Don't staple the pages of the application together!

- 1. Providers need to easily access their own application first page.
- 2. Removing staples from 1000 applications a week adds too much work.
- 3. Some providers *scan* the application, and can't do this if you staple.
- 4. If you include a letter, don't staple that either!

Fold here.
Suggestion: Use #11
double- window

Dear

I am applying to the following waitlist, which I believe is open:

App Generated:



Your signature: _

ATTN: WAITLIST ADMINISTRATOR



Is this waitlist closed? Anything else you want to tell the 900 Housing Advocates and the nearly 200,000 applicants using our system?

USE BLOCK PRINT to fill in the appropriate information below. Save paper and ink by faxing only this one page to HousingWorks – we will immediately update your information! See fax number below.

0	This particular waitlist is closed: Our only open waitlists at present are:
0	This is not the correct application. The correct application is available in this way:
	Your position or title at this housing program:

HousingWorks Fax: 617-536-8561

If you advise applicants to use our free search to locate OTHER HOUSING OPTIONS, you eliminate hundreds of phone calls and reduce frivolous applications.

www.housingworks.net



DO NOT LEAVE A SINGLE QUESTION UNANSWERED!

_	HEAD OF HOUSEHOLD'S FIRST NAIME					
0	HEAD OF HOUSEHOLD'S COMPLETE MIDDLE NAME					
0	HEAD OF HOUSEHOLD'S LAST NAME (EX: BAEZ GONZALEZ)			O SUFFIX		
0	YOUR MOTHER'S LAST NAME WHEN SHE WAS A CHILD					
ANS	SWER THIS: O Yes O No Does the HoH have a	a Social Security Number? If "Yes"	" you must provide the full SSI	N!		
O	HEAD OF HOUSEHOLD'S SOCIAL SECURITY NUM	IBER O HEAD OF	HOUSEHOLD's DATE OF BIRTH	O GENDER		
0	ETHNICITY	O RACE: Asian , Black, White, Native American, Pacific Islander, Multi-racial				
0	REQUESTED ACCOMMODATIONS Fill in the cir O Fully Accessible Wheelchair Unit O No-Steps unit (elevator to any floor) O First-Floor unit only	cle for anything you need: O Blind Accessible Unit O Deaf Accessible Unit O Unit for Environmental A	O Need an Interp O Domestic Viol Ilergies O Personal Care	ence Victim		
0	HoH's CAREER STAGE O ANY VETERANS in HH? O Yes O No O Employed O Unemployed O Retired O FT Student O PT Student					
0	PERMANENT MOBILE RENTAL ASSISTANCE, if any O I do not have mobile rental assistance O Mobile Section 8 voucher O MRVP O VASH or similar					
0	CRIMINAL RECORD AND SEX OFFENDER Head of Household: Any Felony/Conviction? O Yes O No Other Members: Any Felony Convictions? O Yes O No Is anyone in HH subject to a lifetime sex offender registration in any state? O Yes O No					
0	ANY PETS? O Yes O No Describe:					
0	HOUSEHOLD SIZE AND COMPOSITION O ANNUAL INCOME O DOCUMENTED DISABILITY?					
0	CURRENT HOUSING STATUS O Homeless by	O Housing Loss in 14 days ecause Fleeing domestic violence	O Homeless under other fede O At risk of homelessness	ral status OStably Housed		
0	BEST TELEPHONE NUMBER TO USE O SECOND TELEPHONE					
0	EMAIL ADDRESS					
0	WHERE YOU LIVE (OR BACKUP MAILING ADDRESS)					
0	PREFERRED MAILING ADDRESS					
0	# BEDROOMS NEEDED?	O SPECIAL CIRCUMSTA	NCES?(<u>some</u> programs may <u>c</u>	grant you priority status)		
	O Disability O Elder O Veteran O Fleeing Domestic Violence O Rent-bui Displaced by O Public Action O Sanitary Code O Natural Forces O Other					