

Here's How the Process Works:

- 1st. Fill out and sign the APARTMENT RENTAL APPLICATION. Answer all questions.
An Incomplete application will not be processed.

- 2nd. Submit the application and a money order or check for \$12.50 per applicant over the age of 18. This is a non-refundable processing fee*. (We DO NOT accept cash!) We will also need copies of driver's license and social security cards for each applicant over the age of 18. The landlord reference MUST be filled out and signed by your landlord. If you live with a parent or other relative, the form can be filled out by them. Any application received without the processing fee, the required identification, and landlord reference will not be processed.

- 3rd. After your application is processed you will then receive an APPLICATION PROCESSING NOTICE in the mail, and a phone call, telling you if you have been approved. If a unit is available at this time an appointment will be made for you to come in and sign all necessary verifications. If a unit is not available, you will be placed on a waiting list and notified when a unit becomes available.
Note: Applications are only valid for 120 days.

- 4th. The verifications will be sent to the appropriate business/agencies to be filled and returned to our office

- 5th. Once these verifications are received, you will be notified and an appointment made for you to come in and fill out the remaining paperwork. Please bring with you all driver's licenses, social security cards for yourself and co-applicant (if applicable), birth certificates and/or social security cards for any minor children and, If applicable, a copy of a Divorce Decree.

- 6th. At time of Move -In you will need a paid receipt showing all utilities have been turned on in your name and you will need to provide your utility account numbers. A separate check or money order will be required for the Security Deposit and the first months' rent.

All apartments are leased on a one year legally binding lease agreement.

***FOR THE Safety OF OUR RESIDENTS AND TO COMPLY WITH GOVERNMENT REGULATIONS, A CRIMINAL BACKGROUND, CREDIT CHECK AND RENTAL HISTORY WILL BE RUN ON EACH NEW APPLICANT. DUE TO THE COSTS OF THESE CHECKS, A NON-REFUNDABLE PROCESSING FEE OF \$12.50 WILLBE REQUIRED TO PROCESS EACH APPLICANT.**

WE WILL NOT BE ABLE TO PROCESS ANY APPLICATION RECEIVED WITHOUT THIS FEE.



This institution is an equal opportunity provider and employer
This institution is designated 62 years of age or older, handicapped or disabled.

TDD # 800-766-3777





Green Development
115 N. Broadway
Inola OK 74036

www.greenmgmt.org

GDC-270

Rev 10/15/2022

Property Applying For: _____

For Management Use Only
 Application Received: _____
 Date: ___/___/___ Time: _____
 Mgr. Signature: _____
 Date Approved: _____
 Date Rejected: _____

Application For Lease

A non-refundable processing fee of \$12.50 per applicant age 18 or older must be paid prior to processing. **No fee is required for HUD Section 8 properties.** The purpose of this application is to allow an initial review of your program eligibility. Additional documentation will be required before eligibility can be fully established. All pages and blanks must be completed. If an item does not apply, write N/A in the space provided. Failure to complete any item on this application will cause the application to be rejected.

Print clearly using Black or Blue Ink - White-out is not acceptable

Note: All apartments are leased on a one year legally binding lease agreement.

Primary Contact Name: _____
 (First) (Last)
 Home No: (_____) _____ Work No: (_____) _____ Cell No: (_____) _____
 Email: _____ Preferred Contact Method: Phone Text Email

Do you wish to have priority for an apartment with special design features for individuals with handicaps? Yes ___ No ___
 Do you have a service animal? Yes ___ No ___

To qualify for communities designated as Elderly, and/or qualify for a \$400 deduction, the applicant or co-applicant must be age 62 or older, or handicapped or disabled.

Please provide the name of the qualifying person(s): _____

Are you currently homeless? Yes ___ No ___ Can you provide documentation? Yes ___ No ___

List all members of the household who will reside in the apartment. (Including temporarily absent and military members)

Name	Relationship	SSN	Date of Birth	Full Time Student?	
				Yes	No
				Yes	No
				Yes	No
				Yes	No
				Yes	No
				Yes	No
				Yes	No
				Yes	No

Total number of persons who will occupy the unit, including unborn child: _____

Do you have a pet? Yes ___ No ___ Describe: _____
(\$500 Pet Deposit required, Renters Insurance and vaccination records required, Size & Other Restrictions Apply)

If approved, how long do you plan to live here? _____



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Applicant

Home No: () _____ Work No: () _____ Cell No: () _____

Email: _____ Preferred Contact Method: Phone Text Email

Name: _____ Other names used: _____
(First) (Middle) (Last)

Current Address: _____

How long have you lived at this address? _____ Years and _____ Months.

SSN: _____ Age: _____ Date of birth: ___/___/___ Driver's License #: _____ State: ___

Married ___ Divorced ___ Single ___ Widow(er) ___ Separated ___ Are you a full time student? Yes ___ No ___

List all income and anticipated income (Income includes; child support, alimony, social security, gifts, and unemployment benefits)

Amount Per Month

Source/Employer

Mailing Address

Amount Per Month	Source/Employer	Mailing Address

Did you dispose of an asset for less than fair market value in the two years preceding the date of this application?

Yes ___ No ___

If Yes please list: Date: _____ Market Value: _____ Amount Received: _____ Description: _____

Do you have equity in assets, excluding household furnishings and personal automobile, which exceeds \$5,000?

Yes ___ No ___ If Yes please list:

Description of Asset

Value or Equity

Income Received from

Description of Asset	Value or Equity	Income Received from

Credit reference (Complete those that are applicable)

Name of your bank? _____ City _____ State _____ Zip _____

() Checking Acct No: _____ () Savings Acct No. _____

References:

Name of Present Landlord: _____ Do you own your home? Yes ___ No ___

Address: _____ City _____ State _____ Zip _____

Phone: () _____ How long have you lived there? _____ Reason for Moving? _____

Other Information:

1. Have you ever been evicted from other housing? Yes ___ No ___
2. Have you ever been convicted of a felony? Yes ___ No ___
3. Are you currently using illegal drugs? Yes ___ No ___
4. Have you ever been convicted of selling, distributing, or possession of illegal drugs? Yes ___ No ___

Applicant Statements and Permission for Release of Information:

All Applicant household members affirm that the facts given in the application and household questionnaire are true and complete. Applicant understands and agrees that any false statement will disqualify the household from consideration for leasing and will constitute grounds for eviction if discovered after acceptance. If applicant is accepted, the proposed premises will be the permanent household residence and members will not maintain a separate dwelling unit in any other location. Applicants hereby expressly grants permission to Green Companies Development Group, Inc. and Chameleon Development and the entities with which it contracts to contact any individuals, agencies, or other entities that it deems necessary for the purpose of verification of the household's initial and continuing program eligibility and ability and intent to pay rent or other amounts due should they be accepted as a tenant. Applicant household members understands that this may include obtaining credit reports and criminal reports and contacting creditors and credit bureaus, current and past employers, current and past landlords, or any other entities, private or public. Applicant household members understand that this application is preliminary only and involves no obligation of the Owner or its agents to approve this application or to deliver occupancy of the proposed premises, or any obligation on household to accept such premises should they be offered. Applicant household members understand that all information submitted will be relied upon to determine eligibility.

For various state and federal programs I hereby certify under penalty of law, that all information provided is true and complete. Applicant household members agree to fully and promptly report any changes to the information provided prior to move-in.

Signature: _____ Date: _____

Applicant Name: _____

How did you hear about our apartments?

Facebook	<input type="checkbox"/>	Craigslist	<input type="checkbox"/>	Apartments.com	<input type="checkbox"/>
Google	<input type="checkbox"/>	Newspaper	<input type="checkbox"/>	Zillow	<input type="checkbox"/>
Current Tenant	<input type="checkbox"/>	Family Member	<input type="checkbox"/>	Friend	<input type="checkbox"/>

Other: _____

TENANT SELECTION CRITERIA

Acceptance is based on our Tenant Selection Criteria. A full version of our Tenant Selection Criteria is available upon request from the site manager.

REQUIRED DISCLOSURE NOTICE

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal Laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity and sex of individual applicants on the basis of visual observation or surname.

Ethnicity:

Applicant	Co-Applicant
1 American Indian/ Alaska Native _____	1 American Indian/ Alaska Native _____
2 Asian _____	2 Asian _____
3 Black or African American _____	3 Black or African American _____
4 Native Hawaiian or other Pacific Islander _____	4 Native Hawaiian or other Pacific Islander _____
5 White _____	5 White _____
Hispanic or Latino _____	Hispanic or Latino _____
Non-Hispanic or Latino _____	Non-Hispanic or Latino _____

Gender: () Male () Female

Gender: () Male () Female

TENANT GRIEVANCE AND APPEAL PROCEDURE

It is your right to submit a full application. Applications rejected because they are incomplete may be completed within 10 days without prejudice. If the community offers assistance provided by either HUD or USDA, an appeal procedure is available, as provided in HUD Handbook 4350.3 or USDA's Tenant Grievance and Appeal Procedure (RD Instruction 3560). For those programs, applicants rejected for reasons other than an incomplete application may request an informal meeting with management to present additional facts which might have a bearing on the adverse decision. If the adverse action cannot be resolved through the informal meeting, a formal hearing may be requested. All requests for review must be made in writing, to the address provided, within 14 calendar days of receipt of the adverse notice.

FAIR HOUSING DISCLOSURE STATEMENT

The Fair Housing Act prohibits discrimination in the sale, rental, or financing of housing on the basis of race, color, religion, sex, handicap, familial status, or national origin. Federal law also prohibits discrimination on the basis of age. This property, its owners and Green Companies, 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 named below has been designated to coordinate compliance with the 504 (24 CFR, part 8 dates June 2, 1988.) Name: **Emily Wilkins** Address: **115 N Broadway** City: **Inola** State: **OK** Zip: **74036** Phone: **(918) 543-3400** TTY: **711** Complaints of discrimination may be forwarded to the USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or the Secretary of HUD at Office of Fair Housing and Equal Opportunity, Department of Housing and Urban Development, Room 5204- 451 Seventh St. SW, Washington, DC 20410-2000. Elderly Projects are permitted by federal law to restrict occupancy to qualified elderly families.

EQUAL CREDIT OPPORTUNITY ACT (ECOA)

The Federal ECOA prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, or age (provided that the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program, or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal Agency that administers compliance with this law is the Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580.

APPLICATION CHANGES

Applications must be updated at least every 120 days to remain active. It is your responsibility to notify us when your contact information changes. If we cannot contact you using the information you provided, or if we do not hear from you within 7 days after we contact you, your application may be removed from consideration.

My initials below indicate I have read and understand all the above paragraphs.

Initials: Applicant _____ Co-Applicant _____

CURRENT LANDLORD REFERENCE

Applicant Name: _____

Rental Address: _____

Landlord Name: _____

Landlord Phone Number: _____

Landlord Address: _____

I hereby authorize the above named landlord to release the information requested below regarding my tenancy at the rental address listed. **For Section 8 Participant - I understand that this information may be released to my potential landlord.

Tenant Signature

Date

The person named above, said to be a former/present tenant of yours is applying to us for housing. It would be very helpful if you would furnish the following information.

* Period of time rented from you? _____

* Did the tenant give prior notice to vacate? _____

* Was the tenant prompt in paying rent? _____

* Were there valid complaints made against the tenant by neighbors, police or others? _____

* Was care given to the premises? _____ Would you rent from them again? _____

* Comments: _____

Information submitted by: _____
(Printed name of landlord, Management Company, Complex Supervisor)

Landlord Signature: _____ Date: _____



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TDD # 800-766-3777



HUD/RD/LIHTC Required Student Certification

Tenant Name: _____

Unit: _____

Member Name: _____

Property: _____

This form is required for each Household Member Age 18 & Over

	Yes	No
Are you currently a fulltime student (including grades K-12)?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a student at an institution of higher education (even part-time)?*	<input type="checkbox"/>	<input type="checkbox"/>
Has any adult household member been a full time student 5 months or more out of the current calendar year (months need not be consecutive)?	<input type="checkbox"/>	<input type="checkbox"/>
Do you anticipate attending higher education or becoming a fulltime student at any time within the next 12 months?	<input type="checkbox"/>	<input type="checkbox"/>

*Institutes of higher education include post-secondary vocational institutions; "proprietary institutions of higher education" which prepare students for "gainful employment in a recognized occupation," and accredited post-secondary colleges and universities. If you are not sure, please mark "yes" and we will verify it

If you answered yes to any of the above questions, please complete the following questions. Otherwise, skip these questions and sign below.

Are you receiving any educational financial assistance?	<input type="checkbox"/>	<input type="checkbox"/>
Are you disabled? (you need not answer, but some students are only eligible if disabled)	<input type="checkbox"/>	<input type="checkbox"/>
If yes, were you receiving Section 8 assistance as of November 30, 2005?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a graduate or professional student?	<input type="checkbox"/>	<input type="checkbox"/>
Are you at least 24 years of age?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a veteran of the United States military?	<input type="checkbox"/>	<input type="checkbox"/>
Are you married?	<input type="checkbox"/>	<input type="checkbox"/>
Do you file a joint tax return?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a dependent child?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, is anyone else entitled to claim the child on their tax return?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have dependents other than a child or spouse?	<input type="checkbox"/>	<input type="checkbox"/>
A student who was previously in a foster care program under Part B or Part E of title IV of the Social Security Act?	<input type="checkbox"/>	<input type="checkbox"/>
Will you be living with your parents?	<input type="checkbox"/>	<input type="checkbox"/>
If no, are your parents receiving or eligible to receive Section 8 assistance?	<input type="checkbox"/>	<input type="checkbox"/>
Are you claimed as a dependent on your parent's tax return?	<input type="checkbox"/>	<input type="checkbox"/>
Are you claimed as a dependent on the tax return of any non-household member?	<input type="checkbox"/>	<input type="checkbox"/>
Do you or any member of the household receive assistance under Title IV of the Social Security Act (ie, AFDC or TANF assistance)?	<input type="checkbox"/>	<input type="checkbox"/>
Are you or any member of the household enrolled in a job training program receiving assistance under the Job Training Partnership Act (JTPA), the Workforce Investment Act, or similar federal, state, or local law?	<input type="checkbox"/>	<input type="checkbox"/>

PENALTIES FOR MISUSING THIS CONSENT

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at **208 (a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 USC **408 (a), (6), (7) and (8).

Signature _____

Date _____



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TDD # 800-766-3777



Co-Applicant

Home No: () _____ Work No: () _____ Cell No: () _____

Email: _____ Preferred Contact Method: Phone Text Email

Name: _____ Other names used: _____
(First) (Middle) (Last)

Current Address: _____

How long have you lived at this address? _____ Years and _____ Months.

SSN: _____ Age: _____ Date of birth: ___/___/___ Driver's License #: _____ State: ___

Married ___ Divorced ___ Single ___ Widow(er) ___ Separated ___ Are you a full time student? Yes ___ No ___

List all income and anticipated income (Income includes; child support, alimony, social security, gifts, and unemployment benefits)

Amount Per Month

Source/Employer

Mailing Address

Amount Per Month	Source/Employer	Mailing Address

Did you dispose of an asset for less than fair market value in the two years preceding the date of this application?

Yes ___ No ___

If Yes please list: Date: _____ Market Value: _____ Amount Received: _____ Description: _____

Do you have equity in assets, excluding household furnishings and personal automobile, which exceeds \$5,000?

Yes ___ No ___ If Yes please list:

Description of Asset

Value or Equity

Income Received from

Description of Asset	Value or Equity	Income Received from

Credit reference (Complete those that are applicable)

Name of your bank? _____ City _____ State _____ Zip _____

() Checking Acct No: _____ () Savings Acct No: _____

References:

Name of Present Landlord: _____ Do you own your home? Yes ___ No ___

Address: _____ City _____ State _____ Zip _____

Phone: () _____ How long have you lived there? _____ Reason for Moving? _____

Other Information:

1. Have you ever been evicted from other housing? Yes ___ No ___
2. Have you ever been convicted of a felony? Yes ___ No ___
3. Are you currently using illegal drugs? Yes ___ No ___
4. Have you ever been convicted of selling, distributing, or possession of illegal drugs? Yes ___ No ___

Applicant Statements and Permission for Release of Information:

All Applicant household members affirm that the facts given in the application and household questionnaire are true and complete. Applicant understands and agrees that any false statement will disqualify the household from consideration for leasing and will constitute grounds for eviction if discovered after acceptance. If applicant is accepted, the proposed premises will be the permanent household residence and members will not maintain a separate dwelling unit in any other location. Applicants hereby expressly grants permission to Green Companies Development Group, Inc. and Chameleon Development and the entities with which it contracts to contact any individuals, agencies, or other entities that it deems necessary for the purpose of verification of the household's initial and continuing program eligibility and ability and intent to pay rent or other amounts due should they be accepted as a tenant. Applicant household members understands that this may include obtaining credit reports and criminal reports and contacting creditors and credit bureaus, current and past employers, current and past landlords, or any other entities, private or public. Applicant household members understand that this application is preliminary only and involves no obligation of the Owner or its agents to approve this application or to deliver occupancy of the proposed premises, or any obligation on household to accept such premises should they be offered. Applicant household members understand that all information submitted will be relied upon to determine eligibility.

For various state and federal programs I hereby certify under penalty of law, that all information provided is true and complete. Applicant household members agree to fully and promptly report any changes to the information provided prior to move-in.

Signature: _____ Date: _____

CURRENT LANDLORD REFERENCE

Applicant Name: _____

Rental Address: _____

Landlord Name: _____

Landlord Phone Number: _____

Landlord Address: _____

I hereby authorize the above named landlord to release the information requested below regarding my tenancy at the rental address listed. **For Section 8 Participant - I understand that this information may be released to my potential landlord.

Tenant Signature

Date

The person named above, said to be a former/present tenant of yours is applying to us for housing. It would be very helpful if you would furnish the following information.

* Period of time rented from you? _____

* Did the tenant give prior notice to vacate? _____

* Was the tenant prompt in paying rent? _____

* Were there valid complaints made against the tenant by neighbors, police or others? _____

* Was care given to the premises? _____ Would you rent from them again? _____

* Comments: _____

Information submitted by: _____
(Printed name of landlord, Management Company, Complex Supervisor)

Landlord Signature: _____ Date: _____



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Tenant Name: _____

Unit: _____

Member Name: _____

Property: _____

This form is required for each Household Member Age 18 & Over

	Yes	No
Are you currently a fulltime student (including grades K-12)?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a student at an institution of higher education (even part-time)?*	<input type="checkbox"/>	<input type="checkbox"/>
Has any adult household member been a full time student 5 months or more out of the current calendar year (months need not be consecutive)?	<input type="checkbox"/>	<input type="checkbox"/>
Do you anticipate attending higher education or becoming a fulltime student at any time within the next 12 months?	<input type="checkbox"/>	<input type="checkbox"/>

*Institutes of higher education include post-secondary vocational institutions; "proprietary institutions of higher education" which prepare students for "gainful employment in a recognized occupation," and accredited post-secondary colleges and universities. If you are not sure, please mark "yes" and we will verify it

If you answered yes to any of the above questions, please complete the following questions. Otherwise, skip these questions and sign below.

Are you receiving any educational financial assistance?	<input type="checkbox"/>	<input type="checkbox"/>
Are you disabled? (you need not answer, but some students are only eligible if disabled)	<input type="checkbox"/>	<input type="checkbox"/>
If yes, were you receiving Section 8 assistance as of November 30, 2005?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a graduate or professional student?	<input type="checkbox"/>	<input type="checkbox"/>
Are you at least 24 years of age?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a veteran of the United States military?	<input type="checkbox"/>	<input type="checkbox"/>
Are you married?	<input type="checkbox"/>	<input type="checkbox"/>
Do you file a joint tax return?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a dependent child?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, is anyone else entitled to claim the child on their tax return?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have dependents other than a child or spouse?	<input type="checkbox"/>	<input type="checkbox"/>
A student who was previously in a foster care program under Part B or Part E of title IV of the Social Security Act?	<input type="checkbox"/>	<input type="checkbox"/>
Will you be living with your parents?	<input type="checkbox"/>	<input type="checkbox"/>
If no, are your parents receiving or eligible to receive Section 8 assistance?	<input type="checkbox"/>	<input type="checkbox"/>
Are you claimed as a dependent on your parent's tax return?	<input type="checkbox"/>	<input type="checkbox"/>
Are you claimed as a dependent on the tax return of any non-household member?	<input type="checkbox"/>	<input type="checkbox"/>
Do you or any member of the household receive assistance under Title IV of the Social Security Act (ie, AFDC or TANF assistance)?	<input type="checkbox"/>	<input type="checkbox"/>
Are you or any member of the household enrolled in a job training program receiving assistance under the Job Training Partnership Act (JTPA), the Workforce Investment Act, or similar federal, state, or local law?	<input type="checkbox"/>	<input type="checkbox"/>

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Signature _____

Date _____



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