

HEIGHTS AT WHEELER HILL WAITING LIST APPLICATION

Name _____ Home Tel. # _____

Address _____ Work Tel. # _____

City _____ State _____ Zip _____

Email (if available) _____

Unit size(s) for which you are applying (please circle):

1-Bedroom 2-Bedroom

HOUSEHOLD MEMBERS:

Please list **ALL** household members who will occupy the affordable apartment:

Name	Date of Birth	Sex	SS#	Relationship

INCOME

What is your approximate total yearly income (before-tax income from all jobs, self-employment, Social Security, Pensions, payments from friends/family, unemployment, child support, alimony, income from assets etc)?

\$

ASSETS

What is your approximate total household assets (assets include cash, cash in savings and checking accounts, net cash value of stocks, net cash value of retirement accounts (such as 401k), real property, bonds, and capital investments)?

\$

REAL ESTATE

Do you currently own a home (please circle one)? **YES** **NO**

If **YES**, your home must be sold or lost through foreclosure/divorce prior to move-in. Do you currently have your home under agreement or have a date set when your name will no longer be on the deed through the terms of foreclosure/divorce? **YES** **NO** **N/A**

If you currently own a home, please list the amount of equity you have in your home (estimated value of the home minus your debt on the home)

\$

HOUSEHOLD TYPE (please check one):

Type A

- 5 person household: all types

Type B

- 4 person household: all types
- 3 person household: 1 head-of-household plus 2 members
- 3 person household: 2 heads-of-household plus one additional member, where heads of household *cannot be required to share a bedroom as a consequence of sharing would be a severe adverse impact on his or her mental or physical health*

Type C

- 3 person household: 2 heads-of-household plus 1 member
- 2 person household: 2 heads-of-household *who cannot be required to share a bedroom as a consequence of sharing would be a severe adverse impact on his or her mental or physical health*

Type D

- 2 person household: 1 head-of-household plus one member

Type E

- 2 person household: 2 heads-of-household
- 1 person household: all types

PREFERENCE INFORMATION

You are requested to complete the following **optional** section in order to assist in determining preference. Please check all boxes that apply):

	APPLICANT	CO-APPLICANT	DEPENDENT
Black or African American			
Hispanic or Latino			
Asian			
Native Hawaiian or Pacific Islander			
Native American or Alaska Native			
Other (not White)			
White/Non-Minority			

For **Disabled-Accessible Preference** or **Reasonable Accommodations**, CIRCLE the appropriate answers for the following questions:

Are you, or any member of your household, in need of an accessible unit? **YES** **NO**
(This is defined as persons with a physical or mental disability that meet standards established by the Department of Housing and Community Development and state laws for disabled housing)

Verification of need of an accessible unit must be provided in the form of a doctor's note or equivalent.

Does any member of the household have any accessibility or reasonable accommodation requests or changes in a unit or development or alternative ways we need to communicate with you? If yes, please explain: **YES** **NO**

DATABASE INFORMATION

How did you find out about this affordable housing opportunity?
(write your answer in the space provided and please be as specific as possible)

Additional information may be requested at a later date. Your signature below gives consent to Management to verify the information in this application. Please be advised that it is your responsibility to report any changes in address, phone number or priority status to the rental office. Failure to maintain current information at the rental office may jeopardize your waiting list status.

I/We hereby certify that the information contained herein is true and correct:

I/We hereby acknowledge that rents for affordable housing change on an annual basis based on changes in Area Median Income and Utility Allowances and that the current affordable rents are subject to change while I/We are on the waiting list. If we are given the opportunity to lease an affordable unit, prior to completing a lease application we will be notified of the rents that will be in place for our lease term.

Signed under the pains and penalties of perjury:

Signature of Applicant

Date & Time

Signature of Co-Applicant

Date & Time

If you have a disability you have the right to request a reasonable accommodation in connection with your application for housing. All information is voluntary and will be treated as confidential.

Please remember to maintain all records of income, assets and taxes!!!

Every household must maintain records of all income, assets, and changes in employment as all this documentation will be required if you are given the opportunity to move forward in this program. So please be sure to keep a record of all your pay, all your tax documentation and all your bank/asset statements to ensure an easy and fast eligibility review.

Signature of Leasing Agent

Date & Time