

Full Name:

Address1:

Apt # or c/o

City State Zip:

Email:

Case Manager's Email:w

## 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 admission to your program:

My household size is \_\_\_\_\_ and my gross annual income is \$ \_\_\_\_\_ .00

I am \_\_\_\_\_ years of age. My gender is:

☐ I have a permanent mobile rental voucher.

Here is my phone so that you can contact me:

My email address is higher up the page.

☐ I have enclosed a self-addressed, stamped envelope to make it easier for you to contact me.

Thank you, **Signature of Applicant:** \_\_\_\_\_

## THIS SECTION FOR WAITLIST ADMINISTRATOR:



**If you want to email, mail, or fax your Intake Form or otherwise notify HousingWorks, please use the info at right.**

Your response will reach thousands of other applicants/housing advocates

**support@housingworks.net**  
**HousingWorks**  
**P.O. Box 231104**  
**Boston, MA 02123**  
**617-536-8561 fax**

☐ **We do not accept self referrals for this program. The appropriate way to apply is:**

\_\_\_\_\_

☐ **We are enclosing a copy of our Intake Form.**

☐ **You do not appear to qualify for this property, because:** \_\_\_\_\_

☐ **We require you to show up 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