EUCALYPTUS GARDEN APARTMENTS

P. O. Box 2229 * 100 Banning Drive * Avalon, CA 90704
(310) 510-9627 * egainbox@outlook.com

FORM A

WAIT LIST APPLICATION

FULL NAME: _____ _____
LAST **FIRST** **DATE**

ADDRESS: _____
STREET ADDRESS **APARTMENT/UNIT #** **P O BOX**

_____
CITY **STATE** **ZIP CODE**

PHONE: _____ _____

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 or 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.

_____
(Signature)

_____
(Printed Name)

_____
(Date)

EQUAL HOUSING

THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER