



Union Mills 37

37 Union Street

Attleboro, MA 02703

Telephone: 617.558.4077

37Union@Wingatecompanies.com

Dear Applicant:

Thank you for contacting Union Mills 37 to inquire about submitting an application for housing.

Union Mills 37 is a historic mill, currently being renovated into a community of 59 modern apartments. Located in downtown Attleboro Massachusetts, the property is within walking distance to the commuter rail, town center attractions such as restaurants and shopping. The building boasts amenities which cater to an active lifestyle. Residents have access to a fitness center, community room, and bike storage.

Apartments are a thoughtful blend of quality, comfort and style. Studio, one, two and three bedroom units feature an open concept floor plan with unique architectural details such as exposed brick and expansive sunlit windows. Kitchens include shaker style cabinetry with new countertops, appliances including electric stoves, dishwashers and microwaves. +

There are **8 Affordable units**, set aside for applicants who income qualify at 30% of median income and priced accordingly paying 35% of their rent which would include a subsidy through the state of Massachusetts. There are **34 Affordable units**, set aside for applicants who income qualify at 60% of median income and priced accordingly. There are **17 Workforce Housing units**, set aside for applicants who income qualify at 100% of median income and priced accordingly. Applicants must meet the income qualifications (see attached program description for current income limits and rental rates, rates are updated on an annual basis). If there is no waiting list for the type of unit you are applying for, we will contact you regarding an initial meeting.

At the meeting, we will need to independently verify all of your income and assets to determine eligibility. There are other qualifying criteria described in our Tenant Selection Plan, which we will review with you during the interview.

Please be advised that we update our waiting lists on an annual basis. Anyone who does not return the annual waiting list interest form when mailed, within the specified timeframe, will be removed from the waiting list. It is important to note that if you should move or change your phone number, it is your responsibility to notify the Management Office of such changes in writing and mailed to Union Mills 37, c/o Norton Glen, 4 Norton Glen Terrace, Norton, MA 02766.

If you are a person with disabilities and require a reasonable accommodation, please contact the Management Office to process the request for a reasonable accommodation.

Again, thank you for contacting Union Mills 37, and please contact us with any questions at 617.558.4077 or 37union@wingatecompanies.com.

Sincerely,

The Union Mills 37 Management Team
Wingate Management Company, LLC.

Wingate Management Company, LLC. does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. The person listed below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Dept. of Housing & Urban Development's regulations implementing Sec. 504 (24 CFR Part 8 dated June 2, 1988). Contact: Site Manager



PROGRAM DESCRIPTIONS:

- Workforce Housing - Workforce units are an affordable option for renters who earn too much to qualify for traditional subsidized housing but are still burdened by high market rents.
- Low Income Housing Tax Credit (LIHTC) Apartments – Affordable Rental Housing for low and moderate income residents.
- MRVP Units – Residents will pay 35% of their rent which would include a subsidy through the State of Massachusetts

30 % AREA MEDIAN INCOME (AMI) LIHTC/MRVP UNITS					
Unit Size	Monthly Rent	Units Available		Household Size	Annual Household Income <i>Minimum - Maximum</i>
Studio	N/A				
1 Bedroom	\$1,026	1	→	1 Person	\$0 - \$20,310
				2 People	\$0 - \$23,220
2 Bedroom	\$1,234	3	→	2 People	N/A - \$26,130
				3 People	N/A - \$29,010
				4 People	N/A - \$29,000
3 Bedroom	\$1,525	1	→	3 People	N/A - \$29,010
				4 People	N/A - \$29,000
				5 People	N/A - \$31,350
				6 People	N/A - \$33,650

60 % AREA MEDIAN INCOME (AMI) LIHTC UNITS					
Unit Size	Monthly Rent	Units Available		Household Size	Annual Household Income <i>Minimum - Maximum</i>
Studio	\$906	2	→	1 Person	\$32,616 - \$40,620
1 Bedroom	\$959	21	→	1 Person	\$34,524 - \$40,620
				2 People	\$34,524 - \$46,440
2 Bedroom	\$1,139	7	→	2 People	\$41,004 - \$46,440
				3 People	\$41,004 - \$52,260
				4 People	\$41,004 - \$58,020
3 Bedroom	\$1,305	4	→	3 People	\$46,980 - \$52,260
				4 People	\$46,980 - \$58,020
				5 People	\$46,980 - \$62,700
				6 People	\$46,980 - \$67,320

100% AREA MEDIAN INCOME (AMI) WORKFORCE HOUSING					
Unit Size	Monthly Rent	Units Available		Household Size	Annual Household Income <i>Minimum - Maximum</i>
Studio	\$1,275	2	→	1 Person	\$45,900 - \$67,700
1 Bedroom	\$1,625	11	→	1 Person	\$58,500 - \$67,700
				2 People	\$58,500 - \$77,400
2 Bedroom	\$1,850	4	→	2 People	\$66,600 - \$77,400
				3 People	\$66,600 - \$87,100
				4 People	\$66,600 - \$96,700
3 Bedroom	N/A				

UNION MILLS 37 – APPLICATION FOR HOUSING

30% AMI LIHTC MRVP Program / 60% LIHTC Program / 100% AMI Workforce Housing

EQUAL HOUSING OPPORTUNITY

Property Name: Union Mills 37
Address: 37 Union Street, Attleboro, MA 02703
Office Phone: 1.617.558.4077
Email: 37union@wingatecompanies.com
TTY #771 / (English – 1.800.720.3480) / (Spanish 1.866.930.9252)

*****MAILING ADDRESS*****

Union Mills
c/o Norton Glen
4 Norton Glen Terrace
Norton, MA 02766

Note: Please fill in all sections completely. Failure to do so will result in processing delays or rejection of your application. Should you need help in completing this applicant, please contact the Rental Office.

A. GENERAL INFORMATION

Applicant Name(s): _____

Present
Address:

Street Apt.# City State ZIP

Mailing
Address:
(If different)

Street Apt.# City State ZIP

Home Telephone: _____ Email: _____

Race/Ethnicity: (Optional Section: Information will be used for fair housing programs only, as required by State and Federal Laws. Applicants may choose all that apply.)

Race:

- American Indian/Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Other

Ethnicity:

- Hispanic or Latino
- Not-Hispanic or Latino

Note: Upon request to the Agent, you have the right to receive a Tenant Selection Plan Summary (with Program Description Insert (which summarizes the tenant application process, including eligibility and screening requirements, for occupancy in the Development.

Amount of current monthly Rental or Mortgage payment: \$ _____

If owned, do you receive monthly rental income from property? Yes No (check one)

If rent, do you have a Section 8 traveling voucher? Yes No (check one)

Approximate monthly cost of utilities paid by you (excluding phone and cable TV): \$ _____





How did you hear about Union Mills 37 Apartments? _____

SELECT APARTMENT SIZE YOU'RE REQUESTING:

Studio	1 BR	2BR	3BR
[]	[]	[]	[]

DO YOU OR A HOUSEHOLD MEMBER REQUIRE AN ADAPTED UNIT FOR:

Mobility: [] Yes [] No **Hearing:** [] Yes [] No **Vision:** [] Yes [] No

Does a member of the household have a mobility impairment? [] Yes [] No

A person with disabilities as defined by federal regulation is... "Any adult having a physical, mental or emotional impairment that is expected to be of long, continued and indefinite durations, and substantially impedes his or her ability to live independently and is of a nature that such ability could be improved by more suitable housing conditions."

Do you or a member of your household qualify as a person with disabilities under the definition above? [] Yes [] No

IF YES, do you need a reasonable accommodation (defined below) in order to participate in the application process or to make effective use of the housing program? For example, grab bars, wheelchair accessibility, hearing or visual assistance. [] Yes [] No

If yes, please describe the reasonable accommodation needs _____

A reasonable accommodation is defined as a change, exception or adjustment to a program, service, building, dwelling unit or workplace that will allow a qualified person with a disability to: a.) participate fully in a program, b.) take advantage of a service, c.) live in a dwelling or d.) perform a job.



	Name (FIRST & LAST NAME)	Relationship to Head	(Optional) GENDER	Birth Date (MM/DD/YY)	Social Security #	STUDENT?
1.		HEAD				[] YES [] NO
2.						[] YES [] NO
3.						[] YES [] NO
4.						[] YES [] NO
5.						[] YES [] NO
6.						[] YES [] NO

Disclosure of Social Security Numbers – All applicant and tenant household members must disclose and provide verification of the complete and accurate SSN assigned to them except for those individuals who do not contend eligible immigration status or tenants who were age 62 or older as of January 31st, 2010 and whose initial determination of eligibility was begun before January 31st, 2010. This paragraph explains the requirements and responsibilities of applicants or tenants to supply owners with this information, the responsibility of owners to obtain this information, and the consequences for failure to provide the information.

Will all listed minors be living in the unit at least 50% of the time? Yes No

Have there been any changes in household composition in the last twelve months? Yes No

If yes, explain:

Do you anticipate any changes in household composition in the next twelve months? Yes No

If yes, explain:

Is there someone not listed above who would normally be living with the household? Yes No

If yes, explain:

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 education 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any full-time student(s) a TANF or a title IV recipient?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any full-time student(s) a single parent living with his/her minor child who is not a Dependant on another's tax return and whose children are not dependents of anyone other than a parent?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No



. INCOME

List **ALL sources of income for ALL Members** as requested below. If a section doesn't apply, cross out or write NA.

Household Member Name	Source of Income	Gross Monthly Amount
	Social Security	\$
	Social Security	\$
	Social Security	\$
		\$
	SSI Benefits	\$
	SSI Benefits	\$
	SSI Benefits	\$
	Pension (list source)	\$
	Pension (list source)	\$
	Veteran's Benefits (list claim #)	\$
	Veteran's Benefits (list claim #)	\$
	Unemployment Compensation	\$
	Unemployment Compensation	\$
	Title IV/TANF	\$
	GPA (General Public Assistance)	\$
	Contributions to the Household (monetary or not)	\$
	Full-Time Student Income (18 & Over Only)	\$
	Financial Aid (grants & scholarships	\$
	exceeding of the amount of tuition may have to	
	be included in total income)	
	Interest Income (source)	\$
	Interest Income (source)	\$
	Long Term Medical Care Insurance Payments in excess of \$180/day	\$
	Scheduled Payments from Investments	\$



Household Member Name	Source of Income	Monthly Amount
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
	Alimony	
	Are you <i>legally entitled</i> to receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are <i>entitled</i> to receive.	\$
	Do you receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list amount you receive.	\$
	Child Support	
	Are you <i>legally entitled</i> to receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list the amount you are <i>entitled</i> to receive.	\$
	Do you receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you receive.	\$
	Other Income	\$
	Other Income	\$
	Other Income	\$
TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts listed above x 12)		\$
TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR		\$
Do you anticipate any changes in this income in the next 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is any member of the household legally entitled to receive income assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is any member of the household likely to receive income or assistance (<i>monetary or not</i>) from someone who is not a member of the household as listed on Page 2 etc)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes to any of the above, explain:		
Is the income received?	<input type="checkbox"/> Yes	<input type="checkbox"/> No



D. ASSETS

If your assets are too numerous to list here, please request an additional form.
If a section doesn't apply, cross out or write NA.

Checking Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Savings Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Trust Account	#	Bank	Balance \$	
Certificates	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Credit Union	#	Bank	Balance \$	
	#	Bank	Balance \$	
Savings Bonds	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
Life Insurance Policy		#	Cash Value \$	
(WHOLE or UNIVERSAL POLICIES ONLY)		#	Cash Value \$	
Do not list Death Policies		#		
Mutual Funds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
Stocks	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
Bonds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
Investment Property				Appraised Value \$



Real Estate Property: <i>Do you own any property?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, Type of property</i>		
Location of property (Address)		
Appraised Market Value	(+)	\$
Mortgage or outstanding loans balance due	(-)	\$
Amount of annual insurance premium	(-)	\$
Amount of most recent tax bill	(-)	\$
Does any member of the household have an asset(s) owned jointly with a person who is NOT a member of the household as listed on Page 2?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, describe:</i>		
Do they have access to the asset(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you sold/disposed of any property in the last 2 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, Type of property:</i>		
Market value when sold/disposed		\$
Amount sold/disposed for		\$
Date of transaction:		
Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up Irrevocable Trust Accounts)?		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, describe the asset:</i>		
Date of disposition:		
Amount disposed		\$
Do you have any other assets not listed above (excluding personal property)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, please list:</i>		

E. ADDITIONAL INFORMATION

Are you or any member of your family currently using an illegal substance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you or any member of your family ever been convicted of a felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, describe:</i>		
Are you or any member of your family subject to a state lifetime sex offender Registration program in any state?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
LIST ALL STATES WHERE APPLICANT AND MEMBERS OF APPLICANT'S HOUSEHOLD HAVE RESIDED:		
Have you or any member of your family ever been evicted from any housing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, describe</i>		
Have you ever filed for bankruptcy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, describe</i>		
Will you take an apartment when one is available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No



Briefly describe your reasons for applying:

F. REFERENCE INFORMATION

Current Landlord	Name:	
	Address:	
	Phone:	
	How Long?	
Prior Landlord	Name:	
	Address:	
	Phone:	
	How Long?	

Credit Reference #1:

Address:	Phone #:
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Credit Reference #2:

Address:	Phone #:
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EMERGENCY CONTACT

In case of emergency notify:	Relationship:
Address:	Phone #:

G. VEHICLE & PET INFORMATION (if applicable)

List any cars, trucks, or other vehicles owned. Parking will be provided for one vehicle. Arrangements with Management will be necessary for more than one vehicle.

Type of Vehicle:	License Plate #:
Year/Make:	Color:
Type of Vehicle:	License Plate #:
Year/Make:	Color:

Do you own any pets?	Yes	No
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If yes, describe:

Criminal Offenders Record Information (CORI report or other criminal background check may also be requested.

I/We certify that I/We understand that false statement or information are punishable applicable under State or Federal Law. I/We hereby certify that we have received a notice form the management agent describing the right to Reasonable Accommodations for persons with disabilities.

Signed under the pains and penalties of perjury.

(Signature Head of Household)

(Date)

(Signature Co-Head of Household)

(Date)

(Signature Adult Household Member)

(Date)



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 true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All adult applicants, 18 or older, must sign application.

If you are a person with disabilities and require a reasonable accommodation, please contact the Management Office to process the request for a reasonable accommodation.

Wingate Companies, acting as management agent for Union Mills 37 (the "Development") does not discriminate on the basis of race, color, religion, sex, national origin, sexual orientation, age, familial status, physical or mental disability, ancestry, genetic information, marital status, public assistance reciprocity, gender identity and veteran/military status in the access or admission to the Development, its employment, or in its programs, activities, functions or services.

(Signature Head of Household)

(Date)

(Signature Co-Head of Household)

(Date)

(Signature Adult Household Member)

(Date)

In completing this application, you have the right to include, as a part of the application, the name, address, telephone number and other relevant information of a family member, friend or social, health advocacy, or other organization as contact person to provide assistance to Applicant in connection with the application.

Applicants must complete Form HUD-92006.

Name of Additional Contact Person or Organization: _____

Address: _____

Telephone Number: _____ Email Address: _____

Relationship to Applicant: _____ Reason for Contact: _____

Do you have a **mobile** voucher? Yes No

What **Housing Authority** is your mobile voucher from?

Do you currently live or work in the city of Attleboro?

Live **Work** **Neither**

Do you have a dependent who attends an Attleboro School?

Yes **No** **N/A**



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

*Authorization for Release of Information and for the
Procurement of a Background Report – Criminal Offender Record Information Report*

I consent to have a consumer report made as to my credit history, rental history, social security information, criminal record, court records, and other pertinent information for admission purposes. I hereby authorize Wingate Companies, LLC. to obtain a background report containing the foregoing information from a) LexisNexis Resident Screening, P.O. Box 812289, Boca Raton, Florida 33481, b) the Criminal History Systems Board, 200 Arlington Street, Suite 2200, Chelsea, MA 02150, ATTN: CORI Unit for the Criminal Offender Record Information report, c) State of Rhode Island Bureau of Criminal Identification (BCI), Office of Attorney General, 150 South Main St., Providence, RI 02903, d) Pennsylvania State Police, Records & Identification Division, P.O. Box 62041, Harrisburg, PA 17106-2041, and/or e) First Advantage Safe Rent, 7300 Westmore Rd., Ste. 3, Rockville, MD 20850-5223

I am aware that the background report I consent to have prepared may include information obtained from a variety of sources, including but not limited to government agencies, national credit reporting agencies, and others. I am aware that if I choose, I may obtain a complete disclosure of the nature and scope of any report prepared about me if I make a written request to LexisNexis Resident Screening, the Criminal History Systems Board, PATCH Report or BCI Report, and/or to First Advantage Safe Rent within a reasonable time after I execute this authorization.

I also authorize and request every person, firm, company, corporation, governmental agency, court, law enforcement office, and any other entity having control or possession of any information pertaining to me or my background to furnish same to the requesting party.

By this Authorization for Release of Information and for the Procurement of a Background Report, PATCH Report, BCI Report, and/or Criminal Offender Record Information (CORI) report, I hereby forever release, discharge, exonerate, hold harmless and indemnify LexisNexis Resident Screening, the Criminal History Systems Board, State of RI Bureau of Criminal Identification (BCI), Pennsylvania Access to Criminal History (PATCH) and/or First Advantage Safe Rent, its affiliates, employees, representatives, agents, and subcontractors, and any other person, entity, organization or institution furnishing information to them from any and all liabilities of every nature and kind, including but not limited to claims for libel, slander, invasion of privacy, related tort claims, misuse of information obtained from LexisNexis Resident Screening, the Criminal History Systems Board, PATCH, BCI, and/or First Advantage Safe Rent, and any other claim or cause of action arising out of the furnishing, inspection or copying of any documents, files, records, and other information, or the investigation made by or on behalf of LexisNexis Resident Screening, the Criminal History Systems Board, PATCH, BCI, and/or First Advantage Safe Rent, unless such release is determined to violate the public policy of the state or federal district in which this contract is executed, and in that event this release will be permitted to the maximum extent allowed by the governing law.

U.S. Department of Commerce

*Language Identification
Flashcard*

DIRECTIONS

- CHECK OFF the language(s) which you or your household speaks on the attached forms.

- | | | |
|--------------------------|---|------------------------|
| <input type="checkbox"/> | ضع علامة في هذا المربع إذا كنت تقرأ أو تتحدث العربية. | 1. Arabic |
| <input type="checkbox"/> | Խոսողո՞ւմ ե՞սք նշողո՞ւմ կատարե՞ք այս քանակազուտում, եթե խոսում կամ կարողում եք հայերեն: | 2. Armenian |
| <input type="checkbox"/> | যদি আপনি বাংলা পড়েন বা বলেন তা হলে এই বাক্সে দাগ দিন। | 3. Bengali |
| <input type="checkbox"/> | ល្អបញ្ជាក់ក្នុងប្រអប់នេះ បើអ្នកអាន ឬនិយាយភាសា ខ្មែរ ។ | 4. Cambodian |
| <input type="checkbox"/> | Motka i kahhon ya yangin ûntûngnu' manaitai pat ûntûngnu' 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 هستید، این مربع را علامت بزنید. | 12. Farsi |

- Cocher ici si vous lisez ou parlez le français. 13. French
- Kreuzen Sie dieses Kästchen an, wenn Sie Deutsch lesen oder sprechen. 14. German
- Σημειώστε αυτό το πλαίσιο αν διαβάζετε ή μιλάτε Ελληνικά. 15. Greek
- Make kazyè sa a si ou li oswa ou pale kreyòl ayisyen. 16. Haitian Creole
- अगर आप हिन्दी बोलते या पढ़ सकते हैं तो इस बक्स पर चिह्न लगाएँ। 17. Hindi
- Kos lub voj no yog koj paub twm thiab hais lus Hmoob. 18. Hmong
- Jelölje meg ezt a kockát, ha megérti vagy beszéli a magyar nyelvet. 19. Hungarian
- Markaam daytoy nga kahon no makabasa wenno makasaoka iti Ilocano. 20. Ilocano
- Marchi questa casella se legge o parla italiano. 21. Italian
- 日本語を読んだり、話せる場合はここに印を付けてください。 22. Japanese
- 한국어를 읽거나 말할 수 있으면 이 칸에 표시하십시오. 23. Korean
- ໃຫ້ໝາຍໃສ່ຊ່ອງນີ້ ຖ້າທ່ານອ່ານຫຼືປາກພາສາລາວ. 24. Laotian
- Prosimy o zaznaczenie tego kwadratu, jeżeli posługuje się Pan/Pani językiem polskim. 25. Polish

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