



Part I
Applicant's Statement
for Emergency Assistance Shelter

DATE: _____

Name: _____

Address where you are currently staying: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ - _____ - _____

Email Address: _____

Emergency Contact Information: _____

Is your current homelessness a result of domestic violence? Yes No

Is any member of your household a Level 2 or Level 3 sex offender? Yes No

If yes, indicate person's name and level: _____

Please explain the reason for your current homelessness:

Where did you stay last night? _____

When was the last time you had your own apartment/house, and why did you leave it?

Can you verify the reason you are homeless with any of the following? Yes No

- Eviction Papers
- A letter from the friend or family member who is asking you to leave
- A report from Inspectional Services
- A fire report
- Other _____

Highest level of school completed: No school completed 4th grade or less 5th or 6th grade
 7th or 8th grade 9th grade 10th grade 11th grade 12th grade, but no diploma
 high school diploma GED some college Associates Degree Bachelors Degree
 Masters Degree or higher Other post-secondary school

Ever served on active duty in the military? Yes No Don't Know
 If yes, which branch? Army Air Force Navy Marines Other: _____
 Type of discharge: Honorable General Medical
 Bad conduct Dishonorable Other: _____
 If no, Are you the spouse/partner or estranged spouse/partner of a veteran?
 Are any children in your household the children of a veteran?

Other Household Members

| Person Number | First Name | Last Name | Gender (M,F,M→F, F→M,Other, Don't Know, Refused) | Race | Ethnicity | Relationship to Head of Household 1=spouse/partner 2=parent/grandparent 3=child/grandchild 4=other relative 5=friend/roommate 6=other (pls specify) | Disabling Condition? (Yes,No, Don't Know, Refused) | SS# | DOB |
|---------------|------------|-----------|--|------|-----------|---|--|-----|-----|
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |
| 6 | | | | | | | | | |
| 7 | | | | | | | | | |

Housing Status / Housing History

How long have you lived in Mass.? 0-30 days 1-3 months 3-6 months 6-12 months 1+ years
 If less than 6 months, where did you live before? _____
 Why did you come to Massachusetts? (check all that apply) to be with family to go to school
 for employment to flee domestic violence discharged from the military
 recent émigré from another country for better access to health care or human services
 other: _____

Housing Status Literally homeless Housed and at imminent risk of losing housing
 Housed and at risk of losing housing Stably housed
 If less than 6 months, where did you live before? _____

IF Homeless or At Risk of Homelessness, Why?
 Eviction from:
 Public Housing
 Private Apartment – no subsidy
 McKinney Subsidy (Shelter + Care, SHP, Section 8 Mod Rehab)
 Other tenant-held subsidy (Section 8/Housing Choice, AHVP, MRVP, etc.)
 VASH (Veteran's subsidy)
 Apartment with attached housing subsidy
 Don't know

Do you need assistance getting these verifications? Yes No

Do you or any member of your household have any assets, such as money in the bank (including IRA, 401K) or in hand, a car, or any other object of value? Yes No

If yes, how much are these assets worth? \$ _____

Do you have verification of above assets? Yes No

Do you need assistance getting verification of above assets? Yes No

Are you or any member of your household currently employed? Yes No

If yes, how much do you or the other member of your household make? \$ _____

If not currently working, when was the last time you or the other member of your household worked? _____

Do you have verification of this employment? Yes No

Do you need assistance getting verification of employment? Yes No

Do you or any member of your household have any other source of income? Yes No

If yes, how much? \$ _____

Do you need assistance getting verification(s) of this income? Yes No

Do you or does any member of your household have a medical or other disability that might affect your placement in a temporary emergency shelter? Yes No

If yes, do you need assistance getting verification(s) of this disability? Yes No

I certify under penalty of perjury that the information given in this application is true to the best of my knowledge. I understand that I am required to verify the information I provided above. By signing this form, I give permission to the Massachusetts Department of Housing and Community Development (DHCD) to contact local and/or regional housing authorities, other government agencies, family, friends, schools, medical providers, financial institutions, and/or employers, past and present, and give permission to the above to share information with the DHCD that is necessary for me to get housing assistance services.

I understand that it is DHCD policy to use the Sex Offender Registry to determine if any member of my household, age 10 or older, is a registered sex offender.

I understand that if I am approved and offered a shelter placement based on the above statements and I am then found ineligible, my EA benefits Will be terminated and I will be ineligible to receive further EA benefits for 12 months from my last day in shelter.

Applicant Signature

Signature of Homeless Coordinator

Date

Date

Other Adult Signature

Date

Please provide three years of address history including where you have lived with another individual or rented. Begin with where you stayed last night.

Address: _____

Date you began to live here: _____ Date you last lived here: _____

Owner's Name: _____ Owner Phone Number: _____

Name of Primary Tenant: _____ Primary Tenant Phone #: _____

Relationship to Primary Tenant: _____

Rent amount you paid: _____ Private Subsidized Section 8 Low Income

Reason you can no longer stay here: _____

Address: _____

Date you began to live here: _____ Date that you last lived here: _____

Owner's Name: _____ Owner Phone Number: _____

Name of Primary Tenant: _____ Primary Tenant Phone #: _____

Relationship to Primary Tenant: _____

Rent amount you paid: _____ Private Subsidized Section 8 Low Income

Reason you can no longer stay here: _____

Address: _____

Date you began to live here: _____ Date that you last lived here: _____

Owner's Name: _____ Owner Phone Number: _____

Name of Primary Tenant: _____ Primary Tenant Phone #: _____

Relationship to Primary Tenant: _____

Rent amount you paid: _____ Private Subsidized Section 8 Low Income

Reason you can no longer stay here: _____

Please provide three years of address history including where you have lived with another individual or rented. Begin with where you stayed last night.

Address: _____

Date you began to live here: _____ Date you last lived here: _____

Owner's Name: _____ Owner Phone Number: _____

Name of Primary Tenant: _____ Primary Tenant Phone #: _____

Relationship to Primary Tenant: _____

Rent amount you paid: _____ Private Subsidized Section 8 Low Income

Reason you can no longer stay here: _____

Address: _____

Date you began to live here: _____ Date that you last lived here: _____

Owner's Name: _____ Owner Phone Number: _____

Name of Primary Tenant: _____ Primary Tenant Phone #: _____

Relationship to Primary Tenant: _____

Rent amount you paid: _____ Private Subsidized Section 8 Low Income

Reason you can no longer stay here: _____

Address: _____

Date you began to live here: _____ Date that you last lived here: _____

Owner's Name: _____ Owner Phone Number: _____

Name of Primary Tenant: _____ Primary Tenant Phone #: _____

Relationship to Primary Tenant: _____

Rent amount you paid: _____ Private Subsidized Section 8 Low Income

Reason you can no longer stay here: _____

Please provide three years of address history including where you have lived with another individual or rented. Begin with where you stayed last night.

Address: _____

Date you began to live here: _____ Date you last lived here: _____

Owner's Name: _____ Owner Phone Number: _____

Name of Primary Tenant: _____ Primary Tenant Phone #: _____

Relationship to Primary Tenant: _____

Rent amount you paid: _____ Private Subsidized Section 8 Low Income

Reason you can no longer stay here: _____

Address: _____

Date you began to live here: _____ Date that you last lived here: _____

Owner's Name: _____ Owner Phone Number: _____

Name of Primary Tenant: _____ Primary Tenant Phone #: _____

Relationship to Primary Tenant: _____

Rent amount you paid: _____ Private Subsidized Section 8 Low Income

Reason you can no longer stay here: _____

Address: _____

Date you began to live here: _____ Date that you last lived here: _____

Owner's Name: _____ Owner Phone Number: _____

Name of Primary Tenant: _____ Primary Tenant Phone #: _____

Relationship to Primary Tenant: _____

Rent amount you paid: _____ Private Subsidized Section 8 Low Income

Reason you can no longer stay here: _____



*Massachusetts Department of Housing and Community Development
Division of Housing Stabilization*

Please read these pages carefully, then sign and date at the bottom of the statement:

I certify under penalty of perjury that I have read, or have had read to me, the information given/displayed in this document and that such information is true to the best of my knowledge. I understand that giving false or misleading statements or misrepresenting, hiding or withholding facts, either orally or in writing, to establish eligibility for Emergency Assistance (EA) is fraud, an intentional Program Violation (IPV), and is punishable by civil and criminal penalties.

I am aware of my responsibilities to report (within 10 days) in person, by phone or mail to my Homeless Coordinator representing the Department of Housing and Community Development, any changes in income, assets, address, living arrangements, family size, employment, health insurance coverage, and health insurance premiums, or any other circumstances of all members of my EA filing unit that may affect their/my eligibility for this program.

I know that I must also report if I or any member of my EA household files a claim or sues someone for damages or settles a lawsuit or legal claim. I understand that a violation of the duty to report within 10 days may be found an indication of fraud for which I may be prosecuted.

By signing this form, I give permission to the Department of Housing and Community Development to verify and investigate the information I have given that relates to the determination of my eligibility for assistance.

I have read "Your Right to Know", the appropriate program brochure(s) or have had them read to me, and understand their contents and my rights and responsibilities.

I authorize the Department of Housing and Community Development to contact federal and state agencies, local housing authorities, providers under contract with Department, the Department of Transitional Assistance and other welfare offices in other states and financial institutions, concerning my eligibility for assistance and service. I give permission for the above mentioned agencies, and institutions to release information to the Department to be used in the determination of my eligibility.

Right to an Interpreter

I understand that I have a right to an interpreter provided by the Department of Housing and Community Development neither I nor any adult member of my EA household is able to speak English

I also understand that I have a right to an interpreter at any fair hearing with the Department if I cannot speak, understand, read, or write English. I understand that I may bring an interpreter to the hearing or request the Department to provide an interpreter. To request an interpreter, I understand that I must call the Office of the Chief Counsel at DHCD at least one week before the date of my hearing.

Reasonable Accommodation Rights

You have the right to request assistance as a reasonable accommodation on the basis of disability. Your Homeless Coordinator will work with you to see if a reasonable accommodation can be provided. Although you can ask for a reasonable accommodation at any time, it is best to do it as soon as possible. If your reasonable accommodation request is denied, you can ask us to reconsider through the central office ADA Accommodation Team. If your reasonable accommodation request is denied, you can appeal to the Division of Hearings, Office of the Chief Counsel, DHCD, or file a complaint with an agency that enforces rights of disabled persons such as the Massachusetts Commission Against Discrimination or the U.S. Department of Justice.



**Massachusetts Department of Housing and Community Development
Division of Housing Stabilization**

Nondiscrimination Statement

Under federal and state law the Massachusetts Department of Housing and Community Development does not discriminate on the basis of race, color, sex, sexual orientation, national origin, religion, creed, age, disability, familial status, children, marital status, military/veteran status, receipt of public assistance/housing subsidy, ancestry, and genetic information. To file a complaint of discrimination, you may contact the Associate Director, Division of Housing Stabilization, DHCD, 100 Cambridge St., 4th Floor, Boston, MA 02114, tel (617)-573-1370, TTY (617)-573-1140 for the Deaf or hard-of-hearing.

Applicant Signature: _____ **Date:** _____

Witness: _____ **Date:** _____
(When mark is used for signature)

Signature of Homeless Coordinator: _____ **Date:** _____

Other Adult Signature: _____ **Date:** _____

Authorization to release information:

This referral to DCF is for the purpose of obtaining an assessment of whether a threat to health or safety of your household exists in your current living situation. This assessment is necessary to determine your Emergency Assistance eligibility for shelter placement.

Subject to my Voluntary Authorization to Release Information to and for the benefit of DHCD, previously entered into, I, _____, hereby further authorize the DHCD, DCF, and DHCD subcontractors to share information about my case with each other as is necessary to assist in my obtaining an assessment of the threat to health and/or safety of my household, securing permanent housing and obtaining services for myself and/or my child(ren).

Applicant Signature

Date

Other Adult Signature

Date



Commonwealth of Massachusetts
**DEPARTMENT OF HOUSING &
COMMUNITY DEVELOPMENT**

Charles D Baker, Governor ♦ Karyn E Polito, Lt Governor ♦ Chryatal Kornegay, Undersecretary

Voluntary Authorization to Release Information

I understand that, in order to apply for or obtain assistance from the Department of Housing and Community Development (DHCD) Division of Housing and Stabilization (DHS) Emergency Assistance (EA) Program, every member of my family over the age of 18 and I must authorize the release of personal information to DHCD and by DHCD to other agencies in order to verify my family's initial and continuing eligibility for benefits.

Permission for Others to Give Information to DHCD

I, _____ authorize DHCD, to the extent required by law and regulations applicable to DHCD or for the efficient operation and management of DHCD programs, to request, obtain, and retain information about me and my minor family members (including copies of records kept on paper or electronically) from any agency, organization, employer, or individual, and to discuss or correspond about such information orally, on paper, or electronically. Further, in the pursuit of DHCD's programs, I authorize any and all agencies, organizations, employers, or individuals to release any information about me and my minor family members to DHCD.

Permission for DHCD to Give Information about Me and my Family to Others

I authorize DHCD, to the extent required by law and regulations, for the efficient operation and management of DHCD programs, or to extent requested by other government agencies, to obtain information for official government use, to provide any information about myself and my minor family members made available through my involvement in DHCD programs to DHCD contractors and to other government agencies.

I authorize DHCD to provide any information about me and my minor family members made available through my involvement in DHCD programs to academic researchers, regardless of whether such research is conducted in conjunction with a degree-granting institution.

Applicable Law

I understand that DHCD will keep any personal information provided or received through this release confidential in accordance with applicable law, including the Fair Information Practices Act (FIPA), Massachusetts General Laws Chapter 66A; and the Massachusetts Data Privacy Act (DPA), Massachusetts General Laws Chapter 93H. I understand that, under FIPA, I have rights concerning certain personal data that is held about me and my family, including my right to have certain personal data made available to me and to object to the collection, maintenance dissemination, use, accuracy, completeness, timeliness, or relevance of the personal data or type of information held about me and my minor family members.

I acknowledge that I have read and understand this form, that I have received a copy of this form for future reference, and that I understand that a photocopy or digital copy of this authorized is as valid as the original.

_____ Last 4 Digits of Social Security Number: _____
Applicant/Recipient Signatures

Address: _____ City/Town: _____ Zip Code: _____

Additional Adult Family Member Printed Name Additional Adult Family Member Signature SS# Last 4

Additional Adult Family Member Printed Name Additional Adult Family Member Signature SS# Last 4

I acknowledge that I explained the above document to the applicant/recipient, and witnessed his or her signature.

WITNESS: Homeless Coordinator Signature: _____

Homeless Coordinator Printed Name Date

DHCD Office: _____ Telephone: _____ Email: _____



Massachusetts Department of Housing and Community Development
Division of Housing Stabilization

DO YOU HAVE A DISABILITY?

We may be able to help. A law known as the Americans with Disabilities Act (ADA), as well as other civil rights laws, provide persons with disabilities the right to receive full and equal access to government programs, services, and activities . If you are disabled, we can give you special help at application, with verification, in participating in the employment services and work programs, during the disability review process or whenever it is needed. One way DHCD can do this is by making **reasonable accommodations**.

Who is disabled under the ADA? Generally, persons with a physical or mental impairment that "substantially limits" a major life activity, a record of such impairment, or are regarded as having such an impairment, are considered disabled under the ADA and other civil rights laws Some examples of disabilities are.

- blindness
- paralysis of the legs
- depression and anxiety disorders
- learning disorders (for example, if you have difficulty learning or understanding what you read or hear)

What is a reasonable accommodation? If your disability prevents you from fully accessing Department programs, makes it hard for you to use Department programs or meet our requirements, you may be able to get special help from us or a Department service provider—a reasonable accommodation For example, if you are in a wheelchair, we can find a work program that is accessible to you. Or if you have a learning disability, we can read your notices out loud to you There are many types of accommodations available depending upon your personal situation. You are also entitled to reasonable modifications (physical changes) to facilities

How can I get a reasonable accommodation? If you are having trouble fully accessing our programs, including program facilities, or meeting Department requirements, **ask your Homeless Coordinator for help** Your Homeless Coordinator will work with you to see if a reasonable accommodation can be provided Although you can ask for a reasonable accommodation at any time, it is best to do it as soon as possible

If your reasonable accommodation or modification request is denied, you can ask us to reconsider through the Central Office ADA Accommodation Team. If that reconsideration request is denied, you can appeal to the Division of Hearings, Office of the Chief Counsel, DHCD, or file a complaint with an agency that enforces rights of disabled persons such as the Massachusetts Commission Against Discrimination or the U.S Department of Justices

ADA Accommodation Team Members: _____

Note: If you have already been diagnosed with a learning disability, provide us with any information you have so we can help you right away.

I read the above information and have asked to have parts I do not understand explained to me By signing below I acknowledge that I understand the form and have no further questions

Applicant Signature

Date

Other Adult Signature

Date

Nondiscrimination Statement

In accordance with Federal law, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, disability, and familial status.

To file a complaint of discrimination with the U.S. Department of Health and Human Services (HHS):

U.S. Department of Health and Human Services
Office of Civil Rights
JFK Federal Building – Room 1875
Boston, MA 02203
(617) 565-1340
(617) 565-1343 (TDD)
(617) 565-3809 (fax)

You may also e-mail your complaint to OCRcomplaint@hhs.gov.

(Note: complaints that may be filed with HHS do not include complaints on the basis of familial status)

To file a housing discrimination complaint with the U.S. Department of Housing and Urban Development:

Office of Fair Housing and Equal Opportunity
U.S. Department of Housing and Urban Development
451 Seventh St SW, Room 5204
Washington, D.C. 20410-2000
(800) 669-9777; (202) 708-1455 (TTY)

If you are not certain which federal agency to file a complaint with, contact:

U.S. Department of Justice
Civil Rights Division
Coordination and Review Section-NWB
950 Pennsylvania Avenue, N.W.
Washington, D.C. 20530
(888) 848-5306; (202) 307-2678 (TDD)

In accordance with Massachusetts law, the Department does not discriminate on the basis of race, color, national origin, sex, disability, religion, sexual orientation, age, marital status, children, military/veteran status, receipt of public assistance/housing subsidy, ancestry, and genetic information.

To file a complaint of discrimination with the Massachusetts Commission Against Discrimination:

Boston Office: (617) 994-6000, (617) 994-6196 (TTY)
Springfield Office: (413) 739-2145; (413) 784-1056 (Fax)
Worcester Office: (508) 799-8010; (508) 799-8490 (Fax)

Commonwealth of Massachusetts Department of Housing and Community Development Division of Housing Stabilization

Your Right to Know

This brochure explains your rights and responsibilities if you receive Emergency Assistance (EA). Please read it carefully. You will also need to read all the additional program brochures for each specific program to get important information. You are responsible for telling other members of your household about program rules and their rights and responsibilities. If you do not understand something, be sure to ask your worker to explain it. If you are a noncitizen, make sure your worker gives you the "What Noncitizens Need to Know" and "Noncitizen Resources" brochures.

Your Responsibilities

You must:

- give complete and correct information to the Department.
- keep your appointments. You can reschedule your appointment before your appointment date.
- complete scheduled reviews. You may be contacted at other times for other reasons.
- cooperate with federal or state employees who may review your case.
- tell the Department of any changes that may affect your eligibility and/or benefits, including but not limited to changes in, for example:
 - the number of children or adults who live with you.
 - the amount of earnings, Social Security payments, cash or child support you have.
 - your health insurance coverage (for example, if you get new health insurance through a job or an absent parent, or you lose your health insurance).
 - where you live and any shelter costs (including Section 8 or other subsidy programs).
 - one-time payment income, such as a retroactive Social Security payment, or lottery winnings.
 - any child/dependent care costs.

You must report changes to the Department in person, in writing or by phone within 10 days of the change. If you are not sure whether you have to report a change, talk to your worker.

Applicant Signature & Date: _____

Other Adult Signature & Date: _____

- Depending on the rules of your assistance program, you may also be required to
- participate in the Department's employment services program and seek employment if you are required to do so; and
 - sign a release of medical records to the Department and its agents

If you are an EA applicant or EA family, you will develop a self-sufficiency plan that will outline the steps needed to achieve self-sufficiency and find sustainable housing

Your Rights

You have the right to

- be treated politely and with respect.
- file an application
- have your eligibility for benefits determined in a timely manner.
- receive written notice from the Department when a decision is made on your application and every time there is a change to your case.
- benefits from the date you apply if your household is eligible
- interpreter services provided by the Department, when needed, unless you want to bring your own interpreter
- get immediate help with food, shelter and medical care, if eligible.
- get information that could help you with domestic violence issues
- file an appeal if you disagree with any action taken on your case. The appeal instructions are found on the notices you get. If an action is taken on your case and you do not get an official notice, contact your local DHCD Field Office to get the appeal form and instructions.
- review your case file with your worker

Third-Party Contacts

To verify information you have given, the Department can contact other people (third parties and agencies) without informing you.

The information you give will be subject to verification by federal, state and local officials and through the State Verification Eligibility System (SVES).

Social Security Numbers and Your Right to Privacy

Household members applying for or getting emergency assistance may be required to give the Department their Social Security numbers. These numbers will be verified. Household members without a Social Security number will be referred to the local Social Security Administration office to apply for one. Your worker will help you with this.

When you sign your application or eligibility review, you are giving the Department permission to use the Social Security numbers in certain ways. The Department will use your Social Security number.

Applicant Signature & Date: _____

Other Adult Signature & Date: _____

- as part of the Department's identification system used to keep track of your case; and
- to detect receipt of duplicate benefits

To verify the information you give, the Department may match all household members' Social Security numbers with the files of

- any federal agency,
- any state, county or local agency,
- computer files of banks and other financial institutions,
- providers under contract with the Department, and
- other agencies or institutions as allowed by law

The Department does not need to ask you before it gets and uses information from those sources for the reasons indicated in this section.

Noncitizen Status

If you become a U.S. citizen, you may be eligible for federal benefits such as Supplemental Security Income (SSI). Generally you need to have been a permanent resident for five years (three years if married to a U.S. citizen) before you are eligible for citizenship. You can apply 90 days before you have met the five-year requirement. You will need to demonstrate knowledge of English and some U.S. history unless you qualify for a waiver because you have a mental or physical disability that prevents you from being able to learn. It generally will take about a year for you to apply and get your citizenship interview. Additional background checks due to increased security may mean that it can take longer.

It is important to get assistance before you apply for citizenship. The Office for Refugees and Immigrants (ORI) works with a network of community-based organizations who are participating in a Citizenship Outreach Project. These organizations will screen for citizenship eligibility, provide assistance with the naturalization process and/or make appropriate referrals. Your Department of Transitional Assistance worker can provide you with a list of organizations that can help you apply for citizenship.

Americans with Disabilities Act (ADA)

If you think you have a disability that interferes with you meeting Department requirements or with accessing Department programs, you may be entitled to reasonable accommodations under the Americans with Disabilities Act (ADA). Ask your worker for more information.

The Associate Director of Housing Stabilization has been designated to help coordinate the Department's efforts to comply with appropriate regulations.

For further information about the regulations and the Department's grievance procedure for resolution of discrimination complaints, contact

Associate Director of Housing Stabilization
Department of Housing and Community Development
100 Cambridge St. Suite 300, Boston, MA 02114
(617) 573-1370

This is an important document. Please contact the Massachusetts Department of Housing and Community Development at (617) 573-1106 for free language assistance.

Este documento es muy importante Favor de comunicarse con el Departamento de Vivienda y Desarrollo de la Comunidad de Massachusetts en (617) 573-1106 para ayuda gratis con el idioma

Este é um documento importante Entre em contato com o Departamento de Moradia e Desenvolvimento Comunitário de Massachusetts no número (617) 573-1106 para obter assistência gratuita com o idioma.

Dokiman sila a enpòtan Tanpri kontakte Department of Housing and Community Development [Depatman Devlopman Lojman ak Kominote] Masachousèt la nan (617) 573-1106 pou asistans gratis nan lang

此文件為重要文件。如果您需要免費的語言翻譯幫助，請聯絡麻州住宅及社區發展部 (The Massachusetts Department of Housing and Community Development) 聯絡方式 (617) 573-1106。
此文件为重要文件。如果您需要免费的语音翻译帮助，请联络麻州住宅及社区发展部 (The Massachusetts Department of Housing and Community Development) 联络方式(617) 573-1106。

Это весьма важный документ Свяжитесь с сотрудником Департамента жилищного хозяйства и общественного развития штата Массачусетс на предмет оказания бесплатной помощи по переводу на иностранный язык. ((617) 573-1106)

នេះគឺជាឯកសារសំខាន់។សូមទំនាក់ទំនងផ្នែកអភិវឌ្ឍន៍សហគមន៍និងលំនៅដ្ឋានរបស់រដ្ឋម៉ាសាឈូសេត (Massachusetts Department of Housing and Community Development) តាមរយៈ (617) 573-1106 ដើម្បីទទួលបានជំនួយ ផ្នែកភាសាដោយឥតគិតថ្លៃ។

Đây là một tài liệu quan trọng Vui lòng liên hệ Bộ Phát Triển Nhà Ở và Công Đồng Massachusetts tại (617) 573-1106 để được hỗ trợ ngôn ngữ miễn phí

Kani waa dukumentiyiyo muhiim ah Fadlan Waaxda Guryaynta iyo Horumarinta Jaaliyadda ee Massachusetts (Massachusetts Department of Housing and Community Development) kala soo xiriir (617) 573-1106 si aad u hesho gargaar xagga luqadda oo bilaash ah

هذه وثيقة مهمة. يرجى الاتصال بـ إدارة ماساتشوستس للإسكان والتطوير الاجتماعي بـ (617) 573-1106 للمساعدة اللغوية المحانية

Ce document est très important Veuillez contacter le département du logement et du développement communautaire du Massachusetts (« Department of Housing and Community Development ») au (617) 573-1106 afin d'obtenir une assistance linguistique gratuite.

Jest to wazny dokument. Proszę skontaktować się z Massachusetts Department of Housing and Community Development pod numerem (617) 573-1106 aby uzyskać bezpłatną pomoc językową.

Il presente è un documento importante. Si prega di contattare il Dipartimento Edilizia Abitativa e Sviluppo della Comunità dello Stato del Massachusetts (Department of Housing and Community Development) al (617) 573-1106 per avere assistenza gratuita per la traduzione.

