

Housing Provider Subscription Invoice



Date Subscription Begins/Renews: _____

Property Name: _____

Housing Provider: _____

Designated Contact: _____
(Print Name and Title) Person responsible for signing off on this subscription Title

Designated Contact tel number: _____

Designated Contact fax number: _____

Designated Contact email: _____

Property or Billing Address: _____

Period of subscription: 1 Year _____

Annual Subscription Fee: \$2/unit (minimum \$150) _____

Housing Provider Authorized Signature: _____

Type or print name & title: _____

Requesting change in password for our account. Please contact us at the number above.

This subscription provides access¹ to all housing provider services on HousingWorks.net, including:

1. the *HomeBase* Module: inventory listing and outreach (to fill vacant units) income limits screening, a boost in compliance with Fair Housing law during the application process, make applications and forms accessible equally to all populations, ensure compliance with HUD tenant selection policies, a full-service waitlist system including automated maintenance and reporting of outcomes, and various mail merge features using your own letterhead.)
2. the *HomeBasics* Module: an extensive *Yellow Pages* of social service providers and services.
3. It is the responsibility of the housing provider to manage access to the waitlist via control of the password.

Please remit subscription form and check or money order to:
HousingWorks, Inc.
P.O. Box 231104
Boston, MA 02123
Phone: 617-536-8561, Fax: 617-536-8561 (call first)
Tax EIN: 04-3564515

¹ The HousingWorks system may occasionally be inaccessible for short periods of time during system maintenance or due to network conditions beyond our control.