Name: First Last

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. Do not fax it!

HOUSINGWORKS

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THIS SECTION FOR WAITLIST ADMINISTRATOR:

LANDLORDS: IF REJECTING THIS 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: _____
- O 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: O onsite parking O bus or subway:

_____- - _____- X_______ X______

- O commuter rail stop:
- O other transportation options available:

Name of Waitlist Administrator optional:

Phone of Waitlist Administrator	optional:
	speroman