

# Waiting List Pre-Application for

Mgmt. Place Date/Time Stamp here, required

\_\_\_\_\_ (property name)

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ TDD 711 FAX: \_\_\_\_\_ Email: \_\_\_\_\_



**PLEASE NOTE:** You are signing up for a waiting list. This pre-application may be used to run credit and criminal background checks for all adults 18 years of age and older and sex offender searches on all household members, regardless of age. Program eligibility will be determined at the time of the screening interview, which will occur when your name comes to the top of the waiting list.

A full application must be completed at the screening interview.

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

List Full Name, Social Security Number, Age, and Date of Birth of All Household Members: INCLUDING HEAD OF HOUSEHOLD (HOH).

Name	Relationship to HOH	Social Security Number	Age	Date of Birth	Full Time Student?
HOH	SELF				[ ] YES [ ] NO
2					[ ] YES [ ] NO
3					[ ] YES [ ] NO
4					[ ] YES [ ] NO
5					[ ] YES [ ] NO
6					[ ] YES [ ] NO
7					[ ] YES [ ] NO
8					[ ] YES [ ] NO

Are you or any household member subject to lifetime sex offender registration requirements in any State? [ ] YES [ ] NO

Or subject to any other Sex Offender registration requirements, other than lifetime, in any state? [ ] YES [ ] NO

List **all** states where you and all household members have resided: \_\_\_\_\_

Will you or any household member benefit from an accessible unit? (mobility, vision, hearing) [ ] YES [ ] NO

If YES, please explain: \_\_\_\_\_

How did you hear about this property? \_\_\_\_\_

**MONTHLY INCOME-CHECK ALL THAT APPLY FOR ALL HOUSEHOLD MEMBERS**

Employment \$ \_\_\_\_\_ Social Security \$ \_\_\_\_\_ SSI \$ \_\_\_\_\_ Child Support \$ \_\_\_\_\_ Alimony \$ \_\_\_\_\_

Public Assistance \$ \_\_\_\_\_ Pension \$ \_\_\_\_\_ Disability \$ \_\_\_\_\_ Unemployment \$ \_\_\_\_\_

Regular Cash Contributions \$ \_\_\_\_\_ Self Employment \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

**ASSETS-CHECK ALL THAT APPLY FOR ALL HOUSEHOLD MEMBERS**

Checking/Savings Account  Direct Express Debit/Benefit Card  Life Insurance

CD, Money Market, Mutual Funds, IRA, Pension, Stocks/Bonds  Other

Have you or any household member disposed of (given away) any asset(s) for LESS than Fair Market Value in the past 2 years?  YES  NO

**FOR STATISTICAL PURPOSES ONLY:**

Ethnicity of Head of Household:  Hispanic or Latino  Not Hispanic or Latino  Choose not to answer

Race of Head of Household:  American Indian/Alaska Native  Asian  Black or African American  
 Native Hawaiian or Other Pacific Islander  White  Other  Choose not to answer

Disability Status of Head of Household:  Disabled  Not Disabled  Choose not to answer

**Signature Clause:** I / we represent and acknowledge that the landlord considers all information to be material in nature and understand that if selected for occupancy any false statements and/or information provided will be deemed material non-compliance with my lease and grounds for eviction. I/we understand that the above information is being collected to determine my/our eligibility. I/we certify that the statements made in this pre-application are true and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under Federal law. I / we authorize Michaels Management-Affordable, LLC, as the agent for the owner of this property, to complete the following as part of the screening process in accordance with the Resident Selection Plan: Credit Checks and Criminal Background Checks, including Sex Offender Searches.

**All household member 18 and over must sign below:**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_