



Date & Time Stamp

Waitlist Application

Please Note: This is a form to determine preliminary eligibility to be placed on the property waitlist.

Property:

(P) _____
For Office Use Only

APPLICANT NAME: _____ DOB: _____

CURRENT MAILING ADDRESS: _____ APT. #: _____

CITY, STATE: _____ ZIP CODE: _____

HOME PHONE #: _____ CELL # _____ EMAIL: _____

How did you hear about us? Drive By Word of Mouth Referral, Who? _____ Flyer Other _____

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

LIST THE HEAD OF HOUSEHOLD AND ALL OTHER FAMILY MEMBERS WHO WILL BE LIVING IN THE APARTMENT. GIVE THE RELATIONSHIP OF EACH FAMILY MEMBER TO THE HEAD.

No.	Full Name <small>(of all household members that will be living in the apartment)</small>	Relationship to Head of Household	Date of Birth
1			
2			
3			
4			
5			
6			
7			
8			

Do you plan to have anyone living with you in the future who is not listed above? Yes No

If Yes, explain: _____

Do you or any household member need a reasonable accommodation/modification including accessible features or accessible unit?

Yes No If Yes, explain: _____

Are you requiring housing as a result of displacement from a government action or presidentially declared emergency? Yes No

Household Income:

In the space provided below, please list current income for all household members (including, but not limited to employment, self-employment, AFDC, Child Support, EDD, SSA, SSI, SSDI, Cash, etc).

HH#	Source	Monthly Income	Annual Income
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$



APPLICANT CERTIFICATIONS

- 1. I/we certify that if selected to move into this project, the unit I/we occupy will be my/our only residence.
- 2. I/we understand that the above information is being collected to determine my/our eligibility for a Federal subsidized apartment (Section 8, LIHTC, Local Programs, etc). I/we authorize the owner to verify all information provided on this application and to contact previous or current landlords or other sources for credit and verification information which may be released by appropriate federal, state, & local agencies, or private persons to the owner/management.
- 3. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief.
- 4. I/we understand that false statements or information are punishable under federal law.
- 5. I/we understand we must provide written notification of any changes to the information on this form, especially the address.
- 6. I/we understand the project will acknowledge this application by mail.

HEAD OFHOUSEHOLD (PLEASE PRINT): _____

SIGNATURE OF HEAD: _____ DATE: _____

SIGNATURE OF CO-HEAD/SPOUSE: _____ DATE: _____

SIGNATURE OF CO-HEAD: _____ DATE: _____

SIGNATURE OF ADULT CHILD: _____ DATE: _____

SIGNATURE OF ADULT CHILD: _____ DATE: _____

**HOUSEHOLD WILL BE REQUIRED TO PROVE ELIGIBILITY AT THE TIME OF MOVE-IN AS PART OF THE MOVE-IN PROCESS.*

The following information is requested by the Federal Government to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way.

ETHNICITY: Hispanic or Latino Not Hispanic or Latino

RACE (mark all that apply): White Black or African American Asian
 American Indian/Alaska Native Native Hawaiian or Other Pacific Islander

GENDER: Male Female

Agent for Owner Who Received and Reviewed (Please Print): _____

Signature of Agent for Owner: _____ Date: _____

