

Kimball Towers

WAITING LIST APPLICATION

Name _____ Home Tel. # _____

Address _____ Work Tel. # _____

City _____ State _____ Zip _____

Email Address _____

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

Studio

1-Bedroom

2-Bedroom

HOUSEHOLD MEMBERS:

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

Household Information:

| <u>Household Members</u> | <u>Relationship to HOH</u> | <u>Date of Birth</u> |
|----------------------------|------------------------------------|----------------------|
| Full Name (first and last) | (Spouse, Child, Live-In Aid, Etc.) | |
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Do your household receive any housing assistance (i.e. Section 8, VASH, MRVP) (please circle):

Yes

No

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)?

PREFERENCE INFORMATION

Are you, or any member of your household, in need of an accessible unit? 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.

- Yes
- No

REASONABLE ACCOMODATION

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?

- Yes
- No

If yes, please explain in the space provided here:

RACE (OPTIONAL)

You are requested to complete the following optional section in order to assist in determining preference. Completing this section may qualify you for additional lottery pools. (Please check all boxes that apply):

- Alaskan Native and Native American
- Black or African American (not of Hispanic origin)
- Hispanic or Latino
- White (not of Hispanic origin)
- Asian
- Native Hawaiian or Pacific Islander
- Other (please specify) _____

