#### 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 envelope old on the line, a addresses will fit 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.* 

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

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

O Any other info you wish to tell HousingWorks?

Your position or title at this housing program:

Your signature:

HOUSINGWORKS

HousingWorks Fax: 617-536-8561

	Head of Household's FIRST Name					
0						
	Head of Household's MIDDLE Name					
0						
	Head of Household's LAST Name					
0						
					_	
	HoH's SOCIAL SECURITY NUMBER			GENDER	HoH's DATE C	F BIRTH
0			0		0	
	ETHNICITY	RACE:	Asian , Blac	k, White, Native A	merican, Pacific Islander, N	/lulti-racial
	Also provide your race at right		Do <b>NOT</b> wri	te Spanish, Hispa	nic. Latino here – and do N	OT write your country!

O YOUR MOTHER'S MAIDEN NAME	

	YOUR HOME TELEPHONE	SECOND TELEPHONE
0		
	YOUR EMAIL ADDRESS	
0		

## CURRENT ADDRESS OR LONG-TERM CONTACT ADDRESS

0

This is:	
0	
0	

ę	SECOND CONTACT ADDRESS
٦	This is:
0	
0	

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

	INCOME SOURCES
0	

MOBILE RENTAL ASSISTANCE, if any

0

0

REQUESTED ACCOMMODATIONS

0

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





Preserving Community Through Affordable Housing

# 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:	PO Box 1015		Fax: 508.487.5905			
	Provincetown, MA 02657		E-mail: in	nfo@chrgroup.net		
DATE_						
FIRST NAME			LAST NAME			
MAILIN	NG ADDRESS					
CITY _	ST	ΓΑΤΕ		ZIP		
HOME PHONE			WORK PHONE			
CELL PHONE			E-MAIL			
	ENTIAL ADDRESS (if different from ma					
CITY _	ST	TATE		ZIP		
	(OV	VER)	÷	•		

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 v	ia e-ma	ilI prefe	r to be contacted v	via US Postal Service
HOW DI	Cape Codder Ad	Town c Cape Co MAHA pecify _	of Provincetown od Times Ad	Banner Housing	Ad 5 Forum
DO YOU	REQUIRE A HANDICAP ACCESS	SIBLE H	OME? Yes	No	
HOUSE	HOLD SIZE NUMBER OF ADULTS		NUMBER OF	G CHILDREN (Unde	er 18)
TYPE O	G FOR Home Owners F HOUSING Studio/Efficiency	-		Senior Housing	Housing with Non-Residential Artist Studio
ANNUA	L HOUSEHOLD INCOME \$0 - \$11,999 \$24,000 - \$29,999		_ \$12,000 - \$17,9 _ \$30,000 - \$35,9	999 999	\$18,000 - \$23,999 \$36,000 +
SOURCE	ES OF INCOME AND AMOUNT(S Employment Unemployment Self-Employment Income Social Security SSI/SSDI Pension Alimony Child Support Veterans Benefits AFDC/TAFDC/EADC Full-Time Student (18 and Long Term Care Insurance Other, please specify	(Net) l over) e	\$\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	ll the apply)	
CHECK	WHAT APPLIES TO YOU IN H			R:	
	ETHNIC CATEGORIES	RAC	CIAL CATEGOR	IES	
	<ul><li>Hispanic or Latino</li><li>Non-Hispanic or Latino</li></ul>		Black or Africar Native Hawaiiar	n or Alaska Native n American n or Other Pacific Is	
	Please re	eturn b	y mail, fax, or e-	mail to:	
Mail:	Community Housing Resource, PO Box 1015	Inc.	Fax	: 508.487.5905	

Provincetown, MA 02657

E-mail: info@chrgroup.net