

WAITLIST APPLICATION

FOR OFFICE USE ONLY

Date: _____

Time: _____

CRYSTAL VIEW _____ DOUGLASS SQUARE _____ BOTH _____

Interested person for ___ 1BR ___ 2BR ___ 3BR ___ 4BR (check one)

Name Head of Household): _____

Address: _____

Phone: _____ 2ND Number _____

Would you be interested in a handicapped accessible unit? () Yes () No

Do you feel you qualify for a housing preference? () Yes () No

Are you currently on the HCV wait list"? Yes _____ No _____

Annual Household Income: \$ _____

Household data: Please list all persons who will occupy the unit:

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date apartment is needed? _____

How did you find out about us? _____

Reason for Moving: _____

