

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: _____



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.