



# Waitlist Application

Date & Time Stamp

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

**Property:**

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? 1<sup>st</sup> Choice: \_\_\_\_\_ 2<sup>nd</sup> Choice: \_\_\_\_\_ 3<sup>rd</sup> 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: \_\_\_\_\_

