

# Waitlist Application

Please complete one application per household

| OFFICE USE ONLY, DATE & TIME RECEIVED: |           |
|--|-----------|
|  |           |
| HHID:                                  | Initials: |

Unit Size Requested? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

**Primary Mailing Address:**

Street Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Email Address \_\_\_\_\_

Primary Phone Number \_\_\_\_\_

Secondary Phone Number \_\_\_\_\_

Cell Home Work  
Circle One

Cell Home Work  
Circle One

## Household Composition

Please list all persons who will live in the unit, and those who will be counted for determining income limits who are not living in the unit.

| Name | Relationship to Head | Birth Date<br>MM/DD/YYYY | Age | Social Security number | Ethnicity | Race | Disability |
|------|----------------------|--------------------------|-----|------------------------|-----------|------|------------|
|      | Head of Household    |                          |     |                        |           |      |            |
|      |                      |                          |     |                        |           |      |            |
|      |                      |                          |     |                        |           |      |            |
|      |                      |                          |     |                        |           |      |            |
|      |                      |                          |     |                        |           |      |            |

**Affirmative Fair Housing Data** – Use the following codes for the Ethnicity, Race, and Disability columns above. This information is being collected to ensure those demographics least likely to apply are being reached. There is no penalty for not providing this information.

| Ethnicity               | Race                                    | Disability Status      |
|-------------------------|---|------------------------|
| 1 – Hispanic / Latino   | I – American Indian or Alaskan Native   | Y - Disabled           |
| 2 – Non-Hispanic/Latino | A – Asian                               | N – Not Disabled       |
| X – Declined to Report  | B – Black or African American           | X – Declined to report |
|                         | H – Native Hawaiian or Pacific Islander |                        |
|                         | W - White                               |                        |
|                         | O - Other                               |                        |
|                         | X – Declined to report                  |                        |

**Current Gross Annual Household Income:** \$ \_\_\_\_\_

Does anyone in the household need any specific features or unit designs such as wheelchair accessibility, visual aids (Braille) or Apparatus for hearing assistance?  YES  NO

If yes, describe:

Head of Household's signature \_\_\_\_\_ Date \_\_\_\_\_

This community does not discriminate on the basis of disability status in the admission or access to, or treatment, or employment in, its federally assisted programs and activities.

