

Full Name:
Address1:
Address2:
City State Zip:
Email:
Case Manager Email:

THIS SECTION FOR APPLICANT:

Date Generated:

← Mail this form to the address at left.

Dear

Fold on this line

I am applying to the following waitlist, which I believe is open:

THIS SECTION FOR WAITLIST ADMINISTRATOR:

IF REJECTING THIS APPLICATION, please email, mail, or fax the form below to HousingWorks. We will pass it on to the applicant. Include this page so we know who the application is for!

We will also update our system, so the changed status of your waitlists will reach many thousands of applicants and their housing advocates. Also, you will boost your Fair Housing and ADA compliance exponentially!

support@housingworks.net
HousingWorks
P.O. Box 231104
Boston, MA 02123
617-536-8561 fax

- ☐ This waitlist is closed. The only waitlists open at present are:
- _____
- _____
- ☐ This is not the right application. We have enclosed the correct application.
- ☐ You do not appear to qualify for this property, because: _____
- Name of Waitlist Administrator *optional* _____
- Phone of Waitlist Administrator *optional*: _____ - _____ - _____ X _____

Date Time Received. Application will be stamped to show when it was received:

COMMUNITY ROOM REFERRAL SHEET

Head of Household

NAME: _____ AGE: _____

MARITAL STATUS: _____ PHONE NUMBER: _____

Children

NAME _____ SEX: _____ AGE: _____ DOB: _____

NAME _____ SEX: _____ AGE: _____ DOB: _____

NAME _____ SEX: _____ AGE: _____ DOB: _____

Housing

(where you stayed last night)

Presently living: _____

Reason for homelessness: _____

Income

(Food stamps, cash benefits, work, unemployment, SSI etc.)

Source: _____ Amount: _____

Source: _____ Amount: _____

Source: _____ Amount: _____

DTA

Have you applied for DHCD's Emergency Assistance Shelter? What was the outcome?

Have you used DHCD emergency assistance shelter in the last year? Y / N Date: _____

Expenses

Cell: _____ Transportation: _____ Housing: _____ Medical: _____

Child Care/ support: _____ Legal: _____ Other: _____

COMMENTS: _____

Received by: _____ **Date:** _____