

Full Name:

Address1:

Apt # or c/o

City State Zip:

Email if any:

Case Manager's Email, if any

## THIS SECTION FOR APPLICANT

Date Generated:

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

### Dear Shelter Administrator

Fold on this line —

I'm requesting admission to your shelter:(or a mailed copy of your InTake Form if that is acceptable.)

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

My Date of Birth is: \_\_\_\_\_

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

☐ 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 SHELTER 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 program, because: \_\_\_\_\_

☐ We require you to show up in person unless you sent verification of disability.

To pick up an Intake Form 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 Shelter Administrator *optional*: \_\_\_\_\_

Phone of Shelter Administrator *optional*: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ x \_\_\_\_\_