Full Name:

Address1:

Apt # or c/o name:

City  State  Zip:

Email:

Case Manager Email:

Date Generated:

**Mail this form to the address at left.
Be sure to complete and sign, below!**

Fold on this line ———

**Dear Waitlist Administrator:**

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. *I 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 or mail your application or response to HousingWorks (info at right).** **We will forward it to the applicant. <u>Kindly include this page so we know who the response is for</u>! Your response will reach thousands of other 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:**
_____
_____

○  **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 _____