

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:

Fold on this line ———

I'm requesting that you add me to the waitlist for

My household size is _____ and my gross annual income is \$ _____ .00

I am _____ years of age. ☐ I have a permanent mobile rental voucher.

My Household size

Number of Adults

Number of Children

THIS SECTION BELOW FOR WAITLIST ADMINISTRATOR:

Landlords: save money and time - email, mail, or fax your applicant (or response below) to HousingWorks instead. We will forward the application to the applicant. Kindly 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**



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

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

Name of Waitlist Administrator *optional*:

Phone of Waitlist Administrator *optional*:

_____ - _____ - _____ X _____