



SEVEN SPRINGS APARTMENTS

Dear Applicant,

Thank you for your interest in Seven Springs Apartments. Enclosed you will find an application packet for our Affordable Housing Program, which includes the following materials:

1. Affordable Housing Rental Application
2. Notice of Non-Discrimination, Right to Reasonable Accommodation and Right to Free Language Assistance
3. Income Limits and Rental Rates for 1, 2 & 3 bedroom apartment homes.

Seven Springs Apartments offers carefree apartment living at its finest and features one, two and three bedroom flat style apartment homes along with town homes, many with attached garages. Designed with convenience in mind, they offer spacious floor plans, luxurious finishes, well appointed common area facilities and an unequaled value for a luxury apartment community.

Seven Springs presents an ideal blend of natural serenity and suburban convenience all in one location. Suburban living in a relaxed neighborhood environment offering an extensive network of seven natural ponds, forests and over a mile of walking and biking trails right on site. Remarkably, all of this is found less than a quarter mile from Interstate 95 / 128 and minutes from Burlington's thriving commercial centers including the Burlington Mall and countless retail stores on the Middlesex Turnpike.

APARTMENT FEATURES

Fully Applianced Kitchen with Granite Countertops and Cherry Cabinets
Ceramic Tiling in Kitchens and Bathrooms
In-Suite Full Size Washer and Dryer
Walk-in Closets
9 ft. Ceilings
Garage and Underground Parking*
Pet Friendly Community

**Available in select apartment homes*



AMENITIES

Spacious Fitness Center
Clubroom with Fireplace
Sports Bar with Flat Screen TVs
Beautiful Heated Outdoor Pool
Executive Business Center and Conference Room
Miles of Trails for Walking, Jogging, or Biking
Premium Retail Shopping and Fine Dining Near By

Please fill out the enclosed application and return it to the Management Office located at 1 Seven Springs Lane Burlington, MA 01803 to be placed on our waiting list. Our staff is available to answer any questions you may have while completing the application or for any questions about the Community. Please feel free to contact us at (781) 221-7109, TTY: 711.

Regards,

Karen Neff
Property Manager

National Development Asset Management of New England LP 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. National Development Asset Management of New England LP provides persons with disabilities the opportunity to request a Reasonable Accommodation in order to apply to and participate in such programs and activities. National Development Asset Management of New England LP 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. Kristen Awrey coordinates National Development's compliance with all nondiscrimination requirements. Contact her with any questions or concerns relating to National Development's compliance with nondiscrimination requirements: Telephone (617) 969-1200, Relay #711 or at National Development, 2310 Washington Street, Newton Lower Falls, MA 02462.



Affordable Program

Apartments

# of Units	Type	Square Feet	Rent	Household Size	% Income
7	1 Bedroom	838	\$1,135	1-2	80%
9	2 Bedroom	1052-1201	\$1,236	2-4	80%
1	3 Bedroom	1256	\$1,333	4-6	80%

Town homes

# of Units	Type	Square Feet	Rent	Household Size	% Income
7	1 Bedroom	765-959	\$1,135	1-2	80%
8	2 Bedroom	1216-1319	\$1,236	2-4	80%
1	3 Bedroom	1312	\$1,133	4-6	80%

Household Size	Income Limit
1 Person	\$51,150
2 People	\$58,450
3 People	\$65,750
4 People	\$73,050
5 People	\$78,900
6 People	\$84,750

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Seven Springs Apartments
1 Seven Springs Lane
Burlington, MA 01803
781-221-7109, TTY: 711

For Office Use Only:

Date Appl. Rcvd: _____

Household Size: _____

Bedroom Size: 1 Bedroom
 2 Bedroom
 3 Bedroom

APPLICATION FOR HOUSING

Date: _____

PERSONAL INFORMATION:

Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell: _____ Email: _____

Bedroom Size: 1 Bedroom 2 Bedroom 3 Bedroom

PLEASE LIST ALL HOUSEHOLD MEMBERS INCLUDING YOURSELF:

<u>Name</u>	<u>Date of Birth</u>	<u>Sex</u>	<u>Relationship to Head of Household</u>
		M/F	
		M/F	
		M/F	
		M/F	
		M/F	
		M/F	

ADDITIONAL INFORMATION:

The MAXIMUM allowable annual income is as follows:

Household Size	1	2	3	4	5	6
Max Allowable Income	\$51,150	\$58,450	\$65,750	\$73,050	\$78,900	\$84,750

HUD 2016 income limits. Income limits can change on an annual basis.

These income limits are FIRM and cannot be adjusted. Please be advised that the income to be used should include income for all members of the household that are to be residing in the home.



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The undersigned warrants and represents that all statements herein are true. It is understood that the sole use of this application is to be added to the waiting list for Arborpoint at Seven Springs. I (we) understand if we have an opportunity to lease additional financial documentation will be required to determine eligibility.

Signature _____ Date: _____

Signature _____ Date: _____

Return to: Seven Springs Apartments, 1 Seven Springs Lane, Burlington, MA 01803



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Application Addendum – Household Race/Ethnicity/Disability Status Designation and Demographics Consent Form

Use an additional form for households with 6 or more members

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 Commonwealth of Massachusetts. 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 Commonwealth in an effort to affirmatively further fair housing in Massachusetts.

Instructions: This form must be completed and signed/dated by the head of household, all adult members of the household and the Owner/Agent. The designation of a specific race, 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 you or any household member chooses not to disclose race, ethnicity and/or disability status for any member, you must check the applicable boxes under the Race, Ethnicity and Disability Status sections for each member as “I do not wish to disclose”.

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 109.15, available at <http://www.fairhousing.com/index.cfm?method=page.display&pageID=552>.

“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



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I do not wish to disclose the disability status.

2. Full Name of Household Member: _____ **Date of Birth:** _____

Race of this Household Member

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

Ethnicity of this Household Member

- 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 on Page 1:

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

3. Full Name of Household Member: _____ **Date of Birth:** _____

Race of this Household Member

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

Ethnicity of this Household Member

- 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 on Page 1:

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

4. Full Name of Household Member: _____ **Date of Birth:** _____

Race of this Household Member

- White
- Black/African American

Ethnicity of this Household Member

- Hispanic or Latino
- Not Hispanic or Latino

- American Indian/Alaska Native
- Asian
- Native Hawaiian/Other Pacific Islander
- Other
- I do not wish to disclose.

I do not wish to disclose.

Disability Status of This Member That Meets the Fair Housing Act Definition on Page 1:

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

5. Full Name of Household Member: _____ **Date of Birth:** _____

Race of this Household Member

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

Ethnicity of this Household Member

- 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 on Page 1:

- 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, 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).



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Head of Household Signature

Date Signed

Co-Head, Spouse or Other Adult Member

Date Signed

Other Adult Household Member

Date Signed

Other Adult Household Member

Date Signed

Other Adult Household Member

Date Signed

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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

National Development Asset Management of New England, LP 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.

National Development Asset Management of New England, LP has designated Kristen Awrey to coordinate compliance with applicable federal and state nondiscrimination requirements and to address grievances applicants and residents may have. The following is her contact information:

National Development Asset Management of New England, LP
2310 Washington Street
Newton Lower Falls, MA 02462
Telephone: (617) 969-1200, TTY: 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: Arborpoint at MarketStreet

Office Address: 150 King Rail Drive

Telephone: (877) 272-6778, TTY: 711

Email: arbopointms@natdev.com

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Equal Housing Opportunity



**Contact Information for the Department of Housing and Urban Development Region I
FHEO Office and State Fair Housing Agencies Where National Development Asset
Management of New England, LP, 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

Rhode Island

Rhode Island Commission for Human Rights
180 Westminster Street, 3rd Floor
Providence, RI 02903
Tel: 401-222-2661 TTY: 401-222-2664
Fax: 401-222-2616

Vermont

Vermont Human Rights Commission
14-16 Baldwin Street
Montpelier, VT 05633-6301
800-416-2010, x25 (voice)
802-828-2481 (fax)
877-294-9200 (TTY)
Email: human.rights@state.vt.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"/> Խոսում ե՞ս և կարո՞ւմ եմ խոսել արևելահայերենով, կամ հայերենով:	2. Armenian
<input type="checkbox"/> যদি আপনি বাংলা পড়েন বা বলেন তা হলে এই বক্সে মার্ক দিন।	3. Bengali
<input type="checkbox"/> ឈ្មួញបញ្ជាក់ក្នុងប្រអប់នេះ បើអ្នកអាន ឬនិយាយភាសា ខ្មែរ ។	4. Cambodian
<input type="checkbox"/> Motka i kakhon 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

<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 διαβάσετε ή μιλάτε Ελληνικά.	15. Greek
<input type="checkbox"/>	Make kazyè sa a si ou li oswa ou pale kreyòl ayisyen.	16. Haitian Creole
<input type="checkbox"/>	अगर आप हिन्दी बोलते या पढ़ सकते हैं तो इस बक्स पर चिह्न लगाएँ।	17. Hindi
<input type="checkbox"/>	Kos lub voj no yog koj paub twm thiab hais lus Hmoob.	18. Hmong
<input type="checkbox"/>	Jelölje meg ezt a kockát, ha megérti vagy 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"/>	ໃຫ້ໝາຍໃສ່ຊ່ອງນີ້ ຖ້າທ່ານອ່ານຫຼືປາກົດພາສາລາວ.	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 квадратичић 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"/>	ให้ทำเครื่องหมายลงในช่องดำผ่านถ่านหินทุกภาษาไทย.	33. Thai
<input type="checkbox"/>	Maaka 'i he puha ni kapau 'oku ke lau pe lea fakatonga.	34. Tongan
<input type="checkbox"/>	Відмітьте цю клітинку, якщо ви читаете або говорите українською мовою.	35. Ukrainian
<input type="checkbox"/>	اگر آپ اردو پڑھتے یا بولتے ہیں تو اس خانے میں نشان لگائیں۔	36. Urdu
<input type="checkbox"/>	Xin đánh dấu vào ô này nếu quý vị biết đọc và nói được Việt Ngữ.	37. Vietnamese
<input type="checkbox"/>	באצייכנט דעם קעסטל אויב איר לייענט אדער רעדט אידיש.	38. Yiddish