

# HK||HallKeen Management

July 26, 2016

Dear Potential Applicant,

Thank you for your interest in Village Greens II Apartments. If you are interested in being placed in the lottery for residency, please complete the attached application and drop it off or mail it by the lottery submission deadline of September 30, 2016 to:

Village Green Apartments  
767 AA Independence Drive  
Barnstable, MA. 02601

Applications that are received after the lottery submission deadline of September 30, 2016 will be kept and placed on the waitlist.

Household must be income eligible to be entered into the lottery. We have included a list that will help you to determine what income and assets are used to calculate annual household income.

There are two preferences available for the lottery. They are a homeless or at-risk of homelessness preference and a local preference. Eligibility guidelines for both preferences are described on Page 2 and Page 3 of the Rental Application. Proof of preference must be submitted along with the application in order to be considered.

Any application that is not fully complete will be returned. Thank you.

Sincerely,

HallKeen Management



**Village Green II**  
**Affordable Apartments – Eligibility/Documentation Requirements**  
**Barnstable Town, MA MSA**

**Gross Income Limits Effective March 28, 2016\***  
*\*Subject to change annually*

**LIHTC RENT LIMITS:**

1 BEDROOM	2 BEDROOM	3 BEDROOM
\$884	\$1,055	\$1,210

*Residents are responsible for electric cooking and other electricity*

**GROSS INCOME LIMIT (60%) LHTC**  
**GROSS INCOME LIMIT (50%) MRVP**  
**GROSS INCOME LIMIT (30%) SEC 8**

1 PERSON	2 PERSON	3 PERSON	4 PERSON	5 PERSON	6 PERSON
35,700	40,800	45,900	50,940	55,020	59,100
29,750	34,000	38,250	42,450	45,850	49,250
17,850	20,400	22,950	25,450	28,440	32,580

*Note: 50% and 30% residents will pay 30% of adjusted gross income for rent.*

**MINIMUM INCOME (40%):**

1 BEDROOM	2 BEDROOM	3 BEDROOM
\$26,520	\$31,650	\$36,300

*Minimum Income does not apply to MRVP, Section 8 or Section 8 Mobile Vouchers*

**INCOME SOURCES THAT MUST BE VERIFIED**

**ALL gross income for the entire household must be verified.**

*Federal regulations require that verification of income for each person in the household be verified directly from the income sources to determine final eligibility. However, copies of statements or other documentation you provide will assist in determining preliminary eligibility.*

**Income includes (but is not limited to):**

- Wages or Salary
- Unemployment Compensation
- Social Security
- SSI/SSDI/SSP
- Alimony/Child Support
- Income from Non-Revocable Trusts
- Tips, Commission, Bonuses
- Military Pay
- Income from Special Needs Trusts
- Veterans Benefits/Pensions
- TAFDC/Welfare Payments
- TANF/Public Assistance
- Pension or Annuity
- Worker's Compensation/Disability Income
- Net Income from Operation of a Business or Profession/Self Employment
- Recurring Lottery Winning Payments
- Income from Long-Term Insurance
- Any other income, regular payment or gift from any source (such as family members or friends).

**Assets and the income from assets must be verified by your bank/broker. Assets include (but are not limited to):**

- Savings Accounts
- Checking Accounts
- Cash
- Money Market Accounts
- Term Certificates/CD's
- EBT Cash Cards
- Personal Property Held for Investment (Gems, Coins, etc.)
- IRA / 401K / Keogh Accounts
- Thrift Savings Plans (TSP's)
- Annuities
- Revocable Trusts
- Interest / Dividend Income
- Direct Express Cards
- Lump Sum Receipts (Inheritance, Capital Gains, One-Time Lottery Winnings, Settlements, Insurance, etc.)
- Treasury Bills
- Mutual Funds
- Stocks / Bonds
- Cash Value of Life Insurance
- Rental Income
- DOT Child Support Debit Cards
- Appraised Value of Real Estate (Including Second Homes or Timeshares)

**STUDENT ELIGIBILITY FOR AFFORDABLE UNITS**

If **ALL** of the persons in your household have been or will be Full-Time Students during any part of any five (5) calendar months of the current year following the date of move-in, the household generally does not qualify

**Exceptions to Student Rule for Full-Time Student Households:**

- A Full-Time Student married and filing a joint tax return
- A Full-Time Student and receives assistance under Title IV of the Social Security Act
- A Full-Time Student enrolled in a job training program under the Job Training Partnership Act/ Workforce Investment Act (federal, state or local)
- A Full-Time Student and AFDC/TANF recipient
- A Full-Time Student and single parent living with his/her minor child who is not a dependent on another's tax return
- A Full-Time Student previously in the foster care system

# HALLKEEN MANAGEMENT

*Este documento es importante, por favor tradúzcalo | Este documento é importante, por favor, tê-lo traduzido | Questo documento é importante, si prega di farlo tradurre  
Translation Services Available*

## **RENTAL APPLICATION Equal Housing Opportunity**

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

<b>Application Date:</b> _____
Property Name: <b>Village Green II Apartments</b>
Address: <b>767AA Independence Way</b>
City, State, Zip: <b>Barnstable, MA 02601</b>
Telephone Number: <b>(508) 534-9643</b>
TDD#: <b>Call 7-1-1</b>
Email Address: <b>villagegreen@hallkeen.com</b>
<b>Return Completed Application To:</b>
<b>Village Green Apartments</b>
<b>767AA Independence Way</b>
<b>Barnstable, MA. 02601</b>

### APPLICATION FOR ADMISSION

**Note:** Please fill in all sections completely. If a section does not apply, please draw a line through or write "N/A". Failure to do so will result in processing delays or rejection of your application. If you need help completing this application, please contact the Rental Office.

**Applicant:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

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

**Current Address:** \_\_\_\_\_  
Street \_\_\_\_\_ Apt. # \_\_\_\_\_  
City, State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Current Landlord:** \_\_\_\_\_  
Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Street \_\_\_\_\_ Apt. # \_\_\_\_\_  
City, State \_\_\_\_\_ Zip Code \_\_\_\_\_

**RACE** (Optional Section: Information will be used for fair housing programs only, as required by State and Federal Laws.)  
 American Indian/Alaskan Native     Asian or Pacific Islander     Other (not white or Hispanic)  
 Black (not of Hispanic origin)     Hispanic     White (not of Hispanic origin)

**SIZE OF APARTMENT NEEDED:**

1BR     2BR     3BR

<i>OFFICE USE ONLY</i>
A# _____
L# _____

**ADDITIONAL INFORMATION:**

- Do you currently hold a Mobile Voucher?  Yes  No
- Are you requesting a Hearing/Visual Adapted Unit?  Yes  No
- Are you requesting a Wheelchair Adapted Unit?  Yes  No
- Do any members of the household have any accessibility or reasonable accommodation requests, changes in a unit or development or alternate ways we need to communicate with you?  Yes  No

If yes, please explain/provide details: \_\_\_\_\_

- Do you or a member in your household consider yourself to be homeless or at-risk of being homeless?  Yes  No

*(See next page for definition of Homelessness. Please provide proof of homelessness, such as a letter from a shelter or an eviction notice from a landlord.)*

If yes, please explain/provide details: \_\_\_\_\_

- Do you currently live in Barnstable?  Yes  No

If yes, which household member(s) does this apply to? \_\_\_\_\_

*(Please submit proof with this application, such as a utility bill indicating you name and current address, a current lease, etc.)*

- Do you currently work in Barnstable?  Yes  No

If yes, which household member(s) does this apply to? \_\_\_\_\_

*(Please submit proof with this application, such as a copy of your pay-stub)*

- Does any member of the household attend school in Barnstable?  Yes  No

*(Please submit proof with this application, such as a copy of a current report card)*

- Have you ever been evicted from your home for any reason?  Yes  No

If yes, please explain/provide details: \_\_\_\_\_

- Have you ever been arrested or convicted of any crime?  Yes  No

If yes, please explain/provide details: \_\_\_\_\_

Homelessness or At-risk of homelessness and/or homeless is defined as:

- Persons living in places not meant for human habitation
- In an emergency shelter
- In transitional housing
- Persons who ordinarily sleep on the street or in emergency transitional housing but are spending a short time (30 consecutive days or less) in a hospital or other institution
- Person being evicted - for reasons not in their control - within a week from a private dwelling unit and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing
- Being discharged within a week from an institution in which the person has been a resident for more than 30 consecutive days and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing

**CURRENT HOUSING:**

- Present Housing Cost Per Month \$ \_\_\_\_\_
- Does your current housing cost include utilities (gas, electric, heat, hot water)?  Yes  No
- How Long Have You Lived at Present Address? \_\_\_\_\_ Years, \_\_\_\_\_ Months
- Do You Own Any Pets? \_\_\_\_\_ If yes, what type: \_\_\_\_\_
- What are the reasons for moving? \_\_\_\_\_

**FAMILY COMPOSITION:** List all who will occupy the apartment. *YOU MUST INCLUDE YOURSELF (Any person not listed will not be allowed to move in)*

FULL NAME OF EACH PERSON IN HOUSEHOLD	RELATIONSHIP TO HEAD OF HOUSEHOLD	DATE OF BIRTH	SEX	SOCIAL SECURITY NUMBER	FULL TIME STUDENT (check one)
1 _____	Head of Household	_____	___	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2 _____	_____	_____	___	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3 _____	_____	_____	___	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4 _____	_____	_____	___	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
5 _____	_____	_____	___	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 _____	_____	_____	___	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

**REFERENCES:** Provide full names & addresses of Landlords where you have lived over the last (5) **five** years. *Please include both long term and temporary residences.*

**1) Previous Address** \_\_\_\_\_

Dates Lived at This Address \_\_\_\_\_

Name of Landlord \_\_\_\_\_

Landlord Telephone # \_\_\_\_\_ Landlord E-mail address \_\_\_\_\_

Landlord Address \_\_\_\_\_

**2) Previous Address** \_\_\_\_\_

Dates Lived at This Address \_\_\_\_\_

Name of Landlord \_\_\_\_\_

Landlord Telephone # \_\_\_\_\_ Landlord E-mail address \_\_\_\_\_

Landlord Address \_\_\_\_\_

**3) Previous Address** \_\_\_\_\_

Dates Lived at This Address \_\_\_\_\_

Name of Landlord \_\_\_\_\_

Landlord Telephone # \_\_\_\_\_ Landlord E-mail address \_\_\_\_\_

Landlord Address \_\_\_\_\_

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

1.) Character Reference Name \_\_\_\_\_

Telephone #: \_\_\_\_\_ | E-mail Address: \_\_\_\_\_

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

2.) Character Reference Name \_\_\_\_\_

Telephone #: \_\_\_\_\_ | E-mail Address: \_\_\_\_\_

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

3.) Character Reference Name \_\_\_\_\_

Telephone #: \_\_\_\_\_ | E-mail Address: \_\_\_\_\_

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

**EMPLOYMENT:**

**IS ANY MEMBER OF THE HOUSEHOLD EMPLOYED?**     Yes     No

*If yes, please indicate the income received and assets held by each member of your household. List each member by the corresponding number from Page 3.*

**Member #** \_\_\_\_\_

Name of Present Employer \_\_\_\_\_ Telephone \_\_\_\_\_

Employer's Address \_\_\_\_\_

Number of Years Employed \_\_\_\_\_ Position \_\_\_\_\_

Job Type:     Seasonal     Temporary     Permanent     Part-Time     Full-Time

Do you receive tips, commission or bonuses? If yes, how much per week? \_\_\_\_\_

If hourly, rate per hour: \$ \_\_\_\_\_ Number of hours scheduled each week: \_\_\_\_\_ hours

Gross Earnings (before taxes): \$ \_\_\_\_\_     Weekly     Bi-weekly     Monthly

**Member #** \_\_\_\_\_

Name of Present Employer \_\_\_\_\_ Telephone \_\_\_\_\_

Employer's Address \_\_\_\_\_

Number of Years Employed \_\_\_\_\_ Position \_\_\_\_\_

Job Type:     Seasonal     Temporary     Permanent     Part-Time     Full-Time

Do you receive tips, commission or bonuses? If yes, how much per week? \_\_\_\_\_

If hourly, rate per hour: \$ \_\_\_\_\_ Number of hours scheduled each week: \_\_\_\_\_ hours

Gross Earnings (before taxes): \$ \_\_\_\_\_     Weekly     Bi-weekly     Monthly

**Member #** \_\_\_\_\_

Name of Present Employer \_\_\_\_\_ Telephone \_\_\_\_\_

Employer's Address \_\_\_\_\_

Number of Years Employed \_\_\_\_\_ Position \_\_\_\_\_

Job Type:     Seasonal     Temporary     Permanent     Part-Time     Full-Time

Do you receive tips, commission or bonuses? If yes, how much per week? \_\_\_\_\_

If hourly, rate per hour: \$ \_\_\_\_\_ Number of hours scheduled each week: \_\_\_\_\_ hours

Gross Earnings (before taxes): \$ \_\_\_\_\_     Weekly     Bi-weekly     Monthly

**DOES ANYONE IN THE HOUSEHOLD HAVE OTHER SOURCES OF INCOME** (Other income is income such as *Welfare, Social Security, SSI, Pensions (including Veteran's Benefits), Disability Compensation, Unemployment Compensation, Interest, Alimony, Child Support, Annuities, Dividends, Income from Rental Property, Military Pay, Scholarships, Grants and/or Regular Monetary Gifts from someone that is not a member of the household*)?     Yes     No

**If yes, list below by household member and income type:**

Household Member	Type of Income	Gross Earnings (Before Taxes)
_____	_____	\$ _____ per _____ (week, month, year)
_____	_____	\$ _____ per _____ (week, month, year)
_____	_____	\$ _____ per _____ (week, month, year)
_____	_____	\$ _____ per _____ (week, month, year)
_____	_____	\$ _____ per _____ (week, month, year)



**DOES ANY HOUSEHOLD MEMBER HAVE ASSETS** (Assets include Checking and Savings Accounts, Direct Express Cards, EBT and DOR Cards, Pay Cards, 401K Accounts, IRA Accounts, Term Certificates, Money Markets, Stocks, Bonds and Mutual Funds, etc.)? Yes No **If yes, list below:**

**Member #** \_\_\_\_\_ (From Page 3)

Name of Financial Institution: \_\_\_\_\_

Financial Institution Address: \_\_\_\_\_

Account # \_\_\_\_\_ Type of Account: \_\_\_\_\_ Current Balance \$ \_\_\_\_\_

Interest Rate: \_\_\_\_\_% If Stock, Number of Shares: \_\_\_\_\_ Dividends per Share: \$ \_\_\_\_\_

**Member #** \_\_\_\_\_ (From Page 3)

Name of Financial Institution: \_\_\_\_\_

Financial Institution Address: \_\_\_\_\_

Account # \_\_\_\_\_ Type of Account: \_\_\_\_\_ Current Balance \$ \_\_\_\_\_

Interest Rate: \_\_\_\_\_% If Stock, Number of Shares: \_\_\_\_\_ Dividends per Share: \$ \_\_\_\_\_

**Member #** \_\_\_\_\_ (From Page 3)

Name of Financial Institution: \_\_\_\_\_

Financial Institution Address: \_\_\_\_\_

Account # \_\_\_\_\_ Type of Account: \_\_\_\_\_ Current Balance \$ \_\_\_\_\_

Interest Rate: \_\_\_\_\_% If Stock, Number of Shares: \_\_\_\_\_ Dividends per Share: \$ \_\_\_\_\_

**Member #** \_\_\_\_\_ (From Page 3)

Name of Financial Institution: \_\_\_\_\_

Financial Institution Address: \_\_\_\_\_

Account # \_\_\_\_\_ Type of Account: \_\_\_\_\_ Current Balance \$ \_\_\_\_\_

Interest Rate: \_\_\_\_\_% If Stock, Number of Shares: \_\_\_\_\_ Dividends per Share: \$ \_\_\_\_\_

**Member #** \_\_\_\_\_ (From Page 3)

Name of Financial Institution: \_\_\_\_\_

Financial Institution Address: \_\_\_\_\_

Account # \_\_\_\_\_ Type of Account: \_\_\_\_\_ Current Balance \$ \_\_\_\_\_

Interest Rate: \_\_\_\_\_% If Stock, Number of Shares: \_\_\_\_\_ Dividends per Share: \$ \_\_\_\_\_

**DOES ANY HOUSEHOLD MEMBER HAVE OTHER ASSETS** such as Real Estate, Cash Value of Life Insurance, Treasury Bills, etc? Yes No

**If yes, list below:**

Household Member	Type of Asset	Value of Asset
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

**IN CASE OF EMERGENCY, WHOM SHOULD WE CONTACT?**

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

Phone Numbers: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

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

Phone Numbers: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

**ADDITIONAL INFORMATION:**

Are you or any member of your household required to register as a sex offender under Massachusetts or any other state law?  Yes  No

*If yes*, list the name of the persons and the registration requirements (i.e. place where registration needs to be filed, length of time for which registration is required).

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Will all of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students?  Yes  No

**IF YES, ANSWER THE FOLLOWING QUESTIONS:**

Are any full-time student(s) married and filing a joint tax return?  Yes  No

Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?  Yes  No

Are any full-time student(s) an AFDC or a title IV recipient?  Yes  No

Are any full-time student(s) a single parent living with his/her minor child who is not a Dependent on another's tax return?  Yes  No

Is any student a person who was previously under the care and placement of a foster care program (under Part B or E of Title IV of the Social Security Act)?  Yes  No

**CONFLICTS PROHIBITED**

(a) Dakota Partners, Inc., Village Green II, LLC and HallKeen Management as its Agent, agree that no HOME, HSF, or AHT assisted unit will be rented to an individual or immediate family member who is an employee, agent, developer, or sponsor of either Dakota Partners Inc., Village Green II and HallKeen Management (when acting as the Agent).

This policy addresses HOME Rule at 24 CFR Part 92.356 provisions to provide guidelines and prevent conflict of interest when conducting management activities at properties with HOME funds. These provisions apply to any individual or any member of an individual’s immediate family who may have decision making functions or responsibilities at properties with HOME funds.

**POLICY**

Management must implement the necessary procedures to ensure that no HOME assisted affordable housing units are leased to any individual or any member of an individual’s immediate family including those by blood, marriage or adoption, the spouse, parent (including a stepparent), child (including stepchild), brother, sister (including a stepbrother or stepsister), grandparent, grandchild, or in-laws, who is an officer, employee, agent, elected or appointed official, or consultant of the owner, developer, or sponsor of a project assisted with HOME funds whether private for profit or non-profit.

**Are any members of your household related, employed, acting as agent, developer or sponsor of either Dakota Partners, Inc, Village Green II or HallKeen Management?**      Yes      No

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I / We hereby certify that the information furnished on this application is true and complete, to the best of my/our knowledge and belief. Inquiries may be made to verify the statements herein. All information is regarded as confidential in nature. I hereby authorize the Landlord to obtain a consumer credit report and a criminal background report. I/We certify that I/We understand that false statements or information are punishable under applicable State or Federal Law.

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

*Signed under the pains and penalties of perjury:*

_____	_____	_____	_____
Head of Household/Applicant	Date	Co-Applicant	Date
_____	_____	_____	_____
Other Adult Household Member	Date	Other Adult Household Member	Date

HallKeen Management does not discriminate on the basis of race, color, creed, religion, national or ethnic origin, citizenship, ancestry, class, sex, sexual orientation, familial status, disability, military/veteran status, source of income, age or other basis prohibited by local, state or federal law in the access or admission to its programs or employment, or in its programs, activities, functions or services.

**Professionally Managed by: HallKeen Management  
1400 Providence Highway, Suite 1000  
Norwood, MA 02062  
(781) 762-4800**



**GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION**

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

I, the above-named individual, have authorized HallKeen Management to verify the accuracy of the information which I have provided to them, from the following sources (specify):

- |                                  |  |
|----------------------------------|--|
| Child Care Expenses              | Veteran's Benefits   |
| Criminal Activity (CORI)         | Federal, State, or Local Benefits                            |
| Courts                           | Banks, Credit Unions   |
| Family Composition               | IRAs, CDs, 401k, 403b  |
| Law Enforcement Agency           | Interest, Dividends  |
| Credit Bureau                    | Financial Institutions, Brokerages                           |
| Employment                       | Mutual funds   |
| Self-Employment                  | Alimony, Child Support                                       |
| Unemployment Compensation        | Other income-regular Gifts or allowances from another person |
| Pensions                         | Commissions, Tips, Bonus                                     |
| Annuities                        | Landlords, Rental History                                    |
| Social Security                  | Identity & Marital Status                                    |
| Supplemental Security Income     | Handicapped Assistance Expenses                              |
| State Welfare Agencies           | Medical Insurance Premiums                                   |
| State Employment Security Agency | Un-reimbursed Medical Expenses                               |
| Workman's Compensation           | School & College Tuition Fees                                |
| Health & Accident Insurance      |  |

**I HEREBY GIVE YOU MY PERMISSION TO RELEASE THIS INFORMATION TO:**

HallKeen Management subject to the condition that it be kept confidential. I would appreciate your prompt attention in supplying the information requested on the attached page to HallKeen Management within five (5) days of receipt of this request. I understand that a photocopy of this authorization is as valid as the original.

Thank you for your assistance and cooperation.

*Signed under pain and penalty of perjury.*

_____	_____	_____	_____
Head of Household	Date	Spouse	Date
_____	_____	_____	_____
Other Adult Member	Date	Other Adult Member	Date

To: HallKeen Management

Re: **Release to Obtain Information**

In consideration for being permitted to apply for this apartment at **Village Green II**, I, Applicant, do represent all information in this application to be true and accurate and that owner/manager employee/agent may rely on this information when investigating and accepting this application. I, Applicant, hereby authorize the owner/manager/agent to make independent investigations to determine my credit, financial and character standing, including, but not limited to, credit and criminal background reports.

I, Applicant authorize any person or credit/criminal background checking agency having any information on me, to release any and all such information to the owner/manager employee/agent or credit checking agencies. Applicant hereby releases, remises, and forever discharges, from any action whatsoever, in law and equity, all owners, managers, and employees, or agents, both of landlord and their credit checking agencies in connection with processing, investigating, or credit checking this application, and will hold them harmless from any suit or reprisal whatsoever.

**All applicants over 18 must sign:**

Applicant: \_\_\_\_\_  
Signature Social Security # Date  
\_\_\_\_\_  
Print Name

Applicant: \_\_\_\_\_  
Signature Social Security # Date  
\_\_\_\_\_  
Print Name

Applicant: \_\_\_\_\_  
Signature Social Security # Date  
\_\_\_\_\_  
Print Name

Applicant: \_\_\_\_\_  
Signature Social Security # Date  
\_\_\_\_\_  
Print Name

Pursuant to fair housing laws, advertising/marketing must not indicate any preference or limitation, or otherwise discriminate based on race, color, disability, religion, sex, familial status, sexual orientation, gender identity, national origin, genetic information, ancestry, children, marital status, or public assistance recipient. This prohibition includes phrases such as “active adult community” and “empty nesters”. Exceptions may apply if the preference or limitation is pursuant to a lawful eligibility requirement.

## NOTICE OF RIGHT TO REASONABLE ACCOMMODATION

If you have a disability and you need:

A change in the rules or policies or how we do things that would make it easier for you to live here and use the facilities or take part in programs on site,

A change or repair in your apartment or a special type of apartment that would make it easier for you to live here and use the facilities or take part in programs on site,

A change or repair to some other part of the housing site that would make it easier for you to live here and use the facilities or take part in the programs on site, or

A change in the way we communicate with you or give you information,

You can ask for this kind of change, which is called a **Reasonable Accommodation**.

If you can show that you have a disability and if your request is reasonable, if it is not too expensive, and if it is not too difficult to arrange, we will try to make the changes you request.

We will give you an answer within fifteen business days following our review of your information unless there is a problem getting the information we need or unless you agree to a longer time frame. We will let you know if we need more information or verification from you or if we would like to talk with you about other ways to meet your needs.

If we turn down your request, we will explain the reasons and you can give us more information if you think that will help.

If you need help filling out the reasonable accommodation request form, or if you want to give us your request some other way, we will assist you.

You can get a reasonable accommodation request form from your property manager or contact:

**HallKeen Management, Inc.**  
**1400 Providence Highway, Suite 1000**  
**Norwood, MA 02062**  
**(781) 762-4800**

## Village Green II Lottery Procedure

In accordance with the Tenant Selection Plan, the project known as “Village Green II” will have a Lottery for the affordable units. There will be a minimum 60-Day Application Period which is anticipated to begin on August 1, 2016 and end on September 30, 2016. To be considered for the lottery, applicants must submit a completed\* application along with requested documents and consent forms by on or before the Application Period end date. Once an application is received and preliminary eligibility has been determined, the Applicant will be assigned a Lottery Registration Number. Each applicant will receive written notification of their Lottery Registration Number.

Incomplete applications received during the Application Period will be returned for completion and will only be entered into the Lottery if the missing information or documentation is received or postmarked by the Application Period end date.

Applications that are not received or postmarked by the Application Period end date will not be eligible for entry into the Lottery, but will be placed on a waitlist in the order received.

The Lottery is anticipated to be held at the Barnstable Town Hall, 367 Main Street, Hyannis, MA during the month of October. Applicants are not required to attend the Lottery.

In accordance with the Comprehensive Permit for Village Green II, there will be a Local Preference for residents who live in the Town of Barnstable or individuals who work in the Town of Barnstable, which includes the villages of Cotuit, Osterville, Marstons Mills, Centerville, Hyannis, West Barnstable and Barnstable. There will be 2 Lottery Pools—a Local Preference Lottery Pool and a General Lottery Pool. 70% of each unit type will initially be set aside for the Local Preference Lottery Pool and the remaining units will be leased through the General Lottery Pool. Once the Local Preference list is exhausted, any remaining units will also be leased through the General Lottery Pool.

Ballots with the Registration Number for each applicant household will be placed in the appropriate lottery pool(s). Applicants will be entered into all lottery pools for which they qualify; i.e., a local resident or individual employed in the Town of Barnstable will be included in both the Local Lottery and General Lottery pools.

Ballots for both lottery pools are drawn and logged onto the appropriate lottery pool list(s) until all Lottery Registration Numbers have been drawn. Within fourteen (14) days of the Lottery drawing, all applicants will receive written notification of their placement on the Lottery List(s) based on unit type/bedroom size. Applicants will be entered onto all lists for which they qualify.

**\*For an application to be considered complete every question must be answered and explanations must be provided where required. No sections may be skipped. If a section or question does not apply to you, please state so by using the phrases “None”, “No” or “N/A” as applicable. All documents that are requested to be submitted with your application must be submitted. The application and release forms must be signed and dated by all adult household members. Incomplete applications will be returned and will only be entered into the lottery if the corrected application is received or postmarked on or before the Application Period end date.**

Village Green II includes apartments accessible or adaptable for occupancy by disabled persons; therefore, first preference for those apartments shall be given to such disabled persons, including single-person households, in conformity with state and federal civil rights laws.

Because Village Green II has apartments with different numbers of bedrooms, apartments are then awarded (largest apartments first) by proceeding down the list to the first household that is of appropriate size for the largest income-restricted apartment available according to the appropriate apartment size criteria established for the lottery. Once all larger apartments have been assigned to appropriately-sized households in this manner, the lottery administrator returns to the top of the list and selects appropriately-sized households for smaller apartments. This process continues until all available apartments have been assigned to appropriately-sized applicant households.

Per Village Green's Resident Selection Plan, credit and criminal background reports will be ordered for all selected applicants. If an applicant does not pass the credit and/or criminal background check, they will be notified in writing and will have 10 days from the date of the notice to appeal.

Once an applicant household has passed the credit and criminal background check(s), they will be contacted to schedule an interview with a member of the property staff. At this interview, the applicant will be required to pay a rental deposit in the amount of \$200.00, review and update application information, provide updated documents for income and assets and sign or complete any additional paperwork based on information obtained to make sure the applicant meets all eligibility requirements of the program(s) for which they have applied.

If Management finds that a household exceeds the maximum income limit or does not meet the minimum income required to afford the rent amount, they will be notified in writing and will have 10 days from the date of the notice to meet with Management to dispute our calculations.

If an applicant chooses not to accept an apartment at the time they are contacted to schedule an interview, they may request in writing to be removed from the lottery list and be placed on the property's waiting list to be called after the initial lease up. If the applicant is no longer interested in an apartment at Village Green, they will receive written notice confirming that they are no longer interested.

The lottery administrator will retain a list of households who are not initially awarded an apartment in the order that they were drawn. If any of the applicants that were initially awarded an apartment do not qualify or do not rent the apartment, the apartment shall be offered to the next highest ranked household on that retained list.

***No individual having a financial interest in the project or their families can participate in the lottery. For HOME assisted units, the conflict of interest provisions of 24 CFR 92.356(f) apply.***