

RESIDENT WAIT LIST APPLICATION

Household Information: Complete the following information for each household member that will occupy the unit:

Check this box if you hold a Section 8 voucher

NAME <i>(Last, First, MI)</i>	RELATIONSHIP TO THE HEAD OF HOUSEHOLD	SEX	DATE OF BIRTH <i>(MM/DD/YY)</i>	STUDENT <i>(Y/N)</i>	DISABLED <i>(Y/N)</i>	VETERAN* <i>(Y/N)</i>
	Head of Household					

*Veteran is a person who served in the active military, naval, or air service and was discharged or released under conditions other than dishonorable.

Contact Information: Complete the following with your current contact information:

Check this box if you are homeless

CURRENT ADDRESS	
PRIMARY PHONE	
SECONDARY PHONE	
EMAIL	

