Full Name: Address1: Address2: City&State Zip:

Email:

THIS SECTION FOR APPLICANT

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

Dear	Waitlist	Administrator:
Deal	vvaitiist	Aumminustrator.

Fold on this line -

I'm requesting an application for the following waitlist:

My household size is and my gross annual income is \$ l am years of age. O I have a permanent mobile rental voucher.

I have enclosed a self-addressed, stamped envelope to make it easier for you to mail the application.

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.

My signature below affirms that I am truly interested in living in your development.

Thank you, **Signature of Applicant**:

Email address of applicant's social worker, if any:

THIS SECTION FOR WAITLIST ADMINISTRATOR:

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

Please email, mail, or fax your application/response to HousingWorks. We will pass on whatever you send to the applicant. Include this page so we know who the application is for!



Your response will reach tens of thousands of applicants and their housing advocates, and also will boost your Fair Housing and ADA compliance!

O This waitlist is closed. The only waitlists open at present are:			
0	This is not the right application. We have enclosed the correct application.		
0	You do 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.		
	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:		