

Name: First Last:

Address1:

Apt # or c/o name:

City State Zip:

Email:

Case Manager Email:

THIS SECTION FOR APPLICANT:

Date Generated:

This property wants you to pick up the applications in person. Bring this sheet with you so that they know exactly what list you are applying for.

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 am requesting a reasonable accommodation – I need to have the application emailed or mailed to me.
I have brought written verification of my disability.

THIS SECTION BELOW FOR WAITLIST ADMINISTRATOR:

Landlords: save money and time - email, mail, or fax your applicant (or response below) to HousingWorks instead. We will forward the application to the applicant. Kindly include this page so we know who your response is for! Communicating with HousingWorks will reach up to 200,000 applicants/housing advocates and boost your ADA/Fair Housing compliance exponentially!

**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 _____