

Waiting List Form

(To be completed by management.)

Waitlist Selection 1st Choice	2 nd Choice	3rd Choice	
waitist sciection i Choice	2 Choice	Jiu Choice	

Date and Time of Day Received by Management:			AM PM	
Head of Household Name:		Spouse or Co-H	Head:	
Names of Other Adult Household Members	:			
Address:		City, State, Zip		
Home Ph #:		Work Ph #:		
Cell Ph #:		Email Address:		
Name and Phone # for Friend or Family me	mber, who will kno	ow how to contact you,		
Number of members in your household:	# of Adu	ults (18 yrs & up):	# of Children (Under 18 yrs):	
What is your total gross annual household household members.) \$		ss? (Please include any child	support, alimony, SS or SSI for all a	adult
Are the combine total assets for the househo	old over \$5,000 dol	lars? Yes No		
Desired Move-in Date:		Do you have to give your c	current landlord 30 Days Notice? Ye	es No
Please note that you will remain on the list e	ven after this date	passes.		
Does your household qualify under any of the	ne following Specia	al Needs Categories? Yes	No (X all that apply)	
Battered FamilyPhysical Handicapp	oedHomele	ess Near Homeless w/Case V	Worker	
How did you hear about our community?				
Head of Household's Signature	Date	Other Adult Hous	sehold Member's Signature Date	<u>,</u>
Other Adult Household Member's Signatur		Other Adult House	shold Mambar's Signatura Data	

The Units in this Community are part of the Section 42 Low Income Housing Tax Credit Program. The information gathered to qualify a resident household can be no more than 120 Days old at the time of move-in. Therefore, upon receipt of this form, your household will be placed on the waiting list in chronological order for the income percentage that your household qualifies for based on the information provide herein. **Please notify us immediately if there is a change to any of the information provided above.** Placement on the waiting list does not imply that you qualify for the program, only that you have been placed on the list. As your household gets close to the top of the list, we will contact you to come in, fill out an application, and pay the application fees. At that point your application will be processed. You will have 48 hours from the time you pick up the application to return it. Thirty (30) Days prior to move-in a credit/criminal screening will be run for all adult household members. Your household will qualify only if; all adult household members qualify based on the information obtained during the application and screening process. Once the process is complete you will then be notified that a unit is available, that you can bring in a deposit and have the utilities transferred into your name. Please contact us if you have any questions.

Sincerely, The Management