

## Georgetowne Homes

### RENTAL PRE-APPLICATION

(Affordable Programs)

THE AGENT WILL PROVIDE HELP IN REVIEWING THIS DOCUMENT. IF NECESSARY, PERSONS WITH DISABILITIES MAY ASK FOR THIS PRE-APPLICATION IN LARGE PRINT TYPE, OR OTHER ALTERNATE FORMATS.

Instructions for Head of Household:

1. Complete all sections by printing in **ink**. Please do not leave any section blank, including sections which do not apply to you. If you need to make a correction, put one line through the incorrect information, write the correct information above, and initial the change. Do not use correction fluid of any kind (e.g. "Whiteout").
2. All household members (aged 18 or older) must sign and date the Pre-Application. All information must be complete and correct. **False, incomplete or misleading information will cause your household's pre-application to be declined.**
3. As long as your pre-application is on file with us, it is your responsibility to contact us whenever there is a change in your address, telephone number, income situation, or household composition (if you need to add or remove a person from your pre-application). It is also your responsibility to respond to all waitlist updates within 14 days of receipt. These updates will be sent to the address we have on file.
4. After we receive your pre-application, we will make a preliminary determination of eligibility. If your household does not appear eligible, you will receive a denial letter and will not be placed on our waitlist. If your household appears to be eligible for housing, your pre-application will be placed on a waiting list, but this does not mean that your household will be offered an apartment. If later processing establishes that your household is not actually eligible or not actually qualified for housing, your pre-application will be declined. We will process your pre-application according to our standard procedures, which are summarized in the Tenant Selection Plan. If there is no wait for an apartment and your pre-application appears to be eligible, we will contact you to continue processing your pre-application.
5. Filling out a pre-application does not guarantee eligibility for an apartment at our community.

NOTE: Upon request to the Management Agent, you have the right to receive a copy of the Tenant Selection Plan which summarizes the pre-application process including eligibility and screening requirements for occupancy in this Community.

This is an important document, if you require language interpretation, please call the telephone number below or come to our Leasing and Management Center.

Este es un documento importante. Si necesita interpretación, por favor llame al número de teléfono que aparece abajo o visite nuestras oficinas.

這是一份非常重要的文件。如果您需要翻譯服務，請撥下面的電話或前往我們的辦公室。

Este é um documento importante. Caso precise de interpretação, por favor chame o número de telefone abaixo, ou compareça aos nossos escritórios.

Это важный документ. Если Вам требуется перевод, пожалуйста, позвоните нам (телефонный номер ниже). Или придите в наш офис.

Đây là một tài liệu quan trọng. Nếu quý vị cần phiên dịch, vui lòng hãy gọi cho số điện thoại bên dưới hoặc đến các văn phòng của chúng tôi.

**នេះគឺជាឯកសារសំខាន់មួយ។ ក្នុងករណីយល់កម្ពុក ចាំបាច់ត្រូវចង់បានការបកប្រែ សូមទូរស័ព្ទលេខខាងក្រោមនេះមកកាន់ ឬអញ្ជើញទាក់ទងដោយផ្ទាល់នៅការិយាល័យយើងខ្ញុំ។**

Sa a se yon dokiman enpòtan. Si ou bezwen entèpretasyon, tanpri rele nimewo telefòn ki anba la a oswa vini nan biwo nou.

Tani waa dokumenti muhiim ah. Haddii aad rabto tarjumad, fadlan wac lambarka hoos ku qoran ama imow xafiisyadayad.

هذه وثيقة مهمة. إذا كنت بحاجة إلى ترجمة فورية، يرجى الاتصال على رقم الهاتف المذكور أدناه، أو تفضل بزيارتنا في مكاتبنا.

این یک سند بسیار مهم است. اگر به ترجمه آن نیاز دارید، لطفاً با شماره تلفن زیر تماس بگیرید یا به دفتر ما مراجعه کنید.

Telephone Number: (617)-364-3020 or TTY 711

## Rental Pre-Application for Georgetowne Homes

400A Georgetowne Drive., Hyde Park, MA 02136

TEL: (617)-364-3020 TTY: 711

EMAIL: GeorgetowneHomesLeasing@BeaconCommunitiesLLC.com

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

### 1. Name and address of head of household (HOH)

\_\_\_\_\_  
Last Name First Name Middle Initial

\_\_\_\_\_  
Mailing Address Apartment Number

\_\_\_\_\_  
City State Zip Code

( )  Home  Cell  Work

\_\_\_\_\_  
Area Code / Telephone Number

\_\_\_\_\_  
Email Address

**2. Bedroom size requested?**  1-BR  2-BR  3-BR  Accessible

**3. How many children under 18 in your household?** \_\_\_\_\_

**4. List all the States where all household members have lived:**

**Note: If your and/or your household member(s) criminal record is SEALED, you may answer "NO" to the applicable questions asked below.**

**5a. Have you or any household member been convicted of, found guilty, or pled guilty or no contest to a Felony, Drug-related criminal offense or Sexual offense?**  Yes  No

**5b. Have you or any family member been convicted or found guilty for the manufacture of methamphetamines on the premises of a federally assisted unit?**  Yes  No

**5c. Are you or any member of your household a lifetime registered sex offender?**  Yes  No

If "Yes", for which States: \_\_\_\_\_

**6. Does the household currently have a section 8 (mobile) voucher (e.g. Housing Choice Voucher, MRVP, HUD-VASH, etc.)?**  Yes  No

If Yes, list Agency: \_\_\_\_\_

**7. Do you or does any member of your household need any specific features or unit designs, such as wheelchair accessibility, visual aids (Braille), or apparatus for hearing assistance?**  Yes  No

If Yes, please describe \_\_\_\_\_

**8. List yourself and all others who will live with you. Include all unborn children and live-in aides.**

#	Relation	Last Name	First Name	Social Security Number	Birthdate (mm/dd/yyyy)	Student Status (Y/N) (FT/PT)	U.S. Veteran Status (Y/N)
1	Head of Household						
2							
3							
4							
5							
6							
7							
8							

**8a. Do you anticipate a change in your household composition in the next 12 months?**  Yes  No

If "Yes," 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  No

Are you claiming eligible immigration status?  Yes  No

Is a child age 6 years or younger that was added to the household within the last 6 months?  Yes  No

**8b. Are any family members temporarily absent from the home?**  Yes  No

**9. Optional Information: Gender, Ethnicity, Race and Disability Status of Household Members**

#	Gender (Male, Female, Decline)	Ethnicity (Hispanic, Non-Hispanic, Decline)	Race (White, Black or African American, Asian, American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, Other or Decline)	Disabled (Y/N)
1				
2				
3				
4				
5				
6				
7				
8				

**10. Income and assets for all household members. Provide gross (not net) amounts for all questions.**

10a. Total monthly income \$ \_\_\_\_\_  
*Include income from all family members. You may estimate. Put zero (0) if no income.*

10b. Income Source(s): *Check all that apply.*

- Wages                       SSA                       SSI – Federal                       SSI – State
- Child support/Alimony     Pension                       Unemployment                       Public Assistance
- Interest/annuity income    Worker’s Compensation    Someone pays my bills/gives me money
- Other income source: \_\_\_\_\_                       Household has no income

10c. Value of household assets \$ \_\_\_\_\_  
*Assets include bank accounts, investments, and real estate of all household members.*

**11. Do you anticipate a change in your household income in the next 12 months?**

- Yes                       No

*If Yes, please explain* \_\_\_\_\_

**12. How did you hear about us?**

- Advertising: \_\_\_\_\_
- Website: \_\_\_\_\_
- Social Media: \_\_\_\_\_
- Friend: \_\_\_\_\_
- Community Agency/Program: \_\_\_\_\_
- Other: \_\_\_\_\_

**13. Smoke-Free Community**

I understand that this is a smoke-free community, which means that smoking is prohibited in the individual apartments, interior and exterior common areas and any and all locations of this community.  
 \_\_\_\_\_ (Initial here)

**14. What is your current housing situation?**                       Own                       Rent                       Other

*If “Other,” please explain* \_\_\_\_\_

**15. What is the current monthly rent or mortgage payment?**                      \$ \_\_\_\_\_

**16. What is the approximate cost of utilities paid by you?** *(excluding phone, cable TV & Internet)* \$ \_\_\_\_\_

**17. Landlord History for Past 5 Years**

Current Landlord:		Prior Landlord:		Prior Landlord:	
Address:		Address:		Address:	
Telephone Number:		Telephone Number:		Telephone Number:	
Duration:		Duration:		Duration:	

If you need additional space, please check this box  and attach a blank sheet of paper.

**Certification of applicant:** I/We certify that all information in this pre-application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this pre-application or termination of tenancy after occupancy. All adult applicants, 18 or older, must sign pre-application. In consideration for being permitted to apply for this apartment, I, Applicant, do represent all information in this pre-application to be true and that the owner/manager/employee/agent may rely on this information when investigating and accepting this Rental Pre-Application. Applicant hereby authorizes the owner/manager/agent to make independent investigations to determine my credit, financial standing, criminal background, including sex offender registration history, landlord history, and character standing. Applicant authorizes any person or background checking agency having any information on him/her to release any and all information to the owner/manager/employee or their agents or background checking agencies. Applicant hereby releases, remises and forever discharges, from any action whatsoever, in law and equity, and all owners, managers and employees or agents, both of landlord and their credit checking agencies in connection with processing, investigating, or credit checking this pre-application, and will hold harmless from any suit or reprisal whatsoever. Beacon Residential Management Limited Partnership/NDC Real Estate Management LLC, Agent for this community, does not discriminate on the basis of race, color, religion, sex, national origin, familial status, physical or mental disability, ancestry, marital status, sexual orientation, age, genetic information, gender identity, veteran/military status, or lawful source of income in the access or admission to its programs or employment, or in its programs, activities, functions or services.

X \_\_\_\_\_  
Signature of Head of Household Date

X \_\_\_\_\_  
Signature of Spouse or Co-Head Date

X \_\_\_\_\_  
Signature of Co-Head Date

X \_\_\_\_\_  
Signature of Co-Head Date

**PENALTIES FOR MISUSING THIS CONSENT:** Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures of improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against for misusing the social security number contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

## Property Specific Preferences

*Optional questions to ascertain if an applicant is eligible for a preference status.*

Please indicate by checking off the box below whether you are eligible for one of the following preferences:

- Are you an applicant who is homeless due to displacement by natural forces as defined below?
  - i. Fire not due to the negligence or intentional act of applicant or a household member;*
  - ii. earthquake, flood or other natural cause; or*
  - iii. a disaster declared or otherwise formally recognized under disaster relief laws.*
  
- Are you an applicant who will be displaced within 90 days or who was displaced within 3 years prior to this application who is homeless due to displacement by Public Action (Urban Renewal) as defined below?
  - i. Any low rent housing project as defined in M.G.L. c. 121B 1; or*
  - ii. a public slum clearance or urban renewal project initiated after January 1, 1947; or*
  - iii. other public improvement.*
  
- Are you an applicant 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:
  - i. Neither the applicant nor a household member has caused or substantially contributed to the cause of enforcement proceedings; and*
  - ii. the applicant has pursued available ways to remedy the situation by seeking assistance through the courts or appropriate administrative or enforcement agencies.*

**NOTE: For purposes of this subsection, "enforcement" is interpreted as a formal condemnation of the apartment. Citation for code violations does not, without more, constitute a condemnation.**

- Are you an applicant who has been, or is being, involuntarily displaced by domestic violence, rape, sexual assault, or stalking (DVRAS), as defined in M.G.L. c. 186, 23? An applicant is involuntarily displaced by DVRAS if:
  - i. The applicant has vacated a housing unit because of DVRAS; or*
  - ii. the applicant lives in a housing unit with a person who engages in DVRAS.*

***In addition, for Federally Assisted Housing and Developments Receiving Federal Housing Assistance (i.e., programs listed in 42 U.S.C. 14043e-11(a)(3), including Low Income Housing Tax Credits), which are subject to the Violence Against Women Reauthorization Act of 2013 (42 U.S.C. 14043e-11) and regulations promulgated in accordance therewith at 24 CFR Part 5, Subpart L:***

An applicant, otherwise eligible and qualified, who is a victim of domestic violence, dating violence, sexual assault, or stalking (DVDVAS), as defined in HUD's Final Rule – Violence Against Women Reauthorization Act of 2013 (81 FR 80724).

*[Continued on next page]*

## Department of Neighborhood Development-City of Boston-Homeless Preferences

- Are you an applicant, otherwise eligible and qualified, who prior to occupancy lacks a fixed, regular, and adequate nighttime residence, and who has a primary nighttime residence that is:
- i. A public or private place not meant for human habitation (e.g., cars, parks, sidewalks, abandoned buildings);*
  - ii. A supervised publicly or privately operated shelter designated to provide temporary living accommodations (including congregate shelters, scattered site shelters, or motels);*
  - iii. A transitional housing program specifically designed for homeless persons with a stay of no longer than 24 months; or*
  - iv. In any of the above places but is spending a short time (up to 30 consecutive days) in a hospital or other institution.*
- Are you an applicant, otherwise eligible and qualified, who prior to occupancy, though currently housed, is in imminent danger of homelessness for any of the following reasons and for whom no subsequent residence has been identified and who lacks the resources and support networks needed to obtain housing:
- i. Is being evicted within a week from a private dwelling unit;*
  - ii. Is being discharged within a week from an institution, such as a mental health or substance abuse treatment facility, in which the person has been a resident for more than 30 consecutive days;*
  - iii. Is fleeing a domestic violence housing situation;*
  - iv. Is being displaced because a family member has provided information on criminal activities to a law enforcement agency and, as a result, there is a threat of violence against the family;*
  - v. Is being displaced because a family member has been threatened, intimidated, or violated because of their race, color, religion, sex, national origins, handicap, or familial status; or*
  - vi. Is being displaced because a family member has a mobility or other impairment which impedes their access to a critical element of the unit and the owner is not legally obligated to make changes to this unit that would make these elements accessible to the disabled person as a reasonable accommodation.*

Head of household must initial verifying the Preference status selection here:

\_\_\_\_\_

(HOH initials)



**VERIFICATION OF LANDLORD HISTORY**

ALL APPLICANTS: PLEASE SIGN BELOW ONLY

TO: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DATE: \_\_\_\_\_  
 FROM: Georgetowne Homes  
 400A Georgetowne Drive  
 Hyde Park, MA 02136

SUBJECT: Verification of information supplied by the Applicant shown below for Housing Assistance

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_

RELEASE: I hereby authorize the release of the requested information.

*YOU DO NOT HAVE TO SIGN THIS FORM IF EITHER THE REQUESTING ORGANIZATION OR THE ORGANIZATION SUPPLYING THE INFORMATION IS LEFT BLANK.*

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date

This person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits.

We ask your cooperation in providing the following information and returning it to the Property Manager of the property shown at the top of this form. Your prompt return of this information will help to assure timely processing of the pre-application for assistance. Enclosed is a self-addressed, stamped envelope for this purpose. The applicant/resident has consented to this release of information as shown here.

**INFORMATION BEING REQUESTED:**

1. When did the referenced applicant move in: \_\_\_\_\_
2. When did the references applicant move out: \_\_\_\_\_
3. How many bedrooms: \_\_\_\_\_; how many persons lived in the unit: \_\_\_\_\_
4. What was the monthly rent: \$\_\_\_\_\_. Please circle which utilities were included in the monthly rent:  

Gas	Electric	Water
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5. Was the applicant ever late in the payment of the monthly rent? \_\_\_\_\_ If yes, and if after the 5<sup>th</sup> day of the month, how many times was the applicant late over the past (12) months? \_\_\_\_\_
6. What living conditions did the applicant maintain? Please check below:  
 \_\_\_\_\_ Acceptable housekeeping (safe and sanitary)  
 \_\_\_\_\_ Unacceptable housekeeping – please describe below (including but not limited to pest infestation, hoarding, etc.)  
 \_\_\_\_\_  
 \_\_\_\_\_

7. Was the applicant destructive to the apartment/home or the surrounding public areas? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
8. Did you receive any resident complaints in reference to the applicant? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
9. Did the applicant give proper vacate notice? \_\_\_\_\_ What was the reason given for vacating? \_\_\_\_\_  
\_\_\_\_\_
10. Would you re-rent to the applicant in the future? \_\_\_\_\_ If not, please explain why: \_\_\_\_\_  
\_\_\_\_\_
11. Additional comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Print Name and Title of Person Supplying Information

\_\_\_\_\_  
Name of Agency/Organization

\_\_\_\_\_  
Signature of Person Supplying Information

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number

**PENALTIES FOR MISUSING THIS CONSENT:**

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures 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 42 U.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: (Check all that apply)</b>	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other:
<input type="checkbox"/> Late payment of rent	
<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 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.



## Applicant's and Resident's Right to Request a Reasonable Accommodation

If you have a disability and, as a result of that disability, you need:

- A **change or waiver in the rules or policies** of the community to afford equal access and full enjoyment of your apartment home, the common facilities or to participate in special programs located at the community;
- A **physical modification** in your apartment or to some other feature of the community which would afford you equal access and full enjoyment of your apartment home or use of the facilities located at the community; or
- A **more effective means of communication** to provide official information or permit you to contact the management office.

Then you can request these modifications or exceptions to how the community conducts its operations by making a request for a Reasonable Accommodation. The right to request a Reasonable Accommodation is established under federal and state law.

If you have a physical or mental limitation (disability) which meets the legal definitions under federal and state law and have a request that is not too expensive or difficult to arrange **and** this request will provide you with improved use of your apartment home or the common facilities of the community, then we will try to fulfill your request.

You may make this request in writing by completing a Reasonable Accommodation Request Form, or by contacting Management to initiate the process. If you require additional information about our procedures, we will be happy to explain them in a manner that is fully comprehensible by you. If this requires the use of sign language or another alternative form of communication, we will attempt to meet your needs.

We will give you an answer within ten (10) working days of receiving documentation that provides sufficient information to be able to issue a decision on your Reasonable Accommodation Request. If we require additional time, we will notify you and explain the reason for the delay. We will let you know if we require additional information or if we would like to propose an alternative solution which has an equal outcome to the accommodation requested.

If for any reason we are unable to fulfill your accommodation request, we will provide you with an explanation. You will then have ten (10) working days from the date of denial to provide additional information before we consider the matter closed.

You may obtain a Reasonable Accommodation Request Form at the management office. If you have a disability and have any comments on your experience at the community, please contact the onsite Property Manager who will make arrangements for you to be contacted to discuss your experience.

\_\_\_\_\_  
Applicant/Resident Signature

\_\_\_\_\_  
Date