

Full Name:

Address1:

Address2:

City State Zip:

Email:

Case Manager Email:

THIS SECTION FOR APPLICANT:

Use Adobe Acrobat Reader and print to "Custom Scale - 100%" Then, both addresses will appear in the windows of a #10 double window envelope.

General rule: do not fax!

THIS APPLICATION IS VERY LONG - so you will need to print it and fill it out by hand.

Date You Downloaded the Application:

THIS SECTION FOR WAITLIST ADMINISTRATORS ONLY:

IF REJECTING THIS APPLICATION, please email, mail, or fax this page HousingWorks. We will forward it on to the applicant. Include this page so we know which applicant to contact!

We will also update our system, so the changed status of your waitlists will reach 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**