



John J. Meany Senior Housing
• 71 Middle Street •
Gloucester, MA 01930

The YMCA of the North Shore is currently accepting applications. These affordable units are for income qualifying applicants only. Please mail or drop off your completed application to 67 Middle Street Gloucester, MA 01930. If you have any questions, please contact the housing office at 978-564-3460- TTY/Relay # 711.

Included Amenities:

- Heat and hot water
- Free YMCA of the North Shore membership
- First come first serve off-street parking with sticker
- Jack's Café onsite
- On site management and maintenance team
- Coin operated laundry machines

Resident Rules:

- No overnight guests for more than 14 days in a calendar year
- No pets
- No smoking

Rent:

- 1 Bdrm. \$1,510

Application Process:

- Please fill out an application completely and return to get on our waitlist
- The waitlist is open. Please call the housing office for a current estimated wait time.
- We run a criminal background check, verify income and assets, and ask for personal as well as landlord references
- If a reasonable accommodation is needed please make the request at time of application

Please print this application single sided. Thank you!

Income Limits per Household	
1 Person	\$68,520
2 Person	\$78,360



**John J Meany Senior Affordable
Housing
C/O YMCA of the North Shore
P.O. Box 7073
Beverly, MA 01915**

The information requested in this form is required by the gov't. agency regulating this project.

Please do not use whiteout. If you make a mistake, cross it out, write the correct answer and put initials next to the crossed out information.

Phone: 978-564-3460 / Relay: 711

APPLICATION FOR HOUSING

Please Print Clearly

Applications are placed in the order specified in the Tenant Selection Plan located at the management office. An applicant may be interviewed only after the receipt of this tenant application.

Please complete all sections of this application and all applicable attachments and return to the address at the top of the page. If a question is not applicable to you, please write "N/A" in that section. If all sections are not completed, the application will be returned to you for completion, and, as such, will not be placed on the waiting list. Thank you for your assistance.

A. GENERAL INFORMATION

Applicant Name(s): _____

Address: _____
Street Apt. # City State Zip

Daytime Phone: _____ Evening Phone: _____

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

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

If owned, do you receive monthly rental income from property? Yes No

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

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

All of the units are 1 Bedrooms. The following four questions are asked for the sole purpose of providing an equal opportunity to enjoy your housing. Answering them is voluntary, but if you don't let us know what you need to have an equal opportunity to enjoy your housing we can't satisfy your needs. This application includes a notice of the right to request a Reasonable Accommodation (Attachment A).

1. Do you need a fully accessible unit for someone with mobility impairment? Yes No

Note: If you only need a unit on the first floor and it doesn't need to be fully accessible please answer "no" here and respond to question 4 below with a "yes" and let us know your needs.

2. Do you need only certain accessible features of a unit? Yes No

If yes, please list the features that you need to be accessible:

3. Do you need a unit with special features for someone with a hearing and/or visual impairment?

Yes No

4. Does you have any accessibility or reasonable accommodation requests or alternate ways we need to communicate with you? [] Yes [] No

If yes, please explain: _____

B. HOUSEHOLD COMPOSITION & STUDENT STATUS ELIGIBILITY

List ALL persons who will live in the apartment. List the head of household first.

1.	Name	Relationship to Head of Household	Birth Date	Age	Social Security#	Student Status (F1) (Must Circle as Applicable to EACH Member)
Head		HOH				Full-time / Part-time / Not Student
						Full-time / Part-time / Not Student

2. Do you anticipate any additions to the household in the next twelve months? Yes No

If yes, explain:

C. INCOME

List ALL sources of gross income anticipated to be received by you in the next 12 months as requested below. If an income source doesn't apply, cross out or write N/A over that source name.

Household Member Name	Source of Income	Gross Monthly Amount
1.	Social Security	\$
	Social Security	\$
	Social Security	\$
2.	SSI Benefits	\$
	SSI Benefits	\$
	SSI Benefits	\$
3.	SSP (State Supplement Program) Payments	\$
4.	Pension - List source:	\$
5.	Veteran's Benefits - List claim #:	\$
		\$
6.	Unemployment Compensation	\$
	Unemployment Compensation	\$
7.	Worker's Compensation	\$
8.	Title IV/TANF/TAFDC/Public Assistance	\$
9.	Interest Income - List source:	\$
10.	Other Income (including recurring gifts, lottery winnings, rental property, net income from a business, etc.)? Verify as applicable List source:	\$
11.	*Student Financial Assistance in excess of tuition and any other required fees and charges (scholarships, grants, private sources, work study, etc.) List source:	

Household Member Name	Source of Income	Monthly Amount
12.	Employment Income	\$
	Employer:	
	Employer Address:	
	Employer Phone:	
	Position Held:	How long employed:
13.	Employment Income	\$
	Employer:	
	Employer Address:	
	Employer Phone:	
	Position Held:	How long employed:
14.	Employment Income	\$
	Employer:	
	Employer Address:	
	Employer Phone:	
	Position Held:	How long employed:
15.	Alimony	
	a. Are you <i>entitled</i> by a court order or other legal agreement to receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are <i>entitled</i> to receive.	\$
	b. Do you receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list amount you receive.	\$
16.	Child Support	
	a. Are you <i>entitled</i> by a court order or other legal agreement to receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list the amount you are <i>entitled</i> to receive.	\$
	b. Do you receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you receive.	\$
17.	Are you unemployed but receiving unearned income such as Social Security, SSI, Public Assistance, Unemployment, etc.?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
18.	Are you unemployed and not receiving any unearned income from any source?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
19.	TOTAL GROSS ANNUAL INCOME (All Monthly Amounts Listed Above x 12)	
	\$	
20.	TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR (Based on Last Tax Year)	
	\$	
21.	Do you anticipate any changes in this income in the next 12 months?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, explain:		
22. Do you file income tax returns? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, provide your prior year's taxes with W-2(s), 1099(s) etc.		

D. ASSETS

If your assets are too many to list here, please request an additional form. If a section doesn't apply, cross out or write N/A.

1. Checking Accts		Bank:	Acct:	Balance \$
		Bank:	Acct:	Balance \$
		Bank:	Acct:	Balance \$
2. Savings Accts		Bank:	Acct:	Balance \$
		Bank:	Acct:	Balance \$
		Bank:	Acct:	Balance \$
3. Direct Express Debit Card (SSA only) Current Stmt/ATM receipt	Member: _____			Balance: \$
	Member: _____			Balance: \$
	Member: _____			Balance: \$
4. Other Debit Acct Cards Current Stmt/ATM receipt	Member: _____			Balance: \$
	Member: _____			Balance: \$
	Member: _____			Balance: \$
5. Cash on Hand				Amount \$
6. Trust Account		Bank:	Acct:	Balance \$
		Bank:	Acct:	Balance \$
7. Certificates of Deposit		Bank:	Acct:	Balance \$
		Bank:	Acct:	Balance \$
8. Savings Bonds		Maturity Date		Value \$
		Maturity Date		Value \$
9. Life Insurance		Ins. Co:	Acct:	Cash Value \$
10. Life Insurance Policy		Ins. Co:	Acct:	Cash Value \$
11. Mutual Funds	Name:	#Shares:		
	Bank Name:		Annual Interest or Dividend \$	Value \$
12. Stocks	Name:	#Shares:		
	Bank Name:		Annual Interest or Dividend \$	Value \$
13. Bonds	Name:	#Shares:		
	Bank Name:		Annual Interest or Dividend \$	Value \$
14. Annuities, 401(k), IRA, Keogh	Name:			Value \$
	Source:			
15. Investment Property	Name:			Appraised Value \$
	Source:			
16. Real Estate Property: <i>Does you own any property</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No

a. <i>If yes</i> , Name of Household Member:	b. Type of property:
c. Location of property:	
d. Appraised Market Value:	\$
e. Mortgage or outstanding loans balance due:	\$
f. Amount of annual insurance premium:	\$
g. Amount of most recent tax bill:	\$

17. <i>Have you sold/disposed of any property in the last two years?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes</i> , Name of Household Member:	Type of property:
Market value when sold/disposed	\$
Amount sold/disposed for	\$
Date of transaction	

18. *Have you disposed of any other asset in the last 2 Years? (Example: Given away money to relatives, set up Irrevocable Trust Accounts)?* Yes No

a. *If yes*, Name of Household Member:

b. Describe Asset:

c. Date of disposition:

d. Amount disposed

e. Does you have any other assets not already listed

If yes, please list: Household Member Name: _____ Type of Asset: _____

E. ADDITIONAL INFORMATION

1. How were you referred to this property?		
Notice for the following question: We do not discriminate based on Section 8 Voucher/Certificate holder status. These questions are asked for the sole purpose to: (1) determine an applicant household's ability to pay rent for a unit that does not have Project Based Section 8; or (2) to advise applicant households who are applying for a unit with Project-based Section 8 that if they move into such a unit that already has Section 8 with the unit, they will be required by their voucher agency to give up their mobile voucher.		
2. Do you currently have a mobile rental subsidy Voucher/Certificate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Failure to respond to the questions below may jeopardize approval of your application.		
3. a Are you currently illegally using a controlled substance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.b. Do you have a pattern of illegal drug use or abuse of alcohol that has threatened or would threaten the health, safety and right to peaceful enjoyment of others?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.a. Have you been convicted of a felony in the last 5 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

4.b. Are you subject to any State Sex Offender Lifetime Registration requirement? Yes No

If yes to 4(a or b), specify whether (a) and/or (b) and describe in greater detail. Attach additional page(s) if necessary:

5. Provide a complete list of ALL States in which you have ever resided:

6. Are you an owner, developer or sponsor of this project (or officer, employee, agent or consultant of the owner, developer or sponsor)? Yes No

7 a. Has any landlord ever had to take legal action against you for non-payment of rent? Yes No

7b. Has any landlord ever had to take legal action against you for any other material non-compliance with your lease that resulted in your appearance in court? Yes No

If yes, please describe:

8. Have you ever filed for bankruptcy? Yes No

If yes, describe:

9. Will you take an apartment when one is available? Yes No

Briefly describe your reasons for applying:

F. REFERENCE INFORMATION

You must provide all full addresses resided at in the past five years and the names, addresses and phone numbers of all landlords, if applicable. (Please attach a separate sheet if necessary to include all landlords in the last 5 years.)

1. Current Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	Address You Resided At:	
	How Long?	From: _____ To: _____
2. Prior Landlord	Name:	
	Address:	
	Home Phone:	
	Address You Resided At:	
	How Long?	From: _____ To: _____

3. In case of emergency notify:

Address:

Relationship: Phone #:

4. In case of emergency notify:

Address:

Relationship:

Phone #:

G. CERTIFICATION

I hereby certify that I will not maintain a separate subsidized rental unit in another location. I further certify that this will be my sole/permanent residence. I understand I must pay a security deposit for this apartment prior to occupancy. I understand that my eligibility for housing will be based on applicable income limits and by management’s selection criteria. I certify that all information in this application is accurate and complete to the best of my knowledge and I understand that intentional false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. I hereby authorize the release of information regarding a criminal background and credit check, and landlord authorization. You must sign and date the application.

SIGNATURE(S):

(Signature of Applicant)

Date

Application Cover Letter, as applicable, based on program,(s) at property Application
Attachments, as applicable, based on program(s) at property

- Attachment A: Notice of Nondiscrimination, Right to a Reasonable Accommodation and Free Language Assistance for People with LEP
- Attachment B: Form HUD-92006, Supplemental and Optional Contact Information for HUD Assisted Housing Applicants
- Attachment C: Application Addendum - Demographics Data Collection & Consent
- Attachment D: DHCD Resident Notice and Consent Form (or other State Agency Reporting Form, as required)
- Attachment E: HUD Form-27061-H – Race and Ethnic Data Reporting Form



The YMCA of the North Shore does not discriminate on the basis of any protected status, including Race, Color, National Origin, Religion, Sex, Disability/Handicap, Familial Status: Children, Marital Status, Age, Sexual Orientation, Gender Identity, Military Status (Veteran or member of the armed forces), Public Assistance/Housing Subsidy Reciprocity, Genetic Information or Ancestry in the admission of or access to, or treatment or employment in its programs and activities. The YMCA of the North Shore provides persons with disabilities the opportunity to request a Reasonable Accommodation to apply to and participate in such programs and activities. The YMCA also provides people whose primary language isn't English and as a result have limited English proficiency the opportunity to request free language assistance to apply to or participate in its programs and activities. David Goodwin, Director of Housing, coordinates the YMCA of the North Shore's compliance with all nondiscrimination requirements, including Section 504. Contact this person with any questions or concerns relating to the YMCA of the North Shore's compliance with nondiscrimination requirements: Telephone (978) 564-3099, Relay #711 or at YMCA of the North Shore, 200 Cummings Center, Suite 173D, Beverly, MA 01915.



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"/> Հայերենը կամ Գեորգիաներենը (Հայաստանի և Գեորգիաներենի լեզուները):	2. Armenian
<input type="checkbox"/> যদি আপনি বাংলা পড়েন বা বলেন তা হলে এই বক্সে চাপ দিন।	3. Bengali
<input type="checkbox"/> ល្អប្រសើរណាស់បើអ្នកនិយាយនេះ ឬអ្នកអាន ឬនិយាយភាសាខ្មែរ ។	4. Cambodian
<input type="checkbox"/> Motka i kahbon ya yangin 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"/> 如果你能读中文或讲中文，请选择此框。	7. Traditional Chinese
<input type="checkbox"/> Označite ovaj kvadratic ako čitate ili govorite hrvatski jezik.	8. Croatian
<input type="checkbox"/> Zaškrtněte tuto kolonku, pokud čtete a hovoříte česky.	9. Czech
<input type="checkbox"/> Kruis dit vakje aan als u Nederlands kunt lezen of spreken.	10. Dutch
<input type="checkbox"/> Mark this box if you read or speak English.	11. English
<input type="checkbox"/> اگر خواندن و نوشتن فارسی بلد هستید، این مربع را علامت بزنید.	12. Farsi

<input type="checkbox"/>	Cocher ici si vous lisez ou parlez le français.	13. French
<input type="checkbox"/>	Kreuzen Sie dieses Kästchen an, wenn Sie Deutsch lesen oder sprechen.	14. German
<input type="checkbox"/>	Σημειώστε αυτό το πλαίσιο αν διαβάσετε ή μιλάτε Ελληνικά.	15. Greek
<input type="checkbox"/>	Make kazyè sa a si ou li oswa ou pale kreyòl ayisyen.	16. Haitian Creole
<input type="checkbox"/>	अगर आप हिन्दी बोलते या पढ़ सकते हैं तो इस बक्स पर चिह्न लगाएँ।	17. Hindi
<input type="checkbox"/>	Kos lub voj no yog koj paub twm thiab hais lus Hmoob.	18. Hmong
<input type="checkbox"/>	Jelölje meg ezt a kockát, ha megérti vagy beszél a magyar nyelvet.	19. Hungarian
<input type="checkbox"/>	Markaam daytoy nga kahon no makabasa wenno makasaoka iti Ilocano.	20. Ilocano
<input type="checkbox"/>	Marchi questa casella se legge o parla italiano.	21. Italian
<input type="checkbox"/>	日本語を読んだり、話せる場合はここに印を付けてください。	22. Japanese
<input type="checkbox"/>	한국어를 읽거나 말할 수 있으면 이 칸에 표시하십시오.	23. Korean
<input type="checkbox"/>	ໂຕກຳນົດສຳລັບການຕິດຕາມການອ່ານ ຫຼື ການເວົ້າ.	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 voce lê ou fala português.	26. Portuguese
<input type="checkbox"/>	Însemnați această căsuță dacă citiți sau vorbiți românește.	27. Romanian
<input type="checkbox"/>	Пометьте этот квадратик, если вы читаете или говорите по-русски.	28. Russian
<input type="checkbox"/>	Обележите овај 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 marunong magbasa o magsalita ng Tagalog.	32. Tagalog
<input type="checkbox"/>	ထိုကွက်ကို မြေမှည့်ပါက နှစ်ဘက်စုံ ဘာသာစကား နားထောင်နိုင်ပါသည်။	33. Thai
<input type="checkbox"/>	Muaka '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



The YMCA of the North Shore 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. The YMCA of the North Shore provides persons with disabilities the opportunity to request a Reasonable Accommodation to apply to and participate in such programs and activities. The YMCA. also provides people whose primary language isn't English and as a result have limited English proficiency the opportunity to request free language assistance to apply to or participate in its programs and activities. David Goodwin, Director of Housing, coordinates the YMCA of the North Shore's compliance with all nondiscrimination requirements, including Section 504. Contact him with any questions or concerns relating to the YMCA of the North Shore's compliance with nondiscrimination requirements: Telephone (978) 564-3459, Relay #711or at YMCA of the North Shore, 245 Cabot Street, Beverly, MA 01915.



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

The YMCA of the North Shore (YMCA) 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.

The YMCA has designated David Goodwin to coordinate compliance with applicable federal and state nondiscrimination requirements and to address grievances applicants and residents may have. The following is her contact information:

YMCA of The North Shore
200 Cummings Center, Suite 173D,
Beverly, MA 01915
Telephone: (978) 564-3099; Relay: 711

Also, if you believe you have been discriminated against, you may file a formal complaint with the Department of Housing and Urban Development (HUD) and local Fair Housing Agency. The contact information for HUD's Fair Housing Office and the Fair Housing Agencies in the states where our sites are located is attached to this notice.

Reasonable Accommodation for People with Disabilities

If you or any member of your household have a disability and as a result need any of the following in order to have an equal opportunity to apply to or live in our development, or participate in services and programs we offer, please let us know:

- A change in a rule, policy, procedure or service;
- A physical change or modification in your apartment, such as grab bars or lowering the cabinets;
- A specific type of unit such as one that is accessible to individuals with mobility impairments, visual impairments or hearing impairments;
- A physical change or modification in some other part of the housing site; and
- A preferred way for us to communicate with you or give you information, such as Braille, large print or using a hearing interpreter;
-

These kinds of changes are called reasonable accommodations. We will provide a requested reasonable accommodation if:

- your disability is obvious or you can document that you have a disability;
- the nexus or connection between your disability and the need for the accommodation is obvious or you can document it; and
- your request does not pose an undue financial and administrative burden or fundamental change in the program, which means in simple language if it is not too expensive and too difficult to arrange or do, or does not require us to do something that the housing program is not designed to do or would prevent us from doing what we are required to do.

We will give you an answer as to whether we can provide the accommodation within ten (10) business days unless there is a problem getting the information we need, or unless you agree to a longer time. We will let you know if we need more information or documentation from you or if we would like to talk to you about other ways to meet your needs.

If we turn down your request, we will explain the reasons. If you want, you may then give us information that addresses the reason why we turned down your request.

A REASONABLE ACCOMMODATION REQUEST FORM is available at the management office listed below. Let us know if you need help filling out the form or if you want to give us your request in some other way. 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:

Name of Property: John J Meany Senior Affordable Housing
Office Address: 200 Cummings Center, Suite 173D, Beverly, MA 01915
Telephone: 978-564-3460 Relay: 711
Email: housing@northshoreymca.org

Contact Information for the Department of Housing and Urban Development Region I FHEO Office and State Fair Housing Agencies Where *The YMCA of the North Shore* Conducts Business

The Department of Housing and Urban Development

Boston Regional Office of FHEO
U.S. Department of Housing and Urban Development
Thomas P. O'Neill, Jr., Federal Building
19 Causeway Street, Room 321
Boston, MA 02222-1092
(617) 944-8300 | 1-800-827-5005 | TTY (617) 565-5453

Massachusetts

Massachusetts Commission Against
Discrimination (MCAD)

Boston Office

One Ashburton Place
Sixth Floor, Room 601
Boston, MA 02108
Phone: 617-994-6000
TTY: 617-994-6196



The YMCA of the North Shore does not discriminate on the basis of any protected status, including Race, Color, National Origin, Religion, Sex, Disability/Handicap, Familial Status: Children, Marital Status, Age, Sexual Orientation, Gender Identity, Military Status (Veteran or member of the armed forces), Public Assistance/Housing Subsidy Reciprocity, Genetic Information or Ancestry in the admission of or access to, or treatment or employment in its programs and activities. The YMCA of the North Shore provides persons with disabilities the opportunity to request a Reasonable Accommodation to apply to and participate in such programs and activities. The YMCA also provides people whose primary language isn't English and as a result have limited English proficiency the opportunity to request free language assistance to apply to or participate in its programs and activities. David Goodwin, Director of Housing, coordinates the YMCA of the North Shore's compliance with all nondiscrimination requirements, including Section 504. Contact this person with any questions or concerns relating to the YMCA of the North Shore's compliance with nondiscrimination requirements: Telephone (978) 564-3099, Relay #711 or at YMCA of the North Shore, 200 Cummings Center, Suite 173D, Beverly, MA 01915.

