



Waitlist Application

Date & Time Stamp

Please Note: This is a form to determine preliminary eligibility to be placed on the property waitlist.

Property: The Meadows Senior Apartments (62+)

For Office Use Only: # (P) _____
Lease Up Properties Only: Application # _____ Lottery# _____

APPLICANT NAME: _____ DOB: _____

CURRENT MAILING ADDRESS: _____ APT. #: _____

CITY, STATE: _____ ZIP CODE: _____

HOME PHONE#: _____ CELL#: _____ E-MAIL: _____

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. Include the relationship of each family member to the head of household. Ask for an additional sheet if needed.

HH#	Full Name <small>(of all household members that will be living in the apartment)</small>	Relationship to Head of Household	Date of Birth	Current City of Residence
1		Self		
2				
3				
4				
5				
6				
7				

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 because of displacement from a government action or presidentially declared emergency? Yes No

HOUSEHOLD INCOME:

In the space provided below, please list all current income for all household members (including, but not limited to Employment, Self-Employment, Cash Paid Jobs, AFDC (CalWorks/Cash Aid), Child Support, EDD, SSA, SSI, SSDI, etc.).

HH#	Employer Name or Source of Income	City of Employment	Monthly Gross Income (List Net Income if Self-Employed)
			\$
			\$
			\$
			\$
			\$

Do you have a Section 8 Voucher? Yes No If Yes, what date does it expire? _____



Will someone, who does not live with you, help you financially with rental payments or other expenses? Yes No

If you do not have sufficient income, will someone gift you money so that you can afford the rent and other expenses? Yes No

Statistical Information:

Is anyone in the household a veteran? Yes No

Do you know or are you related to anyone that works with Advanced Property Services (APS)? Yes No

If yes: Name of APS employee _____ Property _____

Does anyone have a new job offer? Yes No

If yes, please list: Adult Name: _____ Name of Employer: _____ City they will work in: _____

What bedroom size(s) are you interested in? 1st Choice: _____ 2nd Choice: _____ 3rd Choice: _____

Note: Reference the Tenant Selection Plan or Property Website for unit sizes available at this Property. Occupancy Standards apply. Neither Unit Size nor Choice Order are guaranteed. You may only refuse a unit one time. If you refuse a second time, your application will be rejected.

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 waitlist application by mail or email.

HEAD OF HOUSEHOLD (PLEASE PRINT): _____

SIGNATURE OF HEAD: _____ DATE: _____

SIGNATURE OF CO-HEAD/SPOUSE: _____ DATE: _____

SIGNATURE OF OTHER ADULT: _____ DATE: _____

SIGNATURE OF OTHER ADULT: _____ DATE: _____

SIGNATURE OF OTHER ADULT: _____ DATE: _____

**NOTE: 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 Other
 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: _____

