

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 _____