	THIS SECTION FOR APPLICAN	T:
2:	L	
ee Zip:	Date Generated:	
dress of applicant's social		
	Mail this form to the address at left. Be sure to complete and sign, below!	
Dear Waitlist Administrator:		d on th
I'm requesting an application for the following wait		
O My household size is and my gross annual		
O I am years of age. O I have a position of the property of th	permanent mobile rental voucher.	
	ed to have the application emailed or mailed to me because of a disabilit	ty. <i>I</i>
O My signature below affirms that I am truly intereste Thank you, <i>Signature of Applicant</i> :		
Please email, mail, or fax your application Housing Works. We will pass on whatever you applicant. Include this page so we know who the any Your response will reach tens of thousands of applicant advocates, and will also boost your Fair compliance exponentially!	Housing Works P.O. Box 231104 Boston, MA 02123 617-536-8561 fax	net
O This waitlist is closed. The only waitlist	s open at presentare:	