

Full Name:
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 an application for the following waitlist:

- ☐ My household size is _____ and my gross annual income is \$ _____ .00
- ☐ I am _____ years of age. ☐ I have a permanent mobile rental voucher.
- ☐ I have enclosed a self-addressed, stamped envelope to make it easier for you to mail the application.
- ☐ I am requesting a reasonable accommodation – I need to have the application emailed or mailed to me because of a disability. /
have included written verification of my disability.
- ☐ My signature below affirms that I am truly interested in living in your development.

Thank you, **Signature of Applicant:** _____

THIS SECTION FOR WAITLIST ADMINISTRATOR:



Please email, mail, or fax your application/response to HousingWorks. We will pass on whatever you send to the applicant. **Include this page so we know who the application is for!**

Your response will reach tens of thousands of applicants and their housing advocates, and will also 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: _____

- ☐ We require you to pick up the application in person unless you sent verification of disability.

To pick up application in person, come during these office hours: _____

How to get here: ☐ onsite parking ☐ bus or subway: _____

☐ commuter rail stop: _____

☐ other transportation options available: _____

Name of Waitlist Administrator *optional*: _____

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