



**JOURNEY HOME**  
**39 Marcello Ave, Leominster 01453**

Journey Home is 15 units of affordable, supportive housing for families in Leominster, MA. The building is owned by North Star Family Services (NSFS). NSFS is a nonprofit agency serving homeless families with children in the North Central region of Massachusetts for the past 22 years. Journey Home will provide services to residents that focus on keeping families together and housed. Residents with past eviction histories are welcomed to apply. Making Opportunity Count (MOC Inc.) will be the property manager.



BEDROOMS	30% AMI MAX Income FMR	50% AMI MAX Income FMR
1 Bedroom	\$1352	\$1332
2 Bedrooms	\$1710	\$1661
3 Bedrooms	\$2208	\$2165

Household Size	30% AMI Max Income	50% AMI Max Income
1	\$24500	\$40850
2	\$28000	\$46650
3	\$31500	\$52500
4	\$35000	\$58350

\* MAX rent by number of BR's and AMI may vary between approximately 3-5% based on rent reasonableness

\* numbers above should be used for similar charts throughout this application

Public informational sessions will be held on Wednesday, February 12<sup>th</sup> at 5:00 PM and Thursday, February 20<sup>th</sup> at 6:30 PM at Making Opportunity Count, 165B Mill Street, Ste. 1B, Leominster, MA 01453. This is an ADA accessible location. Recordings of the informational sessions will be available online.

Applications are available during the application period for at least 60 days, from January 20 to March 31, 2025. To request an application be sent by e-mail, contact Jennifer O'Neal at [joneal@mocinc.org](mailto:joneal@mocinc.org); or call (978) 956-6659. Download and application online at [www.mocinc.org/journeyhome](http://www.mocinc.org/journeyhome).

**APPLICANTS MAY PICK UP or DROP OFF AN APPLICATION AT:**

1. Making Opportunity Count, 165B Mill Street, Ste. 1B, Leominster, MA 01453 (ADA accessible location with after-hours secure drop off box located at Entrance B)
2. North Star Family Services, 758 Main St, Leominster, MA 01453

**DEADLINE: Applications must be submitted via email or postmarked no later than March 31, 2025**

Mailing address: MOC Inc., c/o Jennifer O'Neal, 165B Mill Street, Ste. 1B, Leominster, MA 01453.

Tenant selection by Lottery. Lottery to be held on April 26, 2025, virtually and in person at 4:00 PM. Asset & Use Restrictions apply. Preferences Apply. For more information, language assistance, or reasonable accommodations for persons with disabilities please contact Colby O'Brien at [cobrien@mocinc.org](mailto:cobrien@mocinc.org).

**HOUSING APPLICATION****PLEASE PRINT**

*Language Assistance Available Upon Request.*  
*Asistencia lingüística disponible previa solicitud.*

**This is an application for housing at: Journey Home, 39 Marcello Ave, Leominster 01453**

- For questions concerning this application, call Jennifer O’Neal, Director of Housing and Workforce Programs at (978) 956-6659 or email [joneal@mocinc.org](mailto:joneal@mocinc.org).
- Applications can be returned to the location originally obtained or to 165B Mill Street, Ste. 1B, Leominster, MA 01453. (ADA accessible location with after-hours secure drop off box located at Entrance B)
- Applications are placed in order of date and time received.
- An applicant may be interviewed only after receipt of this tenant application.
- All applicants and adult household members are subject to a credit check, rental history check and a CORI/SORI.
- North Star Family Services and MOC Inc. do not discriminate against applicants for housing on any basis prohibited by Law including, but not limited to, race, color, creed, age, physical or mental ability, ethnicity, religion, national origin, ancestry, sexual orientation, gender identity, gender expression, genetic information, sex, marital status, familial status (other than as is restricted based on permitted occupancy as a licensed rooming housing in the state of Massachusetts), pregnancy, receipt of public assistance, handicap, disability, (other than as required per the guidelines of some set-aside subsidized units for people with HIV/AIDs, mental health diagnoses and/or other disabling conditions), military obligations, military services or status as a U.S. veteran.
- MOC Inc. provides reasonable accommodations to applicants for which any household member(s) has a disability. A reasonable accommodation is a structural change to our units or common areas, or a modification of a rule, policy, procedure, or service that will assist an otherwise eligible applicant or resident with a disability to make effective use of our programs. Please notify the Property Manager of any such requests in writing.

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Applicant Name(s): \_\_\_\_\_

Current Address: \_\_\_\_\_

- Daytime Phone #: \_\_\_\_\_ Evening Phone #: \_\_\_\_\_
- Number of Bedrooms in Current Unit: \_\_\_\_\_ Do you rent or own? \_\_\_\_\_
- Monthly Rent/Mortgage Payment: \$\_\_\_\_\_ Do you receive rental income? (circle one): YES / NO
- Bedroom Size Requested (Check One):
  - Studio  1-Bedroom  2-Bedroom  3-Bedroom
- Utilities paid by you (Check all that apply):
  - Heat  Gas  Electric  Other \_\_\_\_\_
- Approximate monthly cost of utilities paid by you (excluding phone and cable TV): \$ \_\_\_\_\_



**Household Composition** (Include all who will live in the apartment)

Full Legal Name	Relationship to Head of Household	Marital Status*	Race / Ethnicity (optional)*	Birthdate	Social Security Number	Chronically Homeless (Y/N)*	Veteran (Y/N)*	Victim of Domestic Violence (Y/N)
	HEAD							

\*Marital Status: 1-Single, 2-Married, 3-Divorced, 4-Legally separated, 5-Estranged

\*\*Race/Ethnicity: 1-White, 2-Black, 3-Latino/Hispanic, 4-Asian/Pacific Islander, 5-Native American

\*\*\*(NOTE: Chronically Homeless (as defined by HUD): "An unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years" To be considered chronically homeless, a person must have been on the streets or in an emergency shelter (i.e., not transitional housing) during these stays.

\*\*\*\*Veteran: someone who has served in the United States Armed Forces for 90 consecutive days, or served during national emergency declared in accordance with federal law or was discharged from military service for an enlisted service-connected disability. To be considered as U.S. Veteran, you must have been honorably discharged.

1. Is this the entire household to occupy the unit? **(circle one): YES / NO**
  - a. If NO, explain: \_\_\_\_\_
2. Do you plan to have anyone living with you in the future who is not listed above? **(circle one): YES / NO** (Note: no one else can join the household without prior management approval)
3. If YES, explain: \_\_\_\_\_
4. Would you or a household member benefit from a special design feature such as: **(Check all that apply):**
  - a.  Wheel Chair Accessibility  Visual Aids (braille)  Apparatus for heating Assistance
  - b. If checked, explain: \_\_\_\_\_
5. Is anyone in the household a full-time student? **(circle one): YES / NO** If YES, answer the following questions:
  - Are any full-time student(s) married and filing a joint tax return? **(circle one): 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 Title IV recipient? **(circle one): YES / NO**
  - Are any full-time student(s) a single parent living with their children who is not a dependent on another's tax return and whose children are not dependents of anyone other than the parent? **(circle one): YES / NO**
  - Is any student a person who was previously under the care or placement of a foster program? **(circle one): YES / NO**



## Income Sources

Provide details for all household income sources if a section does not apply, cross out or write N/A

Source of Income	Amount (\$)	Frequency (Biweekly/Monthly/Yearly)	Notes
Social Security			
SSI Benefits			
Pension			
Employment			Employer:
Veterans Benefits			
Public Assistant (TANF)			
Workers Compensation			
Full Time Student Income (18 & over)			
Other:			

Do you anticipate any changes in these income sources in the next 12 months? **(circle one): YES / NO**

If YES, explain: \_\_\_\_\_

Did you file your taxes last year? **(circle one): YES / NO**

If NO, explain: \_\_\_\_\_

If YES, list the total household income shown on your most recent tax return: \$ \_\_\_\_\_

If this amount differs from the current year, please explain: \_\_\_\_\_

## Assets

List ALL assets as requested below, if a section doesn't apply, cross out or write N/A

Asset	Institution Name	Value (\$)	Notes
Checking Account		\$	
Checking Account		\$	
Savings Account		\$	
Savings Account		\$	
Other Accounts (IRA, Trust, CDs)		\$	
Other Accounts (IRA, Trust, CDs)		\$	

## Real Estate

Do you or any member of your household own any property? **Yes / No**

If YES, list:

- Property type: \_\_\_\_\_
- Location: \_\_\_\_\_
- Appraised market value: \$ \_\_\_\_\_
- Mortgage or outstanding loans balance due: \$ \_\_\_\_\_
- Amount of annual insurance premium: \$ \_\_\_\_\_



- Amount of most recent tax bill: \$ \_\_\_\_\_

Have you or any member of your family sold/disposed of any property in the last 2 years? **Yes / No**

If YES, list:

- Property type: \_\_\_\_\_
- Market value when disposed/sold: \$ \_\_\_\_\_
- Amount disposed/sold for: \$ \_\_\_\_\_
- Date of Transaction: \_\_\_\_\_

Have you or any member of your household disposed of any assets in the last two years? **Yes / No**

If YES,

- Describe the asset: \_\_\_\_\_
- Date of disposition: \_\_\_\_\_
- Amount disposed: \$ \_\_\_\_\_

Do you or any member of your household have any other assets not listed above? **Yes / No**

- If YES, please list: \_\_\_\_\_

**CHECK ONLY ONE**

1.  **I have no assets at all.**
2.  **My net assets do not exceed \$5,000. I believe my net assets is \$ \_\_\_\_\_ and I believe that all the annual interest income from the assets is \$ \_\_\_\_\_.**
3.  **My net assets exceed \$5,000.**

If net assets \$5,000 multiple total value of assets by 2%. Then compare this result to the total income from assets previously disclosed. The greater of the two figures should be counted towards the total annual income.

**I/We certify that I/We have not disposed of any asset(s) of \$1,000 or more for less than fair market value in the last two years (circle one): YES / NO**

**Additional Information**

1. Are you or any member of your household currently using any illegal substance? **(circle one): YES / NO**
2. Have you or any member of your household ever been convicted of drug use or manufacture or any other felony? **(circle one): YES / NO**
  - a. If YES, describe: \_\_\_\_\_
3. Have you or any member of your household ever been convicted of a crime? **(circle one): YES / NO**
  - a. If YES, describe: \_\_\_\_\_
4. Have you or any member of your household ever been evicted from any housing? **(circle one): YES / NO**
  - a. If YES, describe: \_\_\_\_\_
5. Have you ever filed for bankruptcy? **(circle one): YES / NO**
  - a. If YES, describe: \_\_\_\_\_



6. Are any members of your household receiving rental assistance through a housing subsidy or voucher? **(circle one):**  
**YES / NO**

a. If YES, describe: \_\_\_\_\_

7. Briefly describe your reasons for applying:

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**Landlord Reference Information**

- Current Landlord Name: \_\_\_\_\_
- Address: \_\_\_\_\_
- Phone Number: \_\_\_\_\_ How long? \_\_\_\_\_
  
- Previous Landlord Name: \_\_\_\_\_
- Address: \_\_\_\_\_
- Phone Number: \_\_\_\_\_ How long? \_\_\_\_\_

**Vehicles Information - List any vehicles you own.**

Type (SUV, Truck, Sedan)	Year	Make/Model	License Plate #

**Pets**

Do you own any pets? **(circle one): YES / NO** If YES, please describe: \_\_\_\_\_

**Please note this is a preliminary application. Additional information may be requested at a later date to complete the processing of this application. Your signature below gives consent to the owners/agents of this housing to verify information contained in this application.**

**This application may be processed by private state and credit reporting agencies.**

**SIGNATURE PAGE TO FOLLOW**



**CERTIFICATION**

I/We hereby certify that I/we 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 have understood and answered all required questions on this application. I/We certify that providing any/all false answers or information could lead to cancellation of this application or termination of tenancy after occupancy. All adult members, 18 or older must sign application.

**SIGNATURE(S):**

Head of Household \_\_\_\_\_

Date: \_\_\_\_\_

Adult Member \_\_\_\_\_

Date: \_\_\_\_\_

Adult Member \_\_\_\_\_

Date: \_\_\_\_\_

Adult Member \_\_\_\_\_

Date: \_\_\_\_\_

Owner/Manager Signature \_\_\_\_\_

Date: \_\_\_\_\_

Owner/Manager Name and Position (please print) \_\_\_\_\_

Date: \_\_\_\_\_





## Application Addendum

**This is an application for housing at: Journey Home, 39 Marcello Ave, Leominster 01453**

If you are applying to housing at Journey Home, you may be entitled to claim a "preference." A preference is a special circumstance (defined below) that would entitle you to have your application considered/or tenancy before it would normally be considered based on your lottery number alone. If you believe any of the preferences below apply to you, please check the appropriate box. You will be required to prove any claim of preference during the application process.

Leominster residency preference (ONLY/or Journey Home applicants at initial lease up). People who self-certify as a Leominster Resident in their housing lottery application must provide two forms of proof of residency from the list below (no exceptions):

- A dated letter from transitional housing or a homeless shelter (only one form necessary if homeless)
- Signed lease (At-will lease counts)
- Car registration/insurance cover page
- Renter's Insurance
- Heating bill (Gas, Electric, Oil)
- Cable/ Data/ Internet bill
- Voter registration/ Resident listing
- Cell/ Landline phone bill

Each document must be dated in the last 60 days. Falsifying residency status disqualifies the applicant.

Accessibility Preference. People who self-certify as a family in need of accessibility features in their housing lottery application must provide documented need for the accessibility features.

Homeless Family. People who self-certify as a homeless family in their housing lottery application must provide proof of homelessness from the list below (no exceptions):

- A dated letter from transitional housing or a homeless shelter (only one form necessary if homeless)
- No-fault fire, flood, natural disaster, condemnation, or foreclosure
- Fleeing domestic violence
- Eviction
- Child is exposed to a serious health and safety risk
- Living doubled up with others or in areas not fit for human habitation

Making Opportunity Count and/or North Star Family Services will work with local service providers to document homelessness status.







**NOTICE OF REASONABLE ACCOMMODATION**

You may ask for a reasonable accommodation if you have a disability that causes you to need:

- A change in policies, services, or how we do things: This would give you an equal chance to live here, use the facilities, or take part in programs on-site.
- A change in your apartment or a special type of apartment: This would give you an equal chance to live here, use the facilities, or take part in programs on-site.
- A change to another part of the housing site: This would give you an equal chance to live here, use the facilities, or take part in programs on-site.
- A change in how we communicate with you or provide information.

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

We will give you an answer within 10 business days, unless there is a problem obtaining the information we need, or you agree to a longer timeframe. We will notify you if we require additional information or verification from you, or if we would like to discuss alternative ways to meet your needs.

If we deny your request, we will explain the reasons, and you may provide additional information if you believe it will help. If you need help completing a Reasonable Accommodation Request Form (included in this application packet), or if you prefer to make your request in another way, we are happy to assist you.

You can also contact Making Opportunity Count at: 165B Mill Street, Ste. 1B, Leominster, MA 01453 (an ADA-accessible location) or reach out to: Jennifer O’Neal, Director of Housing and Workforce Programs by phone: (978) 956-6659 or email: [joneal@mocinc.org](mailto:joneal@mocinc.org)

NOTE: All information you provide will be kept confidential and used solely to help ensure you have an equal opportunity to enjoy your housing.

Making Opportunity Count, Inc. 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, membership in the armed services or status as a veteran, receipt of public assistance, because someone is, has been or is threatened with being the victim of domestic violence, dating violence, sexual assault or stalking, or has obtained, or sought, or is seeking relief from any court in the form of a restraining order for protection from domestic abuse.

**I have read and received a copy of the Reasonable Accommodation Notice**

**SIGNATURE(S):**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**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**

Making Opportunity Count, Inc. 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, membership in the armed services or status as a veteran, receipt of public assistance, because someone is, has been or is threatened with being the victim of domestic violence, dating violence, sexual assault or stalking, or has obtained, or sought, or is seeking relief from any court in the form of a restraining order for protection from domestic abuse.

Making Opportunity Count, Inc. has designated Colby O'Brien to coordinate compliance with applicable federal and state nondiscrimination requirements and to address grievances applicants and residents may have. The following is his contact information:

Making Opportunity Count  
165B Mill Street, Ste. 1B, Leominster, MA  
Telephone: 978-878-3061 – Email [cobrien@mocinc.org](mailto:cobrien@mocinc.org)

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. Reasonable Accommodations may be requested orally or in writing. 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:

Journey Home  
 c/o Making Opportunity Count  
 165B Mill Street, Ste. 1B, Leominster, MA  
 Phone: 978-345-7040

Making Opportunity Count, Inc. 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 Making Opportunity Count, Inc. provides persons with disabilities the opportunity to request a Reasonable Accommodation in order to apply to and participate in such programs and activities. Making Opportunity Count, Inc. also provides people whose primary language isn't English and who have limited English proficiency the opportunity to request free language assistance to apply to or participate in its programs and activities. Colby O'Brien coordinates Making Opportunity Count, Inc.'s compliance with all nondiscrimination requirements, including Section 504. Contact him with any questions or concerns related to Making Opportunity Count, Inc.'s compliance with nondiscrimination requirements at: 978-878-3061 or by email at cobrien@mocinc.org.





**Contact Information for the Department of Housing and Urban Development Region I FHEO Office and State Fair Housing Agencies Where Making Opportunity County, Inc. 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  
 10 Causeway Street, Room 321  
 Boston, MA 02222-1092  
 Phone: (617) 994-8300  
 Toll Free: (800) 827-5005  
 TTY: (800) 877-8339  
 Fax: (617) 565-6558  
 E-Mail: [ComplaintsOffice01@hud.gov](mailto:ComplaintsOffice01@hud.gov)

**Massachusetts Commission Against Discrimination (MCAD)**

<p>Boston Office          One Ashburton Place Sixth Floor, Room 601          Boston, MA 02108          Phone: (617) 994-6000          TTY: (617) 994-6196          Fax: (617) 994-6024          E-Mail: <a href="mailto:mcad@mass.gov">mcad@mass.gov</a></p>	<p>New Bedford Office          128 Union Street, Suite 206 New Bedford, MA 02740          Phone: (774) 510-5801          TTY: (617) 994-6196 (Boston Office)          Fax: (774) 510-5802          E-Mail: <a href="mailto:mcad@mass.gov">mcad@mass.gov</a></p>
<p>Springfield Office          436 Dwight Street, Room 220          Springfield, MA 01103          Phone: (413) 739-2145          TTY: (617) 994-6196 (Boston Office)          Fax: (413) 784-1056          E-Mail: <a href="mailto:mcad@mass.gov">mcad@mass.gov</a></p>	<p>Worcester Office Worcester City Hall          484 Main Street, Room 320          Worcester, MA 01608          Phone: (508) 453-9630          TTY: (617) 994-6196 (Boston Office)          Fax: (508) 755-3861          E-Mail: <a href="mailto:mcad@mass.gov">mcad@mass.gov</a></p>



**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 ես կամ կարդում ես հայերեն, հայկական:	2. Armenian
<input type="checkbox"/> যদি আপনি বাংলা পড়েন বা বলেন তা হলে এই কক্ষে দাগ দিন।	3. Bengali
<input type="checkbox"/> ល្អប្រសើរណាស់បើអ្នកនិយាយ ឬអានភាសាខ្មែរ ។	4. Cambodian
<input type="checkbox"/> Motka i kahhon ya yang in úntúngnu' manaitai pat úntúngnu' 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 διαβάζετε ή μιλάτε Ελληνικά.	15. Greek
<input type="checkbox"/> Make kazyé 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 ຖ້າທ່ານອ່ານຫຼືປາກເວົ້າລາວ.	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 casuță 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 квадратик 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 marinong magbasa o magsalita ng Tagalog.	32. Tagalog
<input type="checkbox"/>	ให้ทำเครื่องหมายลงในช่องถ้าท่านอ่านหรือพูดภาษาไทย.	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. Ukranian
<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

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