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!

Fold on this line -**Dear Waitlist Administrator:** I'm requesting an application for the following waitlist: O My household size is and my gross annual income is \$ .00 O I am O I have a permanent mobile rental voucher. years of age. O I have enclosed a self-addressed, stamped envelope to make it easier for you to mail the application. O 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. O My signature below affirms that I am truly interested in living in your development. Thank you, *Signature of Applicant*: Please mail or email the application to me at the address showing at the top of this page: THIS SECTION FOR WAITLIST ADMINISTRATOR:

## IF REJECTING THE REQUEST, please fill out the appropriate sections below and fax this page to HousingWorks at

617-536-8561. If you fax us, we can close your wait-list immediately on our website, and you will avoid getting more requests from the nearly 250,000 people using our website!

## WE ARE NOT PROVIDING THIS APPLICATION BECAUSE:

O This waitlist is closed. The only waitlists open at present are:

O This is not the right application. We have enclosed the correct application.

O The applicant does not appear to qualify for this property, because: \_\_\_\_

0	We require you to pick up the application in person unless you sent verification of disability.

\_\_\_\_\_- - \_\_\_\_\_\_ - \_\_\_\_\_\_ X \_\_\_\_\_ X \_\_\_\_\_

To pick up application in person, come during these office hours:

How to get here: O onsite parking O bus or subway:

O commuter rail stop:

O other transportation options available:

Name of Waitlist Administrator optional:

Phone of Waitlist Administrator optional:

