



THE RESIDENCES AT  
**YARMOUTH GARDENS**



**497 Route 28,  
West Yarmouth, MA 02673**

**LOCATION, COMMUNITY, & QUALITY LIVING STARTS HERE**

The Residences at Yarmouth Gardens offers modern luxuries at a price you can afford! Our new one-, two-, and three-bedroom apartment homes have a contemporary design that is convenient and attractive. Our beautiful community offers a quality lifestyle environment, competitive amenities package, desirable floor plans with quality finishes & design features plus easy access to local shopping, dining, and recreational opportunities.

**APARTMENT FEATURES:**

- Heat & Hot Water PAID!
- LVP Flooring & Carpet in bedrooms
- Quality Cabinetry & Windows
- Cable & Internet Ready
- Energy Star Appliances
- Dishwasher & Microwave
- Modern Fixtures & Layout
- Emergency Maintenance

**COMMUNITY AMENITIES:**

- Onsite Management
- Playground
- Laundry Facilities
- Elevator (building 2)
- Community Clubhouse
- Free Parking
- Secure Controlled Access
- Bus Shelter

**REQUEST AN APPLICATION OR INFORMATION**

**Call:** (508) 475-6233 / Relay 711 | **Visit:** [YarmouthGardensMA.com](http://YarmouthGardensMA.com)

**Email:** [YarmouthGardens@MaloneyProperties.com](mailto:YarmouthGardens@MaloneyProperties.com)

**SUBMIT YOUR COMPLETED WAITLIST APPLICATION**

By Email or mail to the Yarmouth Gardens Management Office at 497 Route 28, West Yarmouth, MA 02673

Program Type Set-Aside
Area median income %
Section 8 PBV-30%
Affordable-60%

*Maximum Gross Annual Income for Eligibility-per Household Size						
Number of Household Members						
One	Two	Three	Four	Five	Six	
\$22,850	\$26,100	\$29,350	\$32,600	\$35,250	\$37,850	
\$45,660	\$52,200	\$58,740	\$65,220	\$70,440	\$75,660	

*Monthly Rental Rates		
Number of Bedrooms		
1-Bdrm	2-Bdrm	3-Bdrm
N/A	**Based on Income	
\$1,223	\$1,468	\$1,695

**Notes:** \* Rates & Income limits subject to change. Minimum income must exceed 2.5 times the gross rent (shown above). A utility allowance will be given for the tenant-paid electric. Housing Vouchers are accepted.

\*\* Applicants for the eight (8) Section 8 PBV units must meet the community selection criteria and eligibility requirements for subsidy assistance through Housing Assistance Corporation (HAC).

The initial waitlist was formed by lottery (application deadline 10/28/2021), held live via zoom on November 19, 2021. Applications received thereafter are placed on the waitlist after lottery applicants in order by the date and time received.



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, please call (508) 475-6233 | Relay 711





497 Route 28, West Yarmouth, MA 02673

**Phone:** (508) 475-6233 | US Relay 711

**Email:** [YarmouthGardens@MaloneyProperties.com](mailto:YarmouthGardens@MaloneyProperties.com)

Dear Applicant:

Thank you for your interest in Yarmouth Gardens! 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. Therefore, if you should need assistance understanding and/or filling out your application please contact us, and 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 you and or a member of 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. An incomplete application will not be added onto the waitlist.

**NOTE:** 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, please call (508) 475-6233 | Relay 711

## Submit the completed pre-application packet to join our Waitlist!

**Email:** [YarmouthGardens@MaloneyProperties.com](mailto:YarmouthGardens@MaloneyProperties.com)

**Mail:** Yarmouth Gardens Management Office  
497 Route 28, West Yarmouth, MA 02673

**The initial waitlist was formed based on a lottery. The application deadline was October 29, 2021, for the lottery drawing held live via zoom on November 19, 2021.** Any application received after the lottery application deadline is added to the waitlist according to the date/time the complete application is received once determined it meets prequalification criteria for one of the community apartment homes.

### ***ONLY ONE APPLICATION MAY BE SUBMITTED BY A HOUSEHOLD.***

Any additional application(s) received for a household, will not be added to the waitlist.

NOTE: Changes in household income or members may affect placement on the waitlist (based on prequalification for the different apartments). Thus, please be sure to communicate any changes regarding household income and members. Also, it is critical that if your contact information changes, you provide us the updated information so that when your application reaches the top of the waitlist, we may contact you promptly.

Upon receipt of a complete Pre-Application packet, we will send a response to the email address listed on the application or mailing address if no email is available. If you 'opt out' of email notices but also include an email address on the application, we will send response both by mail and email.

Please reach out with any questions.



PROFESSIONALLY MANAGED BY  
MALONEY PROPERTIES, INC.



## WHAT HAPPENS NEXT?

Once your application has been added to the waitlist, Management will contact you when your application reaches the top of the list for an available apartment (within 60 days the available move-in date) OR annually to update your waitlist record, whichever occurs first. When your application is selected for processing on an available apartment, you will receive a notice that sets clear expectations for application processing. At that time, you must promptly respond and set up an interview appointment to complete the full application and verification process so a determination of eligibility can be made. Your prompt cooperation is required in this time sensitive process. The process is as follows:

- (1) All adult household members will interview with agent and must provide required documentation and sign/date the interview document and other necessary forms promptly so agent can efficiently process the application to determine if it meets the eligibility requirements of the property/programs. **This is a time sensitive process.** 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 an option/instruction to appeal the decision.
- (2) Once Management has qualified the household, including confirming the household has passed suitability criteria (resident history verification, credit and criminal background checks), applicant will be shown/offered an apartment. Upon the offer, the applicant will have 48 hours to decide whether to lease the apartment. If the applicant decides to lease the apartment a security deposit equal to one months rent is required and the lease is to be signed within 2 weeks.
- (3) If an applicant does not pass the credit and criminal background, agent will contact the applicant via phone/text/email to ascertain any mitigating 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 maximum income limit or not meeting the minimum income suitability criteria, agent will contact the applicant via regular mail/phone/text/email and provide a 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.

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. HOME designated units are more restrictive (30% vs 40% requirement). Voucher holders will always meet the minimum income when the Housing Authority payment standard exceeds the apartment's gross rent. Voucher holders pay 30% 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% 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 may opt to remain on the waitlist for the next apartment offer. Upon rejection of a second offer, an applicant must be removed from the waitlist.

Please feel free to reach out by email [YarmouthGardens@MaloneyProperties.com](mailto:YarmouthGardens@MaloneyProperties.com) or by phone (508) 475-6233 | Relay: 711 if you have any questions or would like additional information.



# PRE-APPLICATION FOR HOUSING

**Residences at Yarmouth Gardens**  
 497 Route 28, West Yarmouth, MA 02673  
 Phone: (508) 475-6233 | US Relay711  
 Email: YarmouthGardens@MaloneyProperties.com

**Please Print Clearly**

NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY/STATE/ZIP: \_\_\_\_\_  
 PHONE: \_\_\_\_\_ ALT PHONE: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_

UNIT SIZE REQUESTED:

UNIT SIZE 2ND CHOICE:

**NOTE: Important notices about your application will be sent to the email address provided unless you opt for notices to be sent through the US Postal Service only, which will delay receipt of important information.**

I have read the 'NOTE' to the right and would like to opt out of email notices. I want notices to be mailed only:

## HOUSEHOLD COMPOSITION & STUDENT STATUS ELIGIBILITY

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

First Name, Last Name	Relationship to head of household	Date of Birth	Student Status (F1) (enter either "Not a student", "Part-time", or "Full-time" for <u>EACH</u> Member)
	Head of Household		

Are ALL household members full time students?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b><i>If yes, answer the following questions "a" through "e".</i></b>		
a. Is any full-time student(s) a TANF or a title IV recipient?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Is any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act or other similar federal, state or local law?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Are all full-time student(s) married (not necessarily to one another) and filing a joint tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are all of the full-time student(s) a single parent living with his/her minor child/children and not a Dependent on another individual's tax return and the child/children aren't a dependent of another person other than a parent of the child/children?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Has any full-time student previously been under the care and placement of a foster care program (under Part B or E of Title IV of the Social Security Act)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No





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<b>INCOME</b>		
<b>List ALL sources of gross income anticipated to be received by any/all household members in the next 12 months, including but not limited to: Employment, self-employment (net business income), unemployment, Social Security, SSI, SSP, Public Assistance, Pension payments child support, alimony, regular gift/contributions etc.</b>		
Household Member Name	Source of Income	Gross Annual Amount
		\$
		\$
		\$
		\$
		\$
		\$

**DO YOU ANTICIPATE ANY INCOME CHANGES IN THE NEXT 12 MONTHS?**       Yes       No  
 If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

<b>Assets</b>		
<b>List ALL household members' assets, including but not limited to: Checking accounts, savings accounts, trust accounts, certificates of deposit (CDs), credit unions, savings bonds, life insurance policies, 401K, SSA Direct Express Debit Cards, etc.</b>		
Household Member Name	Type of Asset / Bank Name / Last 4 Digits of Acct #	Current Balance (Checking Accts – 6 mo Average Balance)

**HAS ANY HOUSEHOLD MEMBER SOLD/DISPOSED OF ANY ASSETS IN THE LAST 2 YEARS?**       Yes       No  
 If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

The following four questions are asked for the sole purpose of providing an equal opportunity to enjoy your housing. Answering them is voluntary, but if you don't let us know what you need to have an equal opportunity to enjoy your housing, we can't satisfy your needs.





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**Please Print Clearly**

- Do you need a fully accessible unit for someone with a mobility impairment?  Yes  No  
 \*Note: If you only need a unit on the first floor and it doesn't need to be fully accessible please answer "no" here and respond to question 4 below with a "yes" and let us know your needs.
- Do you need only certain accessible features of a unit?  
 Yes  No If yes, please list the features that you need to be accessible: \_\_\_\_\_  
 \_\_\_\_\_
- Do you need a unit with special features for someone with a hearing and/or visual impairment?  
 Yes  No
- 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: \_\_\_\_\_  
 \_\_\_\_\_

**ADDITIONAL INFORMATION**

1. How were you referred to this property?

**Notice for the following question:** We do not discriminate based on voucher certificate holder status. The following question is asked for the sole purpose to determine an applicant household's ability to pay rent for a unit that does not have Project Based Subsidy.

2. Do you currently have a mobile Voucher/Certificate? If yes, issuer:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Are you an owner, developer or sponsor of this project (or officer, employee, agent or consultant of the owner, developer or sponsor)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Do you wish to request a pet authorized in the apartment? If yes, provide pet details:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**CURRENT LANDLORD INFORMATION:**

RENTAL ADDRESS: \_\_\_\_\_  
 LANDLORD NAME: \_\_\_\_\_  
 LANDLORD PHONE: \_\_\_\_\_  
 LENGTH OF RESIDENCY: \_\_\_\_\_ RENT: \_\_\_\_\_/MONTHLY

**PREVIOUS LANDLORD INFORMATION:**

RENTAL ADDRESS: \_\_\_\_\_  
 LANDLORD NAME: \_\_\_\_\_  
 LANDLORD PHONE: \_\_\_\_\_  
 LENGTH OF RESIDENCY: \_\_\_\_\_ RENT: \_\_\_\_\_/MONTHLY





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**PRE-APPLICATION FOR HOUSING**

**Please Print Clearly**

**CERTIFICATION**

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

SIGNATURE(S):

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

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

- Attachment A: Notice of Nondiscrimination, Right to a Reasonable Accommodation and Free Language Assistance for People with LEP
- Attachment B: 1A Application Addendum - Demographics Data Collection & Consent
- Attachment C: Initial Application Addendum: Local Preference Election Form

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



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

**Use an additional form for households with 6 or more members**

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

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

### **Fair Housing Act Definition for Handicap/Disability**

The member has a physical or mental impairment which substantially limits one or more major life activities; a record of such an impairment, or being regarded as having such an impairment. For a definition of “physical or mental impairment” and other terms used in this definition, please see 24 CFR 100.201, available at

[http://www.fairhousing.com/index.cfm?method=page.display&pagename=regs\\_fhu\\_100-201](http://www.fairhousing.com/index.cfm?method=page.display&pagename=regs_fhu_100-201).

“Handicap” does not include current, illegal use of or addiction to a controlled substance.

An individual shall not be considered to have a handicap solely because that individual is a transvestite.”

**1. Full Name of Head of Household:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

### **Race of Head of Household**

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

### **Ethnicity of Head of Household**

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

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

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



2. Full Name of Spouse/Co-head: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Race of 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.
- 

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.
- 

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



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

### **Non-Discrimination**

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

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

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

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

### **Reasonable Accommodation for People with Disabilities**

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

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

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

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

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

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

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

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

### **Free Language Assistance for People with Limited English Proficiency**

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

### **Property Contact Information:**

#### **Residences at Yarmouth Gardens**

497 Route 28, West Yarmouth, MA 02673

Phone: (508) 475-6233 | US Relay711

Email: [YarmouthGardens@MaloneyProperties.com](mailto:YarmouthGardens@MaloneyProperties.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 Maloney Properties, Inc. Conducts Business****The Department of Housing and Urban Development**

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

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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"/> Մարդկանք կրնան կարդալ կամ խոսել արևելահայկերէն, կամ արևմտահայկերէն:	2. Armenian
<input type="checkbox"/> যদি আপনি বাংলা পড়েন বা বলেন তা হলে এই বক্সে দাগ দিন।	3. Bengali
<input type="checkbox"/> ឈ្មួញក្នុងប្រអប់នេះ បើអ្នកអាន ឬនិយាយភាសា ខ្មែរ ។	4. Cambodian
<input type="checkbox"/> Motka i kahhon ya yangin ùntùngnu' manaitai pat ùntùngnu' kumentos Chamorro.	5. Chamorro
<input type="checkbox"/> 如果您能读中文或讲中文，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 هستند 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 casuță dacă citiți sau vorbiți românește.	27. Romanian
<input type="checkbox"/> Поставьте 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"/> โปรดทำเครื่องหมายลงในช่องว่างด้านหน้าหรือทศภาษาไทย.	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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