WINGATE MANAGEMENT COMPANY LLC
62 Academy Street, Fitchburg MA 01420
T 978.400.0164• F 978.334.0515
www.WingateCompanies.com

Documents Requested With Application

(Without this documentation, application is considered incomplete)

Dear Applicant (s):

In order for us to determine your eligibility when you get near to the top 10 in the waitlist, it is requested that you bring these documents:

1. Income Information: Social Security Income Award letter, Employment (9 consecutive pay stubs), Pension, child support court agreement, etc.
2. Proof of age: **Birth Certificate; Baptismal Certificate; Military Discharge papers; Valid passport; Census document showing age; Naturalization certificate; Social Security Benefits printout**
3. Government Issued Photo ID - all adults over 18 years old
4. Alien Registration Card *(if applicable)*
5. Social Security Card of all household members
6. Verification of assets-all bank accounts information, 401K, life insurance, etc.
7. Verification of disability - **letter from healthcare provider (if applicable)**
8. Current lease-Landlord's name, address, and telephone number. 5 years history required
9. Most recent Rent receipts for at least 6 months

It is important that you provide this information with your application. ***Income and assets information might need to be updated depending on application date and the time the application has been processed.***

If you have any questions, please call the management office at 978-400-0164 or email me at FitchburgArts@wingatecompanies.com

Sincerely,

Fitchburg Arts Community
Wingate Management

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Documentos Requeridos con la Aplicación

(Sin esta documentación, su aplicación es considerada incompleta)

Estimado (s) solicitante (s):

Para que podamos determinar su elegibilidad cuando llegue cerca de los 10 primeros en la lista de espera, se le pide que traiga estos documentos:

1. Información sobre Ingresos: Carta de Ingreso del Seguro Social, Empleo (9 recortes de cheques consecutivos/talonarios de pago), Pensión, acuerdo de manutención de menores, etc.
2. Prueba de edad: **Acta de Nacimiento; Certificado bautismal; Papeles de descarga militar; Pasaporte válido; Documento censal que muestra la edad; Certificado de Naturalización; Impresión de los beneficios del seguro social.**
3. Identificación con foto emitida por el gobierno - todos los adultos mayores de 18 años.
4. Tarjeta de Registro de Extranjero/ Residencia (si corresponde)
5. Tarjeta de Seguro Social de todos los miembros del hogar
6. Verificación de activos: toda la información de cuentas bancarias, 401K, seguro de vida, etc.
7. Verificación de discapacidad - **carta del proveedor de atención médica (si corresponde)**
8. Contrato de arrendamiento actual: nombre, dirección y número de teléfono del propietario. 5 años de historia de residencia.
9. Recibos de renta por al menos 6 meses recientes.

Es importante que proporcione esta información con su aplicación. **Es posible que sea necesario actualizar la información sobre los ingresos y los activos en función de la fecha de solicitud y del momento en que se ha procesado la solicitud.**

Si tiene alguna pregunta, llame a la oficina de administración al 978-400-0164 o envíeme un correo electrónico a FitchburgArts@wingatecompanies.com.

Sinceramente,

Fitchburg Arts Community
Wingate Management

FOR OFFICE USE ONLY
DATE/ TIME REC'D:
NO. OF BDRMS:
INCOME:
LOTTERY NO:

APPLICATION FOR HOUSING

MANAGEMENT WILL PROVIDE HELP IN REVIEWING THIS DOCUMENT, IF NECESSARY, PERSONS WITH DISABILITIES MAY ASK FOR THIS APPLICATION IN LARGE PRINT TYPE, OR OTHER ALTERNATE FORMATS. IN ADDITION, IF YOU NEED THIS APPLICATION TRANSLATED INTO A LANGUAGE, OTHER THAN ENGLISH, OR SOME OTHER ASSISTANCE COMPLETING THE APPLICATION MANAGEMENT WILL PROVIDE YOU THE REQUESTED INFORMATION FREE OF CHARGE.

Please Print Clearly

This is an application for housing at:	**Project:** Fitchburg Arts Community
	Address: c/o Wingate Management Co., LLC
	62 Academy Street
	Fitchburg, MA 01420
Please complete this application and return to:	**Name:** Fitchburg Arts Community
	Address: c/o Wingate Management Co., LLC
	62 Academy Street
	Fitchburg, MA 01420

A. GENERAL INFORMATION

Applicant Name(s): _____

Address: _____
Street Apartment #

_____
City State ZIP

Home Phone: Cell Phone:

Other Phone:	EMAIL:

EQUAL HOUSING OPPORTUNITY

Amount of current monthly rental or mortgage payment: $ _____

Do you have a Section 8 Voucher? ◯ Yes ◯ No

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 BR ◯ Two BR ◯ Three BR

☐ Wheelchair accessible ☐ Visual/Hearing Impairments

Does any member of the household have any accessibility or reasonable accommodation requests or changes in a unit or development or alternate ways we need to communicate with you? ◯ Yes ◯ No

If yes, please explain:

_____

_____

_____

Briefly describe your reasons for applying:
How did you hear about our property?:

B. HOUSEHOLD COMPOSITION

	Name	**Relationship to head**	**Birth Date**	**Age** (optional)	**SS#**	**Student Y/N**
Head						
Co-T						
3.						
4.						
5.						
6.						
7.						
8.						
9.						

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?	◯ Yes	◯ No
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	◯ Yes	◯ No
Are any full-time student(s) a TANF or a title IV recipient?	◯ Yes	◯ No
Are any full-time student(s) a single parent living with his/her children who is not a Dependant on another's tax return and whose children are not dependents of anyone other than a parent?	◯ Yes	◯ No
Is any student a person who was previously under the care and placement of a foster care program (under Part B or E of Title IV of the Social Security Act)?	◯ Yes	◯ No

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	$
	Title IV/TANF (aka: Welfare/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)	$
	Scheduled Payments from Investments	$
	Long Term Medical Care Insurance Payments in excess of $180/day	$

Household Member Name	Source of Income	Monthly Amount
	Employment amount	$
	Employer Name: Supervisor Name: Employer Address Phone: Fax: Email:	
	Position Held	
	How long employed:	
	Employment amount	$
	Employer Name: Supervisor Name: Employer Address Phone: Fax: Email:	
	Position Held	
	How long employed:	
	Employment amount	$
	Employer Name: Supervisor Name: Employer Address Phone: Fax: Email:	
	Position Held	
	How long employed:	
	Employment amount	$
	Employer Name: Supervisor Name: Employer Address Phone: Fax: Email:	
	Position Held	
	How long employed:	
	Alimony	
	Are you ***legally entitled*** to receive alimony?	◯ Yes ◯ No
	If yes, list the amount you are ***entitled*** to receive.	$
	Do you receive alimony?	◯ Yes ◯ No
	If yes list amount you receive.	$

	Child Support	
	Are you ***legally entitled*** to receive child support?	◯ Yes ◯ No
	If yes, list the amount you are ***entitled*** to receive.	$
	Do you receive child support?	◯ Yes ◯ 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?	◯ **Yes**	◯ **No**
Is any member of the household legally entitled to receive income assistance?	◯ **Yes**	◯ **No**
Is any member of the household likely to receive income or assistance ***(monetary or not)*** from someone who is not a member of the household as listed on Page 2 (etc.)?	◯ **Yes**	◯ **No**

If yes to any of the above, explain:

Is the income received?	◯ **Yes**	◯ **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 $
401K	#	Bank	Balance $
	#	Bank	Balance $
Retirement Accounts	#	Bank	Balance $
	#	Bank	Balance $
Trust Account	#	Bank	Balance $
Credit Union	#	Bank	Balance $
	#	Bank	Balance $
Savings Bonds	#	Maturity Date	Value $
	#	Maturity Date	Value $
	#	Maturity Date	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: ***Do you own any property?***	◯ Yes ◯ No
If yes, Type of property	
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?	◯ Yes ◯ No
If yes, describe:	
Do they have access to the asset(s)?	◯ Yes ◯ No

Have you sold/disposed of any property in the last 2 years?	◯ Yes ◯ No
If yes, Type of property:	
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)?	◯ Yes ◯ No
If yes, describe the asset:	

Date of disposition:	
Amount disposed	$

Do you have any other assets not listed above (excluding personal property)?	◯ Yes	◯ No
If yes, please list:		

E. ADDITIONAL INFORMATION		
Are you or any member of your family currently using an illegal substance?	◯ Yes	◯ No
Have you or any member of your family ever been convicted of a felony?	◯ Yes	◯ No
If yes, describe:		
Have you or any member of your family ever been evicted from any housing?	◯ Yes	◯ No
If yes, describe		
Have you ever filed for bankruptcy?	◯ Yes	◯ No
If yes, describe		

F. REFERENCE INFORMATION

Current Landlord	Name:	
	LL's Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
Prior Landlord	Name:	
	LL's 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 (1):	
Address:	
Relationship:	Phone #:
In case of emergency notify (2):	
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
If yes, describe:	

H. Homelessness Questions

Fitchburg Arts Community will have a preference for homeless households or households that are at risk of being homeless. In order to be considered homeless a person must meet the following definition of homeless as defined by HUD:

People who are living in a place not meant for human habitation, in emergency shelter, in transitional housing, or a exiting an institution where they temporarily reside;

People who are losing their primary nighttime residence, which may include a motel or hotel or a doubled up situation, within 14 days and lack resources or support networks to remain in housing;

Families with children or unaccompanied youth who are unstably housed and likely to continue in that state; or

People who are fleeing or attempting to flee domestic violence, have no other residence, and lack the resources or support networks to obtain other permanent housing.

Do you meet any of the above descriptions? _Yes◯ No ◯

If yes, please explain:

_____
_____
_____
_____
_____

If you believe that you qualify for priority status, please indicate below.

____ Priority 1 - Homeless due to Displacement by Natural Forces
____ Priority 2 - Homeless due to Displacement by Public Action (Urban Renewal)
____ Priority 3 - Homeless due to Displacement by Public Action (Sanitary Code Violations)
____ Priority 4 - Homeless due to Domestic Violence, Rape, Dating Violence, Sexual Assault or Stalking

I. Artist Preference

Anyone may apply for affordable and workforce housing at Fitchburg Arts Community (FAC), but FAC gives a preference of occupancy to those applicants who participate in and are committed to the arts. Applicants do not need to derive their income from their art.

The term "artist" is broadly defined to comprise a wide variety of creative pursuits, including traditional art forms and those as diverse as clothing design, weaving, digital, craft and functional arts, performing arts, arts and cultural professionals, teachers in the field of Art. A community-based Selection Committee will interview all applicants who self-identify as artists after such applicants have completed an application for Housing and have been determined to be eligible for housing in accordance with the terms of the Tenant Selection Plan. The committee looks for evidence that applicants are seriously committed to their art and that they will be mindful and positive contributors to the building and community. The application and qualification process does not include judgment of the quality of work. For additional information on artist preference and the Artist Certification Process, please reference the Artist Certification Plan attached hereto as Exhibit 1.

Do you or any member of your household identify as an artist and wish to apply for the Artist Preference?	◯ Yes ◯ No
If yes, please list:	

CERTIFICATION

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 development'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 inquiries may be made to verify the statements herein. All information is regarded as confidential in nature and a consumer credit and criminal background report will also

be requested. I/We certify the I/We understand that false statements or information will lead to cancellation of this application or termination of tenancy after occupancy.

An applicant for employment or for housing or an occupational or professional license with a sealed record on file with the commissioner of probation may answer 'no record' with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. An applicant for employment or for housing or an occupational or professional license with a sealed record on file with the commissioner of probation may answer 'no record' to an inquiry herein relative to prior arrests or criminal court appearances. In addition, any applicant for employment or for housing or an occupational or professional license may answer 'no record' with respect to any inquiry relative to prior arrests, court appearances and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution.

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

This application is signed under the pains and penalties of perjury.
(Application must be signed by all household members 18 years of age or older)

SIGNATURE (S):

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

Fitchburg Arts Community and Wingate Management LLC do not discriminate on the basis of race, color, religious creed, national origin, ancestry, sex, age, handicap (disability), sexual harassment, sexual orientation, marital status, children, retaliation, veteran status, or public assistance or other basis prohibited by local, state or federal law in any aspect of tenant selection or matters related to continued occupancy in the access or admission to their program or employment, or in its programs, activities, functions or services.

FITCHBURG ARTS COMMUNITY

62-82 Academy Street
Fitchburg, MA 01420
978-400-0164

Reasonable Accommodation

If you have a disability and you need:

- A change in the rules or policies in how we do things that would make it easier for you to live here and have an equal opportunity to enjoy the housing and use the facilities or take part in programs on site, or
- A change or repair to some other part of the housing site that would make it easier for you to live here and, have an equal opportunity to enjoy the housing and use the facilities or take part in programs on site, or
- A change or repair in your apartment or a special type of apartment that would make it easier for you to live here and have an equal opportunity to enjoy the housing and use the facilities or take part in programs on site, or
- A change in the way we communicate with you or give you information.

You can ask for this kind of change, which is called a **REASONABLE ACCOMMODATION**.

If you can show that you have a disability and if your request is reasonable, (defined as not an undue financial and administrative burden or fundamental change to the nature of the program) we will try to make the change you requested.

We will give you an answer within fifteen 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 verification from you or if we would like to talk to you about other ways to meet your needs.

Management reserves the right to make the final decision on all factors related to the situation. If we turn down your request, we will explain the reasons and you can give us more information if you think that will help. If you need help filling out a **REASONABLE ACCOMMODATION REQUEST FORM**, or if you want to give us your request in some other manner, we will help you.

For a **REASONABLE ACCOMMODATION REQUEST FORM**, please contact management at PHONE NUMBER, come to the Management office or email at EMAIL ADDRESS.

PROPERTY Apartments and Wingate Management LLC do not discriminate on the basis of race, color, national or ethnic origin, citizenship, ancestry, class, sex, sexual orientation, familial status, disability, military/veteran status, source of income, age or other basis prohibited by local, state or federal law in any aspect of tenant selection or matters related to continued occupancy in the access or admission to their program or employment, or in its programs, activities, functions or services.

FITCHBURG ARTS COMMUNITY
62 Academy Street
Fitchburg, MA 01420
T 978.400.0164 • F 978.334.0515
www.WingateApartmentHomes.com

CONSENT FOR RELEASE OF INFORMATION

Name: _____ Phone: _____

Address: _____

_____

I/We, the undersigned below, hereby authorize all persons or companies in the categories listed below to release information regarding employment, income and/or assets for purposes of verifying information on my/our apartment rental application or recertification. I/we authorize release of information without liability to the owner/manager of the apartment community listed on the attached verification form and/or the State and Local Agencies/Departments' service provider.

INFORMATION COVERED

I/We understand previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity, student status, employment income, assets, medical or child care allowances. I/We understand that this authorization cannot be used to obtain information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information include, but are not limited to:

Past and Present Employers
Veterans Administration
Educational Institutions
State Unemployment Agencies
Previous Landlords (including Public Housing Agencies)
Banks and other Financial Institutions
Welfare Agencies
Child Support and Alimony Providers
Retirement Systems
Medical and Child Care Providers

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will be valid for 15 months from my signature date. Everyone 18 years of age and older must signed this form.

SIGNATURES

_____ _____
Signature of Applicant/Resident Printed Applicant/Resident Name Date

_____ _____
Signature of Applicant/Resident Printed Applicant/Resident Name Date

_____ _____
Signature of Applicant/Resident Printed Applicant/Resident Name Date

_____ _____
Signature of Applicant/Resident Printed Applicant/Resident Name Date

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

EQUAL HOUSING OPPORTUNITY

This is an important notice. Please have it translated.
Este é um aviso importante. Queira mandá-lo traduzir.
Este es un aviso importante. Sírvase mandarlo traducir.
ĐÂY LÀ MỘT BẢN THÔNG CÁO QUAN TRỌNG
XIN VUI LÒNG CHO DỊCH LẠI THÔNG CÁO ẤY
Ceci est important. Veuillez faire traduire.
本通知很重要。请将之译成中文。
នេះគឺជាដំណឹងល្អ សូមមេត្តាបកប្រែជូនផង
Это очень важное сообщение Обязательно переведите

Massachusetts Department of Housing and Community Development Resident Notice and Consent Form for State-Aided Public Housing and State Rental Assistance

Pursuant to state law, Chapter 334 of the Acts of 2006, The Department of Housing and Community Development (DHCD) must gather, compile, and report data in order to provide current, accurate, and detailed information on the number, location, and residents of assisted housing units (including state-aided public housing) and recipients of state or federal rental assistance. DHCD will also evaluate the data to ensure that housing choice and inclusive patterns of housing are available across the Commonwealth.

In response to the above cited law and regulations at 760 CMR 61.00, DHCD is requiring local housing authorities administering state-aided public housing and state rental assistance and regional agencies administering state rental assistance to collect and report certain resident household data to DHCD. Much of this information is already collected pursuant to separate authority. DHCD will annually report to the state legislature on its data collection efforts and may provide reports to other interested parties in a manner consistent with privacy laws, including Massachusetts General Laws Chapter 66A. Massachusetts General Laws Chapter 66A also provides for the rights of data subjects: this includes your right to inspect and copy your personal data and to object to the collection, maintenance, dissemination, use, accuracy, completeness, or relevance of the personal data or type of information held about you.

Please respond to the following data questions:

1) What is the race of the head of household?

Circle all that apply:

White ☐
Black or African American ☐
Asian ☐
American Indian or Alaska Native ☐
Native Hawaiian or Other Pacific Islander ☐
Other (specify)_____

2) Is at least one adult member of the household a racial minority (Black or African American, Asian, American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, or other minority) (yes or no)? _____

3) Is the head of household Hispanic/Latino (yes or no)? _____

4) Is at least one adult member of the household Hispanic/Latino (yes or no)?_____

5) What is the number of children under 6 years of age in the household that reside in the unit? _____

6) What is the number of children in the household that are 6 years of age or older but under 18 years of age that reside in the unit? _____

7) What is the household type?

Circle one of the following choices below:

☐ Single/non-Elderly
☐ Elderly
☐ Related/Single Parent (a single parent household with a dependent child or children)
☐ Related/Two parent (a two-parent household with a dependent child or children)
☐ Other (any household not included in the above four definitions, including two or more unrelated individuals)

In signing this consent form, you acknowledge that after reading this form you voluntarily provided the information above, that you understand that there are no penalties if you do not wish to provide the information, and that you have received a copy of this form for future reference.

Head of household signature Date

_____ _____

2004 Census Test

United States Census 2010

LANGUAGE IDENTIFICATION FLASHCARD

☐ ضع علامة في هذا المربع إذا كنت تقرأ أو تتحدث العربية.	1. Arabic
☐ Խնդրում ենք նշում կատարեք այս քառակուսում, եթե խոսում կամ կարդում եք հայերեն:	2. Armenian
☐ যদি আপনি বাংলা পড়েন বা বলেন তা হলে এই বাক্সে দাগ দিন।	3. Bengali
☐ ឈូមបញ្ជាក់ក្នុងប្រអប់នេះ បើអ្នកអាន ឬនិយាយភាសា ខ្មែរ ។	4. Cambodian
☐ Motka i kahhon ya yangin ûntûngnu' manaitai pat ûntûngnu' kumentos Chamorro.	5. Chamorro
☐ 如果你能读中文或讲中文，请选择此框。	6. Simplified Chinese
☐ 如果你能讀中文或講中文，請選擇此框。	7. Traditional Chinese
☐ Označite ovaj kvadratić ako čitate ili govorite hrvatski jezik.	8.Croatian
☐ Zaškrtněte tuto kolonku, pokud čtete a hovoříte česky.	9. Czech
☐ Kruis dit vakje aan als u Nederlands kunt lezen of spreken.	10. Dutch
☐ Mark this box if you read or speak English.	11. English
☐ اگر خواندن و نوشتن فارسي بلد هستيد، اين مربع را علامت بزنيد.	12. Farsi

DB-3309

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

☐ 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 kazye sa a si ou li oswa ou pale kreyòl ayisyen.	16. Haitian Creole
☐ अगर आप हिन्दी बोलते या पढ़ सकते हों 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

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☐ Assinale este quadrado se você lê ou fala português.	26. Portuguese
☐ Însemnaţi această căsuţă dacă citiţi sau vorbiţi româneşte.	27. Romanian
☐ Пометьте этот квадратик, если вы читаете или говорите по-русски.	28. Russian
☐ Обележите овај квадратић 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
☐ ให้กาเครื่องหมายลงในช่องถ้าท่านอ่านหรือพูดภาษาไทย.	33. Thai
☐ Maaka 'i he puha ni kapau 'oku ke lau pe lea fakatonga.	34. Tongan
☐ Відмітьте цю клітинку, якщо ви читаєте або говорите українською мовою.	35. Ukranian
☐ 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

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