

Full Name:
Address1:
Address2:
City State Zip:
Email:
Case Manager Email:

COVER PAGE-LANDLORD CAN DISCARD:

Date Generated:

MAIL THIS FORM BY REGULAR MAIL ONLY TO THE ADDRESS AT LEFT: NO FAX, No EMAIL, NO CERTIFIED LETTER

Dear

Fold on this line _____

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

THIS SECTION FOR WAITLIST ADMINISTRATOR:

IF REJECTING THIS APPLICATION, please email, mail, or fax the form below to HousingWorks. We will pass it on to the applicant. Include this page so we know who the application is for!

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

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

This is not the right application. We have enclosed the correct application.

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

Name of Waitlist Administrator *optional* _____

Phone of Waitlist Administrator *optional*: _____ - _____ - _____ X _____

Date Time Received. Application will be stamped to show when it was received:

LOGO APARTMENTS

WAITING LIST OPENING

1 BEDROOM TO 5 BEDROOM APARTMENTS

Logo Apartments located in Roxbury and Dorchester; MA will begin accepting preliminary applications for 1–5 Bedroom apartments. Resident rents are subsidized by the U.S Department of Housing and Urban Development.

To be placed on the pre-application waiting list, please complete the coupon below and mail directly to:

Logo Apartments
65 Morton Village Drive
Mattapan, MA 02126

- The coupon must be sent via regular mail only.
- No coupon will be accepted by telephone, fax, hand delivery, certified/registered mail, Federal Express, UPS or other Express Mail option.
- The wait list will remain open until further notice.
- Logo Apartments is not responsible for coupons lost in the mail.

Housing is available to all regardless of sex, age, race, color, marital or family status, religion, national origin, sexual orientation, physical or mental handicap.

Please clip the attached coupon and mail to the address indicated above

| | | | |
|---------------------------------------------------------------------------|---------------------------|-----------|-----|
| Applicant Name: | | | |
| Address: | | | |
| City: | | Zip Code: | |
| Telephone (Daytime): | | | |
| Accessible Unit: Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Name Each Family Member to live in dwelling | Relationship to Applicant | Age | Sex |
| | | | |
| | | | |
| INDICATE FAMILY INCOME AMOUNTS | | | |
| CURRENT GROSS ANNUAL INCOME | | | |
| Wages | | Pension | |
| Social Security | | Other | |
| SSI | | Total | |
| Date | | Signature | |

If you have a disability and need assistance with the application process, please contact the community at (617) 615-8116 TTY: 711

