Don't staple the pages of this application together!

1. Some providers *scan* the application, and if you staple, that means removing staples from 1000 applications every week or month.
2. If you include a letter, don't staple that either: providers need to quickly get to your waitlist data and your cover page just gets in the way.

Use #10 double-window envelopes. Fold on the line, and addresses will fit in the windows.

Dear

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

Housing Authority or Management Office Only

Is this waitlist closed? Any other questions or concerns? *Fill in the appropriate circle(s) below and fax this page to HousingWorks at the number below – and we will correct the problem. Hundreds of thousands of applicants check our free website to see what lists are open! Keeping us updated will save you many phone calls, reduces frivolous applications - and takes only 10 minutes a year.*

○ **This particular waitlist is closed: The only open waitlists we have at present are:**

_____

○ **This is not the correct application. The correct application is available by/from:**

_____

○ **Any other info you wish to tell HousingWorks?**

_____

Your position or title at this housing program: _____

Your signature: _____

HousingWorks Fax: **617-536-8561**

HOUSINGWORKS
For Everyone

	Head of Household's FIRST Name
○	
	Head of Household's MIDDLE Name
○	
	Head of Household's LAST Name
○	

	HoH's SOCIAL SECURITY NUMBER		GENDER	HoH's DATE OF BIRTH	
○		○		○	

	ETHNICITY Also provide your race at right!	RACE: Asian , Black, White, Native American, Pacific Islander, Multi-racial Do **NOT** write Spanish, Hispanic, Latino here – and do **NOT** write your country!
○		○

○	YOUR MOTHER'S MAIDEN NAME

	YOUR HOME TELEPHONE	SECOND TELEPHONE
○		
	YOUR EMAIL ADDRESS	
○		

CURRENT ADDRESS OR LONG-TERM CONTACT ADDRESS

	This is:
○	
○	

	SECOND CONTACT ADDRESS
	This is:
○	
○	

	TOTAL HOUSEHOLD SIZE						# BEDROOMS		How much money does your family receive in a year?	
○		# Adults		# Children		Total #	○		○	.0 0

	INCOME SOURCES
○	

	MOBILE RENTAL ASSISTANCE, if any
○	

	REQUESTED ACCOMMODATIONS
○	

	SPECIAL CIRCUMSTANCES THAT SOME PROGRAMS MAY USE TO ASSIGN PRIORITY OR PREFERENCE
○	

Community Housing Resource Inc

Preserving Community Through Affordable Housing

HOUSING INTAKE FORM

If you are interested in being on our Notification List for available homes, please complete and return this form. By being on the Notification List, you will be sent information on application procedures when a home becomes available.

If you are disabled and need to request reasonable accommodation, including materials in an alternate format, contact Community Housing Resource, Inc. at 508.487.2426, ext. 4, 800.439.2370 (TTY), or 800.439.0183 (STS)

All information will be kept confidential.
Completion of this form is NOT AN APPLICATION for affordable housing.

Please complete both pages of this form and return by mail, fax or e-mail as listed below.

Mail: Community Housing Resource, Inc.
PO Box 1015
Provincetown, MA 02657

Fax: 508.487.5905

E-mail: info@chrgroup.net

DATE_____

FIRST NAME_____ LAST NAME_____

MAILING ADDRESS_____

CITY _____ STATE_____ ZIP_____

HOME PHONE _____ WORK PHONE _____

CELL PHONE _____ E-MAIL _____

RESIDENTIAL ADDRESS (if different from mailing address)

_____

CITY _____ STATE_____ ZIP_____

(OVER) →

CHR does not discriminate in the selection of applicants on the basis of race, color, national origin, disability, age, ancestry, children, familial status, genetic information, marital status, public assistance recipiency, religion, sex, sexual orientation, gender identity, veteran/military status, or any other prohibited by law.

Communications will be sent via e-mail, unless otherwise indicated. Please check only one of the options below. If no option is selected, e-mail will be the default method, if you have provided an e-mail address.

_____ I prefer to be contacted via e-mail _____ I prefer to be contacted via US Postal Service

HOW DID YOU HEAR ABOUT CHR?

_____ Not Sure _____ Family/Friend _____ CHR Website
_____ Realtor _____ Town of Provincetown _____ Banner Ad
_____ Cape Codder Ad _____ Cape Cod Times Ad _____ Housing Forum
_____ CHAPA _____ MAHA
_____ Agency Referral, please specify _____
_____ Other, please specify _____

DO YOU REQUIRE A HANDICAP ACCESSIBLE HOME? Yes No

HOUSEHOLD SIZE _____

NUMBER OF ADULTS_____ NUMBER OF CHILDREN (Under 18)_____

LOOKING FOR Home Ownership Rental

TYPE OF HOUSING Studio/Efficiency 1BR 2BR 3BR Senior Housing Housing with Non-Residential Artist Studio

ANNUAL HOUSEHOLD INCOME

_____ $0 - $11,999 _____ $12,000 - $17,999 _____ $18,000 - $23,999
_____ $24,000 - $29,999 _____ $30,000 - $35,999 _____ $36,000 +

SOURCES OF INCOME AND AMOUNT(S) (Check and complete all the apply)

_____ Employment $_____
_____ Unemployment $_____
_____ Self-Employment Income (Net) $_____
_____ Social Security $_____
_____ SSI/SSDI $_____
_____ Pension $_____
_____ Alimony $_____
_____ Child Support $_____
_____ Veterans Benefits $_____
_____ AFDC/TAFDC/EADC $_____
_____ Full-Time Student (18 and over) $_____
_____ Long Term Care Insurance $_____
_____ Other, please specify_____$ _____

CHECK WHAT APPLIES TO YOU IN BOTH CATEGORIES, OR:

☐ I do not wish to provide this information

ETHNIC CATEGORIES

☐ Hispanic or Latino
☐ Non-Hispanic or Latino

RACIAL CATEGORIES

☐ American Indian or Alaska Native
☐ Asian
☐ Black or African American
☐ White
☐ Native Hawaiian or Other Pacific Islander
☐ Other _____

Please return by mail, fax, or e-mail to:

Mail: Community Housing Resource, Inc.
PO Box 1015
Provincetown, MA 02657

Fax: 508.487.5905

E-mail: info@chrgroup.net