Address1:	l
Address2:	
City State Zip:	
Email:	
Case Manager Email:	
Date You Downloaded the Application:	
THIS SECTION FOR WAITLIS	T ADMINISTRATORS ONLY:
IF REJECTING THIS APPLICATION, please email, mail, or fax	

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!

this page HousingWorks. We will forward it on to the applicant. Include this page so we know which

Full Name:

support@housingworks.net

HousingWorks
P.O. Box 231104
Boston, MA 02123
617-536-8561 fax