

Hearthway, Inc.

To request a translator to assist with this application, please contact Hearthway, Inc. at 413 499 1630.

English, Chinese, Haitian Creole, Khmer, Portuguese, Russian, Spanish and Vietnamese.

Pou mande yon tradiktè pou ede avèk aplikasyon sa a, tanpri kontakte Hearthway, Inc. Sèvis Lojman nan 413 499 1630.

Haitian Creole

ដើម្បីស្នើសុំអ្នកបកប្រែជួយកម្មវិធីនេះ

សូមទំនាក់ទំនងមកកាន់សេវាកម្មលំនៅដ្ឋាន Hearthway, Inc. តែ នៅ 413 499 1630។

Khmer

Para solicitar um tradutor para ajudar com este aplicativo, entre em contato com a Hearthway, Inc. pelo telefone 413 499 1630.

Portuguese Brazil

Para solicitar um tradutor para ajudar nesta aplicação, contacte os Serviços de Habitação da Hearthway, Inc. pelo telefone 413 499 1630.

Portuguese Portugal

要請求翻譯人員協助此申請，請致電413 499 1630與伯克希爾住房服務部聯繫。

Cantonese

要请求翻译人员协助此申请，请致电413 499 1630与伯克希尔住房服务部联系。

Chinese Simple

Pour demander un traducteur pour vous aider avec cette application, veuillez contacter Hearthway, Inc. au 413 499 1630.

French

Um einen Übersetzer anzufordern, der Sie bei diesem Antrag unterstützt, wenden Sie sich bitte an Hearthway, Inc. unter 413 499 1630.

German

Чтобы запросить переводчика для помощи с этим заявлением, пожалуйста, свяжитесь с Hearthway, Inc. Housing Services по телефону 413 499 1630.

Russian

Aby poprosić tłumacza o pomoc w tej aplikacji, skontaktuj się z Hearthway, Inc. pod numerem 413 499 1630.

Polish

Para solicitar un traductor que lo ayude con esta solicitud, comuníquese con Hearthway, Inc. al 413 499 1630.

Spanish

Щоб попросити перекладача допомогти з цією заявкою, будь ласка, зв'яжіться з Hearthway, Inc. за номером 413 499 1630.

Ukrainian

Để yêu cầu người phiên dịch hỗ trợ ứng dụng này, vui lòng liên hệ với Hearthway, Inc. theo số 413 499 1630.

Vietnamese

Heathway, Inc.

I Speak Statements

- | | |
|--|--|
| <input type="checkbox"/> Unë flas shqip (Albanian) | <input type="checkbox"/> N̄ a po Klào Win. (Kru) |
| <input type="checkbox"/> አማርኛ እናገራለሁ (Amharic) | <input type="checkbox"/> ຂ້າພະເຈົ້າເວົ້າ ພາສາລາວ. (Lao) |
| <input type="checkbox"/> انا اتكلم اللغة العربية. (Arabic) | <input type="checkbox"/> Yie gorngv Mienh waac. (Mien) |
| <input type="checkbox"/> Ես խոսում եմ հայերեն (Armenian) | <input type="checkbox"/> म नेपाली बोल्छु (Nepali) |
| <input type="checkbox"/> আমি বাংলা ভাষী। (Bengali) | <input type="checkbox"/> Mówię po polsku . (Polish) |
| <input type="checkbox"/> Ja govorim bosanski jezik (Bosnian) | <input type="checkbox"/> Eu falo Portugês . (Portuguese) |
| <input type="checkbox"/> ကျွန်တော်ပြန်ဟောကားပြောသည်။ (Burmese) | <input type="checkbox"/> ਇ ਸ੍ਰਪੇਆਕ ਪੰਜਾਬੀ (Punjabi) |
| <input type="checkbox"/> 我说中文 (Chinese Simplified) | <input type="checkbox"/> Cunosc limba Română . (Romanian) |
| <input type="checkbox"/> 我說中文 (Chinese Traditional) | <input type="checkbox"/> Я говорю по-русски . (Russian) |
| <input type="checkbox"/> Ja govorim hrvatski . (Croatian) | <input type="checkbox"/> Ou te tautala faaSamoa . (Samoan) |
| <input type="checkbox"/> اینجانب به زبان فارسی صحبت می کنم (Farsi) | <input type="checkbox"/> Govorim srpski . (Serbian) |
| <input type="checkbox"/> Je parle français . (French) | <input type="checkbox"/> Waxaan ku hadlaa Somali . (Somali) |
| <input type="checkbox"/> Je parle le Français haïtien (French Creole) | <input type="checkbox"/> Yo hablo español . (Spanish) |
| <input type="checkbox"/> Μιλάω ελληνικά . (Greek) | <input type="checkbox"/> أتحدث السودانية (لغوي سوداني) (Sudanese) |
| <input type="checkbox"/> ડું ગુજરાતી બોલુ છું (Gujarati) | <input type="checkbox"/> Marunong po akong magsalita ng Tagalog . (Tagalog) |
| <input type="checkbox"/> Mwen pale Kreyòl . (Haitian Creole) | <input type="checkbox"/> ข้าพเจ้าพูด ภาษาไทย (Thai) |
| <input type="checkbox"/> मैं हिंदी बोलता हूँ (Hindi) | <input type="checkbox"/> አካ ትግርኛ ይዘረብ እዩ. (Tigrinya) |
| <input type="checkbox"/> Kuv hais lus hmoob . (Hmong) | <input type="checkbox"/> Я розмовляю українською . (Ukrainian) |
| <input type="checkbox"/> Ana m a sụ Igbo (Igbo) | <input type="checkbox"/> میں اردو بولتا/ بولتی ہوں . (Urdu) |
| <input type="checkbox"/> Parlo Italiano (Italian) | <input type="checkbox"/> Tôi nói tiếng Việt . (Vietnamese) |
| <input type="checkbox"/> 私は日本語を話します (Japanese) | <input type="checkbox"/> ך ף ארע ן ם ן (Yiddish) |
| <input type="checkbox"/> Mi chat Jamiekan langwjjj (Jamaican Creole) | <input type="checkbox"/> Mo gbọ Yoruba (Yoruba) |
| <input type="checkbox"/> y k t ʈk q ʈfɪ ʈ (Karen) | |
| <input type="checkbox"/> ខ្ញុំនិយាយភាសាខ្មែរ (Khmer) | |
| <input type="checkbox"/> 본인의 모국어는 한국어입니다 (Korean) | |
| <input type="checkbox"/> ئە ز زمانى كوردى ده ناخفم. (Kurdish) | |

Hearthway, Inc.

1 Fenn Street 3rd Floor
P.O. Box 1180
PITTSFIELD, MASSACHUSETTS 01202-1180
413-499-1630
413-445-7633 (FAX)
APPLICATION FOR HOUSING

FOR OFFICE USE ONLY
Date Received: ___/___/___
Time: ___:___:___
of BR's: 0 1 2
Control #: _____

Please indicate bedroom size

One bedroom ___ One Bedroom **(H)** ___
Studio ___ Studio **(H)** ___
Two Bedroom ___ (Proprietor's Fields Only)
Two Bedroom ___ **(H)** (Capitol Sq. & Proprietor's Only)

PLEASE INDICATE WHICH BUILDING(S) YOU ARE INTERESTED IN:

- ___ BARRETT HOUSE, 17 PLEASANT STREET, ADAMS
- ___ CAPITOL SQUARE, 379 NORTH STREET, PITTSFIELD
- ___ HYDE PLACE, 46 RAILROAD STREET, LEE
- ___ PROPRIETOR'S FIELDS, 118 CHURCH STREET, WILLIAMSTOWN
- ___ EPWORTH ARMS, 350 WEST STREET, PITTSFIELD
- ___ HOLY FAMILY TERRACE, 611 STATE ROAD, NORTH ADAMS

1) NAME _____ STREET _____ CITY _____ STATE _____ ZIP _____ TEL. # _____ S.S. # _____ DATE OF BIRTH _____	MAILING ADDRESS, IF DIFFERENT: _____ _____ _____ BUS. TEL. # _____
--	--

2) Racial and Ethnic Designation (Optional)

Race: White ___ American Indian ___ Asian ___ Black ___ Other ___
Ethnicity: Hispanic ___ Non-Hispanic ___

3) Rental History (please provide a minimum of 5 years rental history)

Current Landlord: _____ Phone #: _____
Address: _____ Monthly Rent: _____
_____ Utilities Included _____

Dates of occupancy: From _____ to _____

Why do you want to leave this address?

Previous Address: _____

Previous Landlord: _____
Address: _____

Phone #: _____

Date of occupancy: From _____ to _____
Why did you leave this address?

Previous Address: _____

Previous Landlord: _____
Address: _____

Phone #: _____

Date of occupancy: From _____ to _____
Why did you leave this address?

3a) List all States that Applicants have resided in: _____

4) Members of Household: Please list everyone to live in household.

<u>Name</u>	<u>SS#</u>	<u>Relation</u>	<u>Sex</u>	<u>Date of Birth</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Is a change in household expected? Yes No

If yes, what type of change: _____

5) **Income.** Please list all money to be earned or received in the next twelve months by each household member who is 18 years of age or older; including full time students, such as salaries, wages, social security / SSI, pension, TANF, public assistance, unemployment, disability benefits, child support, or alimony. **If you are collecting benefits under another social security number, please list the claim number here:** _____.

<u>Name of Person Receiving Income</u>	<u>Type of Income</u>	<u>Name/Address of Employer if Applicable</u>	<u>Gross Monthly Income</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6) All assets of any family member must be reported. Please check any applicable to your household: IF YOU HAVE NO ASSETS, COMPLETE PAGE 5.

_____ Savings _____ Checking _____ CD's _____ Stocks
 _____ Bonds _____ Real Estate _____ Other _____ Life Insurance

Provide name of banks or any applicable companies and approximate value/amount of asset.

_____ \$ _____
 _____ \$ _____
 _____ \$ _____

Have you sold any property or disposed of any assets for less than fair market value in the last two years? Yes No

<u>Type of Asset</u>	<u>Date of Disposal</u>	<u>Fair Market Value</u>	<u>Amount Received</u>
_____	_____	_____	_____
_____	_____	_____	_____

7) In order to be considered for eligibility the applicant or spouse must be at least 62 years of age unless you have a mobility impairment which requires a handicapped accessible apartment. If you or your spouse are in need of a handicap accessible unit due to a mobility impairment please check here: In addition, please list the name of your physician so we can verify that you are in need of this type of apartment.

Name: _____

Address: _____

8) **Personal reference (no relatives).**

NAME _____ PHONE NUMBER _____
 ADDRESS _____ BUSINESS NUMBER _____
 CITY, STATE, ZIP _____

9) **Expenses:** Do you pay for child care for any children under the age of 13, a care attendant or any equipment for a handicapped household member, which enables you or another family member to work or go to school? Yes No

If yes, please fill in the type of expense and the amount you expect to spend on this care in the next twelve months: _____

Do you pay for any medical expenses that are not covered by insurance? This includes insurance premiums. Yes No

If yes, please list amount: _____

10) Have you or any member of your household ever been a recipient of any state or federal housing assistance program? ****Applicants who were age 62 or older as of 1/31/2010 and who do not have a SSN and were receiving HUD rental assistance at another location on 1/31/2010 could qualify the applicant for the exemption from disclosing and providing verification of a SSN.***

Yes No

If yes, name of head of household at that time: _____

Relation to present applicant: _____

Name of Housing Authority or Agency: _____

Address of subsidized Unit: _____

City, State: _____

Date Moved Out: _____

Reason for Moving: _____

Did you leave us a tenant in good standing: Yes No

If no, please explain: _____

If you answered yes to question 10, has your assistance ever been terminated for fraud, non-payment of rent or failure to cooperate with recertification procedures? Yes No

If yes, explain: _____

11) Have you or any member of your household ever been arrested or convicted of a crime or subject to a life time requirement to register as a sex offender?

Yes No

If yes, please explain: _____

12) How did you hear of this apartment complex? _____

13) Pets are allowed at these developments in accordance with Hearthway, Inc. Pet Policy. If you have or will have a pet please check box:

Please send me a copy of the Pet Policy.

14) Do you own a car? ___ Yes ___ No

If yes, please indicate year and model _____

Apartments are financed by the Massachusetts Housing Finance Agency and/or the U.S. Department of Housing and Urban Development and are rented without regard to race, color, religion, sex or national origin, handicap or familial status. Federal law prohibits the discrimination against individuals with handicaps. Upon request, reasonable accommodations will be made to rules, policies, practices and services making them accessible and permit assistive animals when they provide tenants with equal housing opportunities.

I understand that this application is not an offer of housing. I understand that it is my responsibility to notify Hearthway, Inc. in writing of any change of address, income or family composition. By signing this application I am giving permission for Hearthway, Inc. staff to verify any information in this application, perform a credit and criminal record check. Additional information will be provided if requested. I certify that the information I have given in this application is true and correct. I understand that any false statements or misrepresentation may result in the cancellation of this application. I understand that if I am contacted regarding these programs and I do not respond, my name will be removed from the waiting list.

APPLICANT'S SIGNATURE

DATE

PERSON TO NOTIFY IN CASE OF AN EMERGENCY:

Name _____
Relationship _____
Address _____
City, State, Zip _____
Telephone Number _____

NO ASSET CERTIFICATION

PLEASE COMPLETE THIS ONLY IF YOU HAVE NO ASSETS. OTHERWISE PLEASE COMPLETE THE REQUIRED ASSET SECTION ON PAGE 3.

This will certify that I have no assets of any kind. If I do acquire any assets such as savings, checking, stocks, bonds, real estate or any other assets I will notify Hearthway, Inc. immediately.

SIGNATURE

DATE



APPLICATION FOR HOUSING

Low-Income Housing Tax Credit Property

Please Print Clearly

This is an application for housing at:	Project: Capitol Square Apartments
	Address: 379 North Street
	Pittsfield, Mass. 01201
Please complete this application and return to:	Name: Hearthway, Inc.
	Address: P. O. Box 1180
	One Fenn Street
	Pittsfield, MA 01202

Applications are placed in order of date and time received. An applicant may be interviewed only after the receipt of this tenant application.

A. GENERAL INFORMATION

Applicant Name(s): _____

Address: _____
Street Apt.# City State ZIP

Daytime Phone: _____ Evening Phone: _____

No. of BR's in current unit: _____ Do you RENT or OWN (check one)

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

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

Check utilities paid by you: Heat Electricity Gas Other (specify)

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

Bedroom size requested: One Bedroom Two Bedroom
 One Bedroom Handicap Two Bedroom Handicap

B. HOUSEHOLD COMPOSITION

	Name	Relationship to head	Birth Date	Age (optional)	SS# (last 4 digits)	Student Y/N
Head						
Co-T						
3.						
4.						
5.						
6.						
7.						
8.						

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 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?	<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 child(ren) 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

C. INCOME

List ALL sources of income 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	\$
	Public Assistance (Title IV/TANF etc.)	\$
	Contributions to the Household (monetary or not)	\$
	Full-Time Student Income (18 & Over Only)	\$
	Financial Aid (excluding loans)	\$
	Annuities (list sources)	\$
		\$
	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 of Deposit	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Money Market Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
Savings Bonds	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
Life Insurance Policy	#		Cash Value \$	
Life Insurance Policy	#		Cash Value \$	
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	
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/dispensed 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/dispensed	\$
Amount sold/dispensed 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>		

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>		
List all States Applicant has resided:		
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
<i>Briefly describe your reasons for applying:</i>		

F. REFERENCE INFORMATION

Current Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
Prior Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
Credit Reference #1:		
Address:		
Account #:		Phone #:
Credit Reference #2:		
Address:		
Account #:		Phone #:
Credit Reference #3:		
Address:		
Account #:		Phone #:
Personal Reference #1:		
Address:		

Relationship:	Phone #:
Personal Reference #2:	
Address:	
Relationship:	Phone #:
Personal Reference #3:	
Address:	
Relationship:	Phone #:

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

G. VEHICLE AND 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	
<i>If yes, describe:</i>			

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.

SIGNATURE (S):

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

NOTICE TO APPLICANTS WITH DISABILITIES REGARDING REASONABLE ACCOMMODATION

Hearthway, Inc., Inc. does not discriminate against applicants on the basis of their race, creed, color, religion, sex, gender identity, genetic information, national origin, marital or familial status, disability, age, receipt of public assistance or sexual preference in its management of rental housing. Consistent with applicable law, Hearthway, Inc. will provide a reasonable accommodation to applicants if they or any household members have a disability or handicap and if the reasonable accommodation is necessary to provide an equal opportunity to use and enjoy the housing.

A reasonable accommodation is some modification that Hearthway, Inc. can make to the apartments it manages or in its rules or procedures that will assist an otherwise eligible applicant with a disability to take advantage of the housing, provided that the change does not pose an undue financial or administrative burden to Hearthway, Inc. or require a fundamental change in its program. A reasonable accommodation may include providing an appropriate auxiliary aid to an applicant with a disability where such assistance is necessary to enable effective communication with the applicant.

Examples of reasonable accommodation include:

- Installing flashing light smoke detectors in an apartment for a household with a hearing-impaired member;
- Making a sign language interpreter available to a hearing-impaired applicant during an interview.

An Applicant household that has a member with a disability must still be able to meet essential obligations of tenancy. For example, they must be able to pay rent, to care for their apartment, to report required information to Hearthway, Inc. to avoid disturbing their neighbors, etc. This requirement takes into consideration whether any requested reasonable accommodation would permit the applicant to be considered eligible.

If you or a member of your household have a disability or handicap and think you might need or want a reasonable accommodation, you may request it at any time in the application process or after you have moved in. We prefer that you make the request by completing our Request for Reasonable Accommodation form, but you do not have to use our form to make the request. Of course, if you would prefer not to discuss your disability with Hearthway, Inc., that is your right.

You can get a Request for Reasonable Accommodation form at Hearthway, Inc.'s office, at One Fenn Street, Pittsfield, MA 01201 or by calling (413) 499-1630. If you need help filling out the form or need to submit your request in some other way, please call at the above numbers.