**Wait List Application**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | Last | First | M.I. |  |  |
| Address: |  |  |
|  | Street Address Apartment/Unit # | P O Box |
|  |  |  |  |
|  | City | State | ZIP Code |
| Phone: |  | Email |  |

Bedrooms Requested (check all that apply)

 STUDIO\_\_\_\_\_\_\_\_\_\_\_ 1 BEDROOM\_\_\_\_\_\_ 2 BEDROOMS\_\_\_\_\_\_ 3 BEDROOMS\_\_\_\_\_\_\_

Household Members (list everyone who will be living with you, starting with yourself) List all gross INCOME for each household member 18 years and older) Please list all incomes separately.

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Relationships to head of household | Date of Birth | Monthly Goss income |
|  | **SELF** |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Total HOUSEHOLD Monthly Gross Income |  |  | $ |

Do you have any pets? \_\_\_\_\_\_\_\_\_\_ Please list breed\_\_\_\_\_\_\_\_\_\_ weight of pet\_\_\_\_\_\_\_\_\_\_

**Preferences: Dose anyone in your household fall into one of the following categories:**

 Employed on Catalina Island Displaced by Government action

 Disabled (name of person)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Do you require ground floor housing

**Source of income**

 Wages Social Security Welfare/General Relief Other(please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please read and sign below:

**WARNING**- Section 2001 of Title 18 of the United States code prohibits knowingly and willfully making false of fraudulent statements, of concealing information, in “any matter within the jurisdiction” of the federal government of the United States, even by mere denial.

I hereby certify that the information completed on this form is given voluntarily and is true and correct and is subject to verification.

|  |  |  |
| --- | --- | --- |
|  |  |  |

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Signature Printed Name Date