Name: FIrst Last:

Address1:

Apt # or c/o name:

City State Zip:

Email:

Case Manager Email:

THIS SECTION FOR APPLICANT:

Date Generated:

Mail this form to the address at left. Be sure to complete and sign, below!

Dear Waitlist Administrator:									
I'm requesting an application for the following waitlist:									
My household size is		e is and	d my gross annual income is \$.00					
I	lam y	years of age.	${\sf O}$ I have a permanent mot	ile rental voucher.					
0	I understand you REQUIRE a stamped envelope; I have included one. Please send the app to HousingWorks they can get it to me fast								
0	I am requesting a reasonable accommodation – I need to have the application emailed or mailed to me.								
0	My signature below affirms that I am truly interested in living in your development.								
Thank you, <i>Signature of Applicant</i> :									

THIS SECTION BELOW FOR WAITLIST ADMINISTRATOR:

Landlords: save money and time - email, mail, or fax your application to HousingWorks. We will forward the application to the applicant. Please include this page so we know who your response is for! Communicating with HousingWorks will reach up to 200,000 applicants/ housing advocates and boost your ADA/Fair Housing compliance exponentially! support@housingworks.net HousingWorks P.O. Box 231104 Boston, MA 02123 617-536-8561 fax

HOUSINGWORKS

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O This waitlist is closed. The only waitlists open at present are:

O You do not appear to qualify for this property, because: ____

0	We require	you to pick	up the ap	plication in	person unless	you sent verification	of disability.
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To pick up application in person, come during these office hours:

O How to get here: O onsite parking O bus or subway stop: _

O commuter rail stop:___

O other transportation options available: _____

Name of Waitlist Administrator optional:

Phone of Waitlist Administrator optional: