

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.
Be sure to complete and sign, below!**

Dear Waitlist Administrator:

I'm requesting an application for the following waitlist:

Fold on this line ———

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

I am _____ years of age. ☐ I have a permanent mobile rental voucher.

☒ I understand you REQUIRE a stamped envelope; I have included one. Please send the application directly to me.

☐ I am requesting a reasonable accommodation – I need to have the application emailed or mailed to me.
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 BELOW FOR WAITLIST ADMINISTRATOR:

Landlords: send the application to the applicant, but if a waitlist closes, please fax us so that we can block applicants from applying! Likewise, if a waitlist opens, please fax us so that we can increase your outreach to marginalized populations.

**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 _____