

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

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.
- Please send the application to HousingWorks (address below) - they will then pass it on to me.
- 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. Kindly include this page so we know who the response is for! 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 _____