



SOMERVILLE HOUSING AUTHORITY

30 Memorial Road, Somerville, Massachusetts 02145
Telephone (617) 625-1152 Fax (617) 628-7057 TDD (617) 628-8889

Language Preference Form

This form has been created so that the Somerville Housing Authority (SHA) can provide you with meaningful access to our housing programs. This information is voluntary, and you may choose not to complete the form. This information will be kept on file so that we know your preference and if any of this data is released it would be in aggregate form only (this means it will not identify you personally). It will not affect your eligibility for our housing programs and will be kept confidential.

Name: _____ Address: _____

If you have a limited ability to speak, write or understand English you may elect to identify your primary language. If Spoken and written language differ in name list both.

<input type="checkbox"/> Spanish <input type="checkbox"/> Spoken <input type="checkbox"/> Written <input type="checkbox"/> Both	<input type="checkbox"/> Russian <input type="checkbox"/> Spoken <input type="checkbox"/> Written <input type="checkbox"/> Both	<input type="checkbox"/> Polish <input type="checkbox"/> Spoken <input type="checkbox"/> Written <input type="checkbox"/> Both
<input type="checkbox"/> Spanish Creole <input type="checkbox"/> Spoken <input type="checkbox"/> Written <input type="checkbox"/> Both	<input type="checkbox"/> Arabic <input type="checkbox"/> Spoken <input type="checkbox"/> Written <input type="checkbox"/> Both	<input type="checkbox"/> Gujara <input type="checkbox"/> Spoken <input type="checkbox"/> Written <input type="checkbox"/> Both
<input type="checkbox"/> Portuguese <input type="checkbox"/> Spoken <input type="checkbox"/> Written <input type="checkbox"/> Both	<input type="checkbox"/> Khmer <input type="checkbox"/> Spoken <input type="checkbox"/> Written <input type="checkbox"/> Both	<input type="checkbox"/> Hindi <input type="checkbox"/> Spoken <input type="checkbox"/> Written <input type="checkbox"/> Both
<input type="checkbox"/> Portuguese Creole <input type="checkbox"/> Spoken <input type="checkbox"/> Written <input type="checkbox"/> Both	<input type="checkbox"/> French <input type="checkbox"/> Spoken <input type="checkbox"/> Written <input type="checkbox"/> Both	<input type="checkbox"/> Japanese <input type="checkbox"/> Spoken <input type="checkbox"/> Written <input type="checkbox"/> Both
<input type="checkbox"/> Vietnamese <input type="checkbox"/> Spoken <input type="checkbox"/> Written <input type="checkbox"/> Both	<input type="checkbox"/> Italian <input type="checkbox"/> Spoken <input type="checkbox"/> Written <input type="checkbox"/> Both	<input type="checkbox"/> Other: _____ <input type="checkbox"/> Spoken <input type="checkbox"/> Written <input type="checkbox"/> Both
<input type="checkbox"/> Haitian Creole <input type="checkbox"/> Spoken <input type="checkbox"/> Written <input type="checkbox"/> Both	<input type="checkbox"/> Korean <input type="checkbox"/> Spoken <input type="checkbox"/> Written <input type="checkbox"/> Both	
<input type="checkbox"/> Chinese <input type="checkbox"/> Mandarin <input type="checkbox"/> Cantonese <input type="checkbox"/> Formal <input type="checkbox"/> Informal <input type="checkbox"/> Spoken <input type="checkbox"/> Written <input type="checkbox"/> Both	<input type="checkbox"/> Greek <input type="checkbox"/> Spoken <input type="checkbox"/> Written <input type="checkbox"/> Both	

Written Communications (Translated Documents): The SHA has some documents translated into other languages, if these documents are available in the language you checked above, do you want the SHA to send you the translated versions of the documents: Yes No

Interpretation: Do you need interpretation services when communicating with the SHA? Yes No

The SHA will provide free interpretation services to all LEP eligible families. A family may prefer to have an informal interpreter such as a family member, friend, legal guardian, service representative or advocate act as an Informal Interpreter. This is allowed but the SHA may still elect to have a formal interpreter present.

SHA USE ONLY:

Applicant Tenant Participant
State PH Federal PH HCV PBV MRVP/AHVP S8NC