



**Waterstone of Lexington**  
**Affordable Housing Rental Program**  
c/o Maloney Properties  
27 Mica Lane  
Wellesley, MA 02481  
Attention: Pam Moynagh,  
Affordable Housing Coordinator  
(857) 325-3703 / Relay: 711

Applicant for Waterstone of Lexington Affordable Housing Program

Re: Waterstone of Lexington Affordable Housing Rental Application

Dear Applicant:

Waterstone of Lexington is a non-smoking, residential community with 21 affordable housing apartments for residents 62 years of age or older managed by ESL Management, LLC and located at 55 Watertown Street, Lexington, Massachusetts. There are 12 one-bedroom independent living apartments, 6 two-bedroom independent living apartments and 3 one-bedroom assisted living units. A preference for up to 14 units will be provided for applicants who are current residents in the Town of Lexington.

**The monthly rents at Waterstone of Lexington are as follows:**

One Bedroom Independent Living Apartment	\$2,983.33
Two Bedroom Independent Living Apartment	\$3,356.66
One Bedroom Assisted Living Apartment	\$3,915.00 for 1 person HH and \$4,475.00 for 2 person HH

The monthly rent includes basic utilities (excluding phone and internet), life enrichment activities, access to the health and fitness center and pool and weekly housekeeping. Additionally, if the resident resides in an independent living unit, they will receive a continental

Additionally, if the resident resides in an independent living unit, they will receive a continental breakfast and one meal per day. If the resident lives in an assisted living unit, the monthly rent also includes the availability of all services required by law to be provided to all assisted living residents, including those required under regulations promulgated by the Executive Office of Elder Affairs (“EOEA”), which services currently consist of three (3) meals per day and one (1) hour of personal care services per day.

To qualify for one of the affordable housing units at Waterstone of Lexington, an applicant household must be financially eligible: the household’s gross annual income must not exceed the current applicable 80% Area Median Income limit based on family size as determined by the United States Department of Housing and Urban Development (HUD).

**2022 Maximum 80% Area Median Gross Income Limits\* Based on Family Size**

One Person Household	Two Person Household	Three Person Household
\$78,300	\$89,500	\$100,700

\*Gross annual income, for the purposes of determining eligibility and suitability requirements, is calculated in accordance with DHCD’s Local Initiative Program Guidelines.

**2022 Minimum Income Requirements Based on Unit Size**

One Bedroom Independent Living	Two Bedroom Independent Living	One Bedroom Assisted Living
\$59,666.60	\$67,133.20	1 person household \$58,725 2 person household \$67,125

Enclosed please find the Affordable Housing Rental Application for Waterstone of Lexington. **Incomplete or unsigned applications will be returned to the applicant.**

In addition to submission of this completed and signed application, you must include the following documentation for each applicant household member listed for this application to be considered complete for the purposes of entry into the lottery:

1. \_\_\_ Three years of the most recent tax returns with all backup information including W-2s, 1099 forms etc., as applicable (2019, 2020 and 2021).

2. \_\_\_ Current/most recent statement detailing gross monthly income/benefits received from Social Security, SSI and/or State Supplement Program (SSP), and Pension.
3. \_\_\_ Five most recent, consecutive paystubs, if applicable.
4. \_\_\_ Written affidavit certified to and signed under penalty of perjury from any person outside of the applicant household who provides and will continue to provide regular, recurring monetary or non-monetary contributions to the applicant (must detail gross amount and frequency such contribution is provided), if applicable.
5. \_\_\_ Six most recent consecutive bank statements for all checking accounts held.
6. \_\_\_ Three most recent consecutive bank statements for all other accounts held, including, but not limited to savings accounts, IRA-s, 401k-s, investment accounts.
7. \_\_\_ Copy of entire policy for each whole life insurance policy held. Obtain statement of current cash/market value of policy.
8. \_\_\_ Statement of current market value, cash value and annual interest/dividend of any other assets any family member owns/has.
9. \_\_\_ Corroborating Documentation of Age Eligibility at 62 years of age or older.  
Documentation must include copy of one of the following: a) valid copy of Driver's License, b) State Identification Card, c) Birth Certificate, d) Valid Passport, e) Military Discharge papers, or f) Naturalization Certificate.
10. \_\_\_ Signed/Dated Criminal Record Offender Registry Information (CORI) Authorization Form (please see enclosed).
11. \_\_\_ Signed/Dated Sex Offender Registry Information (SORI) Authorization Form (please see enclosed).
12. \_\_\_ Signed/Dated General Authorization for the Release of Information
13. \_\_\_ If applicable, documentation of any Long-Term Care Insurance.
14. \_\_\_ Corroborating Documentation for Preference, as applicable. Documentation to demonstrate resident of the Town of Lexington includes: Copy of current utility bill or taxes in applicant's name for the Lexington address; or Copy of current lease in applicant's name with Lexington address.
15. \_\_\_ Self-certification of need for assisted living unit, if applicable.
16. \_\_\_ Purchase and Sale Agreement for home sale and buyer's mortgage commitment letter, if applicant owns a home (must be provided prior to lease signing because applicant cannot own a home if they move into an affordable unit at Waterstone of Lexington.)

**Application Submission Methods:**

- U.S Mail or In-Person (if in-person, use drop box in ground floor):

Waterstone of Lexington Affordable Housing  
c/o Maloney Properties  
27 Mica Lane

Application Cover Letter – Waterstone of Lexington Affordable Housing

Wellesley, MA 02481  
Attn: Pam Moynagh, Affordable Housing Coordinator

- Email or Facsimile (Fax) (provided the completed, original application with signature and all attachments are subsequently received in person or via U.S. mail within 1 week following emailed or faxed application and all attachments):
  - Email: [pmoynagh@maloneyproperties.com](mailto:pmoynagh@maloneyproperties.com); or
  - Fax: (781) 235-0650

If you are determined income and/or unit ineligible, you will be notified at which time you will have 5 days to respond to management and provide any documentation requested.

Applicants with assisted living needs must be clinically appropriate and will be assessed by Waterstone of Lexington to ensure that the needs of the applicant can be met. These determinations will be made in the sole and absolute discretion of Waterstone of Lexington.

The Managing Agent must also look at the following factors to evaluate an applicant's lease eligibility:

- Sufficient income to pay the cost of the affordable rent
- Former lease history
- Criminal background check
- Credit Check/History
- Clinical Health Assessment

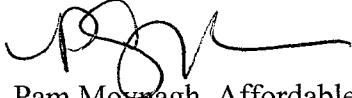
Waterstone of Lexington shall not discriminate on the basis of race, creed, color, sex, handicap, marital status, national origin, sexual orientation, gender identity, familial status, genetic information, ancestry, receipt of public assistance, or any other basis prohibited by law in the selection of tenants, with the express understanding that the property has a legal age restriction whereby all residents must be 62 years of age or older.

Please note that it is the applicant's responsibility to keep Waterstone of Lexington apprised of any changes to their application including change of address, phone number and financial status. Failure to do so could result in the application being removed from the waitlist.

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 (857) 325-3703 / Relay: 711.

Best regards,



Pam Moynagh, Affordable Housing Coordinator  
Waterstone of Lexington and/or Bridges by Epoch at Lexington

Attachments:

1. Application;
2. Application Addendum – Demographics Data Collection and Consent Form;
3. Nondiscrimination, Reasonable Accommodation and Right to Free Language Assistance Notice;
4. “I Speak” Language Identification Form;
5. CORI Authorization Form;
6. SORI Authorization Form; and
7. General Authorization for Release of Information





c/o Maloney Properties, 27 Mica Lane, Wellesley, MA 02481  
(857) 325-3703 / MA Relay 711

## Affordable Housing Rental Application

This is an application for affordable housing at Waterstone of Lexington, 55 Watertown Street, Lexington, MA 02421. **Please complete and return to:** Waterstone of Lexington Affordable Rental Housing, c/o Maloney Properties, 27 Mica Lane, Wellesley, MA 02481, Attn: Pam Moynagh, Affordable Housing Coordinator.

Completed applications are placed in the order specified in the Tenant Selection Plan which is located at the management office. You must complete all sections of this application, provide all required attachments and return to the address listed in the first paragraph if you would like to be considered for an affordable housing unit. If a question is not applicable to you, please write "N/A" in that section. If all sections are not completed, the application will be returned to you for completion and, as such, will not be placed on the waiting list. Every applicant must report all income and assets and sign and date all necessary forms. Thank you.

### Personal Information

Applicant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Do you have a ☐ Power of Attorney or ☐ Guardian? ☐ Yes or ☐ No

If yes, please check above as applicable and provide name/contact info in this section on the signature page.

Do you currently ☐ Rent or ☐ Own (check one)

Amount of current monthly rental or mortgage payment: \$ \_\_\_\_\_

Size/Type of Unit Requested (please only choose one of the following):

Independent Living: ☐ One Bedroom ☐ Two Bedroom

Assisted Living: ☐ One Bedroom

The following 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. This application includes a copy of our Reasonable Accommodation Policy.

Do you need a fully accessible unit? \_\_\_\_ Yes \_\_\_\_ No

Does any member of the household have any accessibility or reasonable accommodation requests?

\_\_\_\_ Yes \_\_\_\_ No If yes, please explain: \_\_\_\_\_

Spouse's/Co-Head's Personal Information

Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Household Composition - List all persons who will live in the apartment. List Head of Household first.

1. Head of Household Name: \_\_\_\_\_ Social Security #\* \_\_\_\_\_

Racial Designation\*\* \_\_\_\_\_ Ethnic Designation\*\*\* \_\_\_\_\_

2. Co-Tenant Name, if applicable: \_\_\_\_\_ Social Security #\* \_\_\_\_\_

Racial Designation\*\* \_\_\_\_\_ Ethnic Designation\*\*\* \_\_\_\_\_

\*This information will be used to verify income, assets and criminal record information.

\*\***Racial Designation:** American Indian or Alaska Native; Asian; Black or African American; Native Hawaiian or Other Pacific Islander; White; Other (Specify)

\*\*\***Ethnic Designation:** Hispanic/Latino or Not Hispanic/Latino | Responding to the Racial and Ethnic designation questions is optional. Your status with respect to tenant selection procedures may be affected by this information because Waterstone of Lexington is utilizing a local preference. "Minority" does not include "White" unless there is also a designation of another race or "Hispanic/Latino".

\*All household members must be 62 or older to be eligible for this age-restricted program and provide one of the following corroborating documentation of eligibility with your application submission: Driver's License, State Identification card, Birth Certificate, Valid Passport, Military Discharge papers, Naturalization certificate.

## Income

List all sources of gross income anticipated to be received in the next 12 months as requested below. If an income source does not apply, cross out or write N/A over that source name. Waterstone will not discriminate based on source of income.

Household Member Name	Source of Income	Gross Monthly Amount
	Social Security	
	Social Security	
	Social Security	
	SSI Benefits	
	SSI Benefits	
	SSP Payments	
	SSP Payments	
	Pension – source:	
	Pension – source:	
	Veteran's Benefits; Claim #	
	Veteran's Benefits; Claim #	
	Unemployment Compensation:	
	Unemployment Compensation:	
	Title IV/TANF/Public Assistance	
	Title IV/TANF/Public Assistance	
	Interest Income; source:	
	Interest Income; source:	
	Interest Income; source:	
	Long Term Care Insurance	
	Long Term Care Insurance	
	Other Income; source:	
	Other Income; source:	
	Other Income; source:	



Income (cont'd.)

List all sources of gross income anticipated to be received in the next 12 months as requested below. If an income source doesn't apply, cross out or write N/A over that source name. Waterstone will not discriminate based on source of income.

Household Member Name	Source of Income	Gross Monthly Amount
	<b>Employment Income</b>	
	Employer Address:	
	Employer Phone:	
	Position Held:	
	How Long employed:	
	<b>Employment Income</b>	
	Employer Address:	
	Employer Phone:	
	Position Held:	
	How Long employed:	
	<b>Employment Income</b>	
	Employer Address:	
	Employer Phone:	
	Position Held:	
	How Long employed:	
	<b>Alimony*</b>	
	Are you entitled by a court	
	order or other legal	
	agreement to receive alimony? Yes or No (circle one)	
	If yes, list the amount you are entitled to receive.	
	Do you receive alimony? Yes or No (circle one)	
	If yes, list amount you receive	
*Please provide a copy of the divorce agreement, if applicable		
<b>Total Gross Annual Income (Based on monthly amounts listed above x 12)</b>		
Total Gross Annual Income from Previous Year \$		
Do you anticipate any changes in this income in the next 12 months? Yes or No (circle one)		
If yes, please explain:		

## Assets

If your assets are too numerous to list here, please attach a list inclusive of all asset holdings, specified for each household member. If an asset section does not apply, cross out or write "N/A".

**Household Member Name**

**\$ Balance / Market Value**

Checking Account

Bank Name:

Account Number:

Checking Account

Bank Name:

Account Number:

Checking Account

Bank Name:

Account Number:

Savings Account

Bank Name:

Account Number:

Savings Account

Bank Name:

Account Number:

Trust Account

Bank Name:

Account Number:

Certificate of Deposit

Bank Name:

Account Number:

Certificate of Deposit

Bank Name:

Account Number:

Assets (cont'd.)

Credit Union

Bank Name:

Account Number:

Savings Bond

Maturity Date

Savings Bond

Maturity Date

Savings Bond

Maturity Date

Life Insurance Policy (cash value)

Insurance Company:

Account Number:

Life Insurance Policy (cash value)

Insurance Company:

Account Number:

Mutual Fund

Bank Name:

# of Shares:

Annual Interest or Dividend:

Mutual Fund

Bank Name:

# of Shares:

Annual Interest or Dividend:

Mutual Fund

Bank Name:

# of Shares:

Annual Interest or Dividend:

Assets (cont'd.)

Stocks

Name:

Bank Name:

# of Shares:

Annual Interest or Dividend:

Stocks

Name:

Bank Name:

# of Shares:

Annual Interest or Dividend:

Stocks

Name:

Bank Name:

# of Shares:

Annual Interest or Dividend:

Bonds

Name:

Bank Name:

# of Shares:

Annual Interest or Dividend:

Bonds

Name:

Bank Name:

# of Shares:

Annual Interest or Dividend:

Annuities, 401(k), IRA, Keogh

Name:

Source:

Assets (cont'd.)

If your assets are too numerous to list here, please attach a list inclusive of all asset holdings, specified for each household member. If an asset section does not apply, cross out or write "N/A".

Household Member Name

\$ Balance / Market Value

Annuities, 401(k), IRA, Keogh

Name:

Source:

Annuities, 401(k), IRA, Keogh

Name:

Source:

Investment Property

Name:

Source:

Real Estate Property: Does Any household member own any property\*? \_\_\_Yes \_\_\_No

If yes, Name of Household Member: \_\_\_\_\_

Type of Property: \_\_\_\_\_

Location of Property: \_\_\_\_\_

Appraised Market Value: \_\_\_\_\_

Mortgage or outstanding loans balance due: \_\_\_\_\_

Amount of Annual Insurance Premium: \_\_\_\_\_

Amount of Most Recent Tax Bill: \_\_\_\_\_

\*Important: There is a restriction on home ownership. If an applicant owns a home, they will be required to sell their home to be eligible for the program. Prior to move in, otherwise eligible applicants, will be required to provide a copy of the purchase and sale agreement for their home and a copy of the buyer's mortgage commitment letter. Applicants will be required to state that they will occupy a Unit as their sole and principal residence.

Has any household member sold/disposed of any property in the last 2 years? \_\_\_Yes \_\_\_No

If yes, Name of Household Member: \_\_\_\_\_

Type of Property: \_\_\_\_\_

Market Value when Sold/Disposed: \_\_\_\_\_

Amount Sold/Disposed for: \_\_\_\_\_

Date of Transaction: \_\_\_\_\_

Assets (cont'd.)

Has any household member sold/disposed of any other assets in the last 2 years? \_\_\_Yes \_\_\_No

If yes, Name of Household Member: \_\_\_\_\_

Describe Asset: \_\_\_\_\_

Date of Disposition: \_\_\_\_\_

Amount Disposed: \_\_\_\_\_

Do you have any other assets not listed above (excluding personal property)? \_\_\_Yes \_\_\_No

If yes, please detail each additional asset and name of household member who holds each asset:

Any assets divested for less than full and fair market value within two years of this Application will be counted at their fair and full market value to determine income. Please provide settlement statements for any real estate disposed of within two years of completion of Application.

Additional Information

How were you referred to Waterstone of Lexington: \_\_\_\_\_

We do not discriminate based on rental housing subsidy program participation (Section 8 Voucher/Certificate holders). The next two questions are asked for the sole purpose of determining suitability for housing, specifically, ability to pay rent.

Do you currently have a mobile Section 8 Voucher/Certificate? \_\_\_\*Yes \_\_\_No

Do you anticipate receiving a mobile Section 8 Voucher/Certificate? \_\_\_\*Yes \_\_\_No

\*If yes, attach a copy of your voucher or certificate with your application.

Are you or a household member currently illegally using a controlled substance? \_\_\_Yes \_\_\_No

Have you or a household member ever been subject to any State Sex Offender Lifetime Registration requirement? \_\_\_Yes \_\_\_No

If yes, please specify household member name(s) and describe: \_\_\_\_\_

List all States that in which you or a household member have ever resided (specify by name): \_\_\_\_\_

Will you take an apartment when one is available? Yes or No (circle one)

Briefly describe your reasons for applying: \_\_\_\_\_

Primary Contacts/Family Members (for Power of Attorney or Guardian, see Signature Page)

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Primary Contacts/Family Members (for Power of Attorney or Guardian, see Signature Page) cont'd.

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

#### Income Taxes and Financial Information (Documentation must be provided)

If one or both household members filed income taxes in the last 3 years, copies of each year's taxes with all backup for each household member must be submitted with this application for the application to be considered complete. Have you filed income taxes in the past 3 years? \_\_\_\_ Yes \_\_\_\_ No

If yes, please specify which of the past 3 years you filed for? \_\_\_\_ 2019 \_\_\_\_ 2020 \_\_\_\_ 2021

For any 2<sup>nd</sup> member on this application, has this individual filed income taxes in the past 3 years?

\_\_\_\_ Yes \_\_\_\_ No

If yes, please specify which of the past 3 years they filed for? \_\_\_\_ 2019 \_\_\_\_ 2020 \_\_\_\_ 2021

All household members must provide W-2s/1099s etc. received for the past three years.

All household members who are working must provide their 5 most recent, consecutive paychecks.

All household members must provide 3 consecutive statements for each of the accounts listed under the Income and Assets Sections of this Application (other than checking accounts which require 6 months).

#### Reference Information

You must provide all full addresses resided at in the past five years and the names, addresses and phone numbers of all landlords, if applicable. (Please attach a separate sheet if necessary.)

##### Current Landlord:

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

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

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

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

Address You Resided At: \_\_\_\_\_

How Long? From: \_\_\_\_\_ To: \_\_\_\_\_

##### Prior Landlord:

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

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

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

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

Address You Resided At: \_\_\_\_\_

How Long? From: \_\_\_\_\_ To: \_\_\_\_\_

Prior Landlord:

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

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

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

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

Address You Resided At: \_\_\_\_\_

How Long? From: \_\_\_\_\_ To: \_\_\_\_\_

Credit Reference #1: \_\_\_\_\_

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

Account #: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Credit Reference #2: \_\_\_\_\_

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

Account #: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Vehicle and Pet Information (if applicable)

List any vehicle owned. Please be advised that parking may not be available. Please inquire with management regarding the parking policy.

Type of Vehicle: \_\_\_\_\_

Year/Make: \_\_\_\_\_

Color: \_\_\_\_\_

License Plate # and State: \_\_\_\_\_

Do you own any pets? Please inquire with management regarding the pet policy. ☐ Yes ☐ No

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Power of Attorney/Guardian (if applicable)

Do you have a Power of Attorney? ☐ Yes ☐ No If "Yes" please attach a copy of legal document.

Do you have a Guardian? ☐ Yes ☐ No If "Yes" please attach a copy of legal document.

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

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

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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



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### Certification and Authorization

I/we hereby certify that I/We do/will not maintain a separate housing unit in another location. I/we further certify that this will be my/our sole and permanent residence. I/We understand that I/we must pay a security deposit for this apartment prior to occupancy. I/we understand that my/our eligibility for housing will be based on applicable income limits, Executive Office of Elder Affairs Assisted Living Program Regulations, age eligibility as a person who is 62 years of age or older and by DHCD and 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 release of information regarding our financial information, a criminal background and landlord authorization. All household members must sign the application.

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Signature of Applicant/Tenant

Date

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Signature of Co-Tenant

Date

---

Signature of Witness

Date

---

Signature of Witness to Co-Tenant

Date

Application Attachments: 1. Application Cover Letter; 2. Application Addendum – Demographics Data Collection and Consent Form; 3. Nondiscrimination, Reasonable Accommodation and Right to Free Language Assistance Notice; 4. "I Speak" Language Identification Form; 5. CORI Authorization Form; 6. SORI Authorization Form; and 7. General Authorization for Release of Information.



## Application Addendum Demographics Data Collection & Consent Form

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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 and the Owner/Agent. The designation of a specific race, 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**

- ☐ White
- ☐ Black/African American
- ☐ American Indian/Alaska Native
- ☐ Asian
- ☐ Native Hawaiian/Other Pacific Islander
- ☐ Other
- ☐ I do not wish to disclose

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

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

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

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

2. Full Name of Household Member: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Race of Head of Household**

- ☐ White
- ☐ Black/African American
- ☐ American Indian/Alaska Native
- ☐ Asian
- ☐ Native Hawaiian/Other Pacific Islander
- ☐ Other
- ☐ I do not wish to disclose

**Ethnicity of Head of Household**

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

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

- ☐ Member has a disability
- ☐ Member does not have a disability
- ☐ 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

\_\_\_\_\_  
Management Agent

\_\_\_\_\_  
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**

ESL Management, 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, national origin, familial status, disability, sexual orientation, gender identity or expression, marital status, age, ancestry, genetic information, veteran status, receipt of public assistance, because someone is, has been or is threatened with being the victims of domestic abuse, or has obtained, or sought, or is seeking relief from any court in the form of a restraining order for protection from domestic abuse.

ESL Management, LLC will coordinate compliance with applicable federal and state nondiscrimination requirements and address grievances applicants and residents may have. The following is ESL Management, LLC's contact information:

ESL Management, LLC  
51 Sawyer Road, Suite 500  
Waltham, MA 02453  
Telephone: (781) 891-0777; MA 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. Please do not hesitate to contact the management office.

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

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

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

### **Property Contact Information:**

Name of Property: Waterstone of Lexington,  
Contact Name: Pam Moynagh, Affordable Housing Coordinator  
Office Address: c/o Maloney Properties, Inc.  
27 Mica Lane, Wellesley MA 02481  
Telephone: (857) 325-3703 / Relay: 711  
Email: pmoynagh@maloneyproperties.com

ESL Management, 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. ESL Management, LLC provides persons with disabilities the opportunity to request a Reasonable Accommodation in order to apply to and participate in such programs and activities. ESL Management, 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.



**Contact Information for the Department of Housing and Urban Development Region I  
FHEO Office and State Fair Housing Agencies Where ESL Management, 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

19 Causeway Street, Room 321

Boston, MA 02222-1092

(617) 944-8300 | 1-800-827-5005 | TTY (617) 565-5453

**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

Springfield Office  
436 Dwight Street  
Second Floor, Room 220  
Springfield, MA 01103  
(413) 739-2145

Worcester Office  
Worcester City Hall  
455 Main Street, Room 101  
Worcester, MA 01608

(508) 799-8010

(508) 799-8490 - FAX

New Bedford Office  
800 Purchase St., Rm 501  
New Bedford, MA 02740  
(508) 990-2390  
(508) 990-4260 - FAX

**New Hampshire**

NH Commission for Human Rights  
2 Chenell Drive #2  
Concord, NH 03301-8501  
Telephone: (603) 271-2767  
Fax: (603) 271-6339  
E-mail: [humanrights@nhsa.state.nh.us](mailto:humanrights@nhsa.state.nh.us)

# I SPEAK FORM

## LANGUAGE IDENTIFICATION FLASHCARD

<input type="checkbox"/> ضع علامة في هذا المربع إذا كنت تقرأ أو تتحدث العربية.	1. Arabic
<input type="checkbox"/> Ինչպե՞ս ես գիտեմք, թե՞ կարդա՞ք հայերեն:	2. Armenian
<input type="checkbox"/> যদি আপনি বাংলা পড়েন বা বলেন তা হলে এই বক্সে দাগ দিন।	3. Bengali
<input type="checkbox"/> លុយចញ្ចាក់ក្នុងប្រអប់នេះ បើអ្នកអាន ឬនិយាយភាសា ខ្មែរ ។	4. Cambodian
<input type="checkbox"/> Motka i kahhon ya yangin úntúngu' manaitai pat úntúngu' kumentos Chamorro.	5. Chamorro
<input type="checkbox"/> 如果你能读中文或讲中文，请选择此框。	6. Simplified Chinese
<input type="checkbox"/> 如果你能讀中文或講中文，請選擇此框。	7. Traditional Chinese
<input type="checkbox"/> Označite ovaj kvadratić ako čitate ili govorite hrvatski jezik.	8. Croatian
<input type="checkbox"/> Zaškrtněte tuto kolonku, pokud čtete a hovoříte česky.	9. Czech
<input type="checkbox"/> Kruis dit vakje aan als u Nederlands kunt lezen of spreken.	10. Dutch
<input type="checkbox"/> Mark this box if you read or speak English.	11. English
<input type="checkbox"/> اگر خواندن و نوشتن فارسی، بلد جستید 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 kazyé 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 beszél 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"/> ເຮົາພາບໃສ່ຊ່ອງນີ້ ຖ້າພົບວ່າເຮົາຮູ້ພາສາລາວ.	24. Laotian
<input type="checkbox"/> Prosimy o zaznaczenie tego kwadratu, jeżeli posługuje się Pan/Pani językiem polskim.	25. Polish



<input type="checkbox"/>	Assinale este quadrado se você lê ou fala português.	26. Portuguese
<input type="checkbox"/>	Însemnați această căsuță dacă citiți sau vorbiți românește.	27. Romanian
<input type="checkbox"/>	Пометьте этот квадратик, если вы читаете или говорите по-русски.	28. Russian
<input type="checkbox"/>	Обележите овај квадратик уколико читате или говорите српски језик.	29. Serbian
<input type="checkbox"/>	Označte tento štvorček, ak viete čítať alebo hovoriť po slovensky.	30. Slovak
<input type="checkbox"/>	Marque esta casilla si lee o habla español.	31. Spanish
<input type="checkbox"/>	Markahan itong kuwadrado kung kayo ay marunong magbasa o magsalita ng Tagalog.	32. Tagalog
<input type="checkbox"/>	ໂຕກຳເໜີງນີ້ຈະຖືກຕື່ມຖ້າທ່ານສາມາດອ່ານ ຫຼື ກ່າວໂຕ້ ໄດ້.	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. Ukranian
<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

**CRIMINAL OFFENDER RECORD INFORMATION (CORI)  
ACKNOWLEDGEMENT FORM**

TO BE USED BY ORGANIZATIONS USING CONSUMER REPORTING AGENCIES TO CONDUCT  
CORI CHECKS FOR EMPLOYMENT, VOLUNTEER, SUBCONTRACTOR, LICENSING, AND  
HOUSING PURPOSES

**ESL Management, LLC** is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective applicants for the rental or lease of housing.

As a prospective applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to **ESL Management, LLC** to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing **ESL Management, LLC** with written notice of my intent to withdraw consent to a CORI check. I also understand that this form is a CORI acknowledgement form and I am entitled to additional consumer reporting disclosure forms under the Fair Credit Reporting Act. If I have not received those disclosures, I should contact **ESL Management, LLC** to request this information.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

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**SIGNATURE (of Applicant, Tenant)**

**DATE**

**CORI ACKNOWLEDGEMENT FORM -- 2 OF 2**  
**SUBJECT INFORMATION:**

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Last Name	First Name	Middle Name	Suffix
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Maiden Name (or other name(s) by which you have been known):

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Date of Birth	Place of Birth
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Last Six Digits of Your Social Security Number (required): \_\_\_\_\_ - \_\_\_\_\_

Sex: \_\_\_\_ Height: \_\_\_\_ft. \_\_\_\_in. Eye Color: \_\_\_\_\_ Race: \_\_\_\_\_

Driver's License or ID Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

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Mother's Full Maiden Name	Father's Full Name
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**Current and Former Addresses:**

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Street Number & Name	City/Town	State	Zip
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Street Number & Name	City/Town	State	Zip
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The above information was verified by reviewing the following form(s) of government issued identification:

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VERIFIED BY:

---

Name of Verifying Employee (Please Print)

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Signature of Verifying Employee

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**GENERAL**  
**AUTHORIZATION TO RELEASE INFORMATION**

RE: Applicant/Tenant: \_\_\_\_\_ Unit # \_\_\_\_\_

As managing agents for Waterstone of Lexington we are required to verify the program eligibility of all members of households applying for admission and to verify this information periodically for residents. To comply with this requirement, your cooperation is needed in supplying the information requested. This information will be held in strict confidence for use in determining eligibility status and income for this household. A signed authorization for your release appears below. Please complete the attached form and return it to the address below at your earliest convenience. Thank you for your assistance.

_____ Authorized Signature	_____ AFFORDABLE HOUSING COORDINATOR Title
_____ Pam Moynagh Print Name	_____ Date

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***Release by Applicant/Tenant***

I hereby authorize the release of the requested information attached to this form. Please complete this form in full and return it to the management office as soon as possible.

_____ Signature	_____ Date
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***Verification form is attached.***

