disclose the disability status.

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

Race of Head of Household

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

Ethnicity of Head of Household

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

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

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

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3. Full Name of HH Member #3: _____ **Date of Birth:**_____

Race of Head of Household

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

Ethnicity of Head of Household

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

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

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

4. Full Name of HH Member #4: _____ **Date of Birth:**_____

Race of Head of Household

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

Ethnicity of Head of Household

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

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

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

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5. Full Name of HH Member #5: _____ **Date of Birth:**_____

Race of Head of Household

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

Ethnicity of Head of Household

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

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

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

Certification and Consent by Applicant(s)/Resident)s):

I/We, the adult members of the household, do hereby give consent to the Owner/Manager to share with state agencies and offices of the state and federal governments, and their designated subcontractors and agents, the information I/we have supplied above, as well as demographic and other information about my household (income, age of members, family composition, use of Section 8 assistance, and monthly rental payments) in accordance with the Housing and Economic Recovery Act (HERA) of 2008 and in a manner that is compliant with federal and state privacy laws and regulations. I/We, the adult member(s) of this household, understand there is no penalty if I/we chose to not disclose the race, ethnicity and/or disability status of household member(s).

Head of Household Signature	Date Signed
Co-Head, Spouse or Other Adult Member	Date Signed
Other Adult Household Member	Date Signed
Other Adult Household Member	Date Signed
Management	Date Signed

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

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c/o Maloney Properties LLC,
27 Mica Lane, Wellesley, MA 02481
Phone: (617) 209-5468 | US Relay 711
Email: WNArmory@MaloneyProperties.com

RA1

NOTICE OF NON-DISCRIMINATION, THE RIGHT TO REASONABLE ACCOMMODATION FOR PERSONS WITH DISABILITIES, PROTECTIONS UNDER THE VIOLENCE AGAINST WOMEN ACT (VAWA) AND THE RIGHT TO FREE LANGUAGE ASSISTANCE FOR PEOPLE WITH LIMITED ENGLISH PROFICIENCY

Non-Discrimination

Maloney Properties, LLC does not discriminate on the basis of any status protected by federal, state, or local law, in the admission or access to, or treatment or employment in, its programs, services and activities including, but not limited to, the following: race, color, religion, sex, gender identity, 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, because someone is, has been or is threatened with being the victim of domestic violence, dating violence, sexual assault or stalking, or has obtained, or sought, or is seeking relief from any court in the form of a restraining order for protection from domestic abuse.

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

Maloney Properties, LLC
27 Mica Lane
Wellesley, MA 02481
Telephone (781) 943-0200 x255, Relay #711

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

Reasonable Accommodation for People with Disabilities

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

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

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

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

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

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

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

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

Protections Under The Violence Against Women Act (VAWA)

The Violence Against Women Act (VAWA) is a federal law that, in part, provides housing protections for people applying for or living in units subsidized by the federal government and who have experienced domestic violence, dating violence, sexual assault, or stalking. VAWA's housing protections, in part, are available to someone who has previously or is currently experiencing domestic violence, sexual assault, dating violence, or stalking. VAWA protects all survivors, regardless of gender identity or sexual orientation, and the survivor does not have to be married to, related to, or living with the perpetrator to be protected by VAWA. It does not matter how long ago the survivor experienced the violence.

Attached is a Notice of Occupancy Rights under VAWA (Form HUD-5380) which provides information on VAWA protections. In summary, under VAWA, someone who has experienced domestic violence, dating violence, sexual assault, and/or stalking (VAWA violence/abuse):

- **Cannot be denied admission to or assistance** under a HUD-subsidized or assisted unit or program because of the VAWA violence/abuse committed against them.
- **Cannot be evicted** from a HUD-subsidized unit **nor have their assistance terminated** because of the VAWA violence/abuse committed against them.
- Cannot be denied admission, evicted, or have their assistance terminated for **reasons related to the VAWA violence/abuse**, such as having an eviction record, criminal history, or bad credit history.
- **Must have the option to stay** in their HUD-subsidized housing, even if there has been criminal activity directly related to the VAWA violence/abuse.
- **Can request an emergency transfer from the housing provider for safety reasons** related to the VAWA violence/abuse committed against them.
- **Must be allowed to move with continued assistance**, if the survivor has a Section 8 Housing Choice Voucher.

- **Must be able to provide proof to the housing provider by self-certifying** using the HUD VAWA Self-certification (Form HUD-5382), and not be required to provide more proof unless the housing provider has conflicting information about the violence/abuse.
- **Must receive HUD's Notice of VAWA Housing Rights** (Form HUD-5380) and HUD's VAWA Self-certification Form (Form HUD-5382) from the housing provider, when they are denied admission to a HUD-subsidized unit or HUD program, when they are admitted to a HUD-subsidized unit or HUD program, and when they receive a notice of eviction from a HUD-subsidized unit or notice of termination from a HUD program.
- **Has a right to strict confidentiality** of information regarding their status as a survivor.
- **Can request a lease bifurcation** from the owner or landlord to remove the perpetrator from the lease or unit, and if the housing provider bifurcates, it must be done consistent with applicable federal, state, or local laws and the requirements of the HUD housing program.
- **Cannot be coerced, intimated, threatened, or retaliated against** by HUD-subsidized housing providers for seeking or exercising VAWA protections.
- **Has the right to seek law enforcement or emergency assistance** for themselves or others without being penalized by local laws or policies for these requests or because they were victims of criminal activity.
- **Residents and Applicants can locate the site's Emergency Transfer Plan on the site's website.**

Requests for VAWA protections may be made orally or in writing. Please do not hesitate to contact the management office. Also, if you have any concerns, you may contact Ingelcia Lewis, Maloney Properties' VAWA Coordinator at ilewis@maloneyproperties.com.

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:
Office Address:
Telephone: Relay: 711
Email:

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

The Department of Housing and Urban Development
Boston Regional Office of FHEO
U.S. Department of Housing and Urban Development
Thomas P. O'Neill, Jr., Federal Building
10 Causeway Street, Room 321
Boston, MA 02222-1092
Phone: (617) 994-8300
Toll Free: (800) 827-5005
TTY: (800) 877-8339
Fax: (617) 565-6558
E-Mail: ComplaintsOffice01@hud.gov

Massachusetts

Massachusetts Commission Against

Boston Office
One Ashburton Place Sixth Floor,
Room 601
Boston, MA 02108
Phone: (617) 994-6000
TTY: (617) 994-6196
Fax: (6170 994-6024
E-Mail: mcad@mass.gov

Springfield Office
436 Dwight Street, Room
220
Springfield, MA 01103
Phone: (413) 739-2145
TTY: (617) 994-6196 (Boston Office)
Fax: (413) 784-1056
E-Mail: mcad@mass.gov

Worcester Office Worcester
City Hall
484 Main Street, Room 320
Worcester, MA 01608
Phone: (508) 453-9630
TTY: (617) 994-6196 (Boston Office)
Fax: (508) 755-3861
E-Mail: mcad@mass.gov

New Bedford Office
128 Union Street, Suite 206
New Bedford, MA 02740
Phone: (774) 510-5801
TTY: (617) 994-6196 (Boston Office)
Fax: (774) 510-5802
E-Mail: mcad@mass.gov

New Hampshire

NH Commission for Human Rights
2 Industrial Park Drive, Bldg. One
Concord, NH 03301
Phone: (603) 271-2767
Fax: (603) 271-6339
E-mail: humanrights@nh.gov

Rhode Island

Rhode Island Commission for Human Rights
180 Westminster Street, 3rd Floor
Providence, RI 02903
Phone: (401) 222-2661
TTY: (401) 222-2664
Fax: (401) 222-2616
E-Mail: mailto:RICHR.Housing@richr.ri.gov

Vermont

Vermont Human Rights
Commission 14-16 Baldwin Street
Montpelier, VT 05633
Phone: 802-828-2480
Vermont Toll Free: (800) 416-2010
TDD: (877) 294-9200
Fax: (802) 828-2481
E-mail: human.rights@vermont.gov

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

Maloney PROPERTIES

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I SPEAK FORM

LANGUAGE IDENTIFICATION FLASHCARD

☐ ضع علامة في هذا المربع إذا كنت تقرأ أو تتحدث العربية.	1. Arabic
☐ [illegible]	2. Armenian
☐ যদি আপনি বাংলা পড়েন বা বলেন তা হলে এই বাক্সে দাগ দিন।	3. Bengali
☐ ធ្វើមេម្ល៉ោះក្នុងប្រអប់នេះ បើអ្នកអាន ឬនិយាយភាសា ខ្មែរ។	4. Cambodian
☐ Motka i kahhon ya yangin ûntûngnu' manaitai pat ûntûngnu' kumentos Chamorro.	5. Chamorro
☐ 如果你能读中文或讲中文，请选择此框。	6. Simplified Chinese
☐ 如果你能讀中文或講中文，請選擇此框。	7. Traditional Chinese
☐ Označite ovaj kvadratić ako čitate ili govorite hrvatski jezik.	8.Croatian
☐ Zaškrtněte tuto kolonku, pokud čtete a hovoříte česky.	9. Czech
☐ Kruis dit vakje aan als u Nederlands kunt lezen of spreken.	10. Dutch
☐ Mark this box if you read or speak English.	11. English
☐ اگر خواندن و نوشتن فارسی بلد هستید این مربع را علامت بزنید.	12. Farsi

☐ Cocher ici si vous lisez ou parlez le français.	13. French
☐ Kreuzen Sie dieses Kästchen an, wenn Sie Deutsch lesen oder sprechen.	14. German
☐ Σημειώστε αυτό το πλαίσιο αν διαβάζετε ή μιλάτε Ελληνικά.	15. Greek
☐ Make kazye sa a si ou li oswa ou pale kreyòl ayisyen.	16. Haitian Creole
☐ अगर आप हिन्दी बोलते या पढ़ सकते हों तो इस बक्स पर चिह्न लगाएँ।	17. Hindi
☐ Kos lub voj no yog koj paub twm thiab hais lus Hmoob.	18. Hmong
☐ Jelölje meg ezt a kockát, ha megérti vagy beszéli a magyar nyelvet.	19. Hungarian
☐ Markaam daytoy nga kahon no makabasa wenno makasaoka iti Ilocano.	20. Ilocano
☐ Marchi questa casella se legge o parla italiano.	21. Italian
☐ 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
☐ 한국어를 읽거나 말할 수 있으면 이 칸에 표시하십시오.	23. Korean
☐ ໃຫ້ໝາຍໃສ່ຊ່ອງນີ້ ຖ້າທ່ານອ່ານຫຼືປາກພາສາລາວ.	24. Laotian
☐ Prosimy o zaznaczenie tego kwadratu, jeżeli posługuje się Pan/Pani językiem polskim.	25. Polish

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

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EQUAL HOUSING OPPORTUNITY