



For Office Use Only:
 Property Name: _____
 Date Received: _____ Time: _____ am/pm
 Staff Initials: _____

WAITLIST QUESTIONNAIRE

In order for us to determine your eligibility or continued eligibility, you must provide all information included in this questionnaire. This information is considered confidential and will only be used as necessary in determining your eligibility for an Affordable Housing Program. ****Anyone over the age of 18, including an adult child or spouse, must complete their own application.****

Applicant Name:	Telephone Number:
Present Address:	
Email Address:	

Name of Property you are applying for: _____

Bedroom Size: Studio 1 Bedroom 2 Bedroom 3 Bedroom 4 Bedroom 5 Bedroom 6 Bedroom

HOUSEHOLD COMPOSITION

Please list yourself and anyone who will live with you within the next 12 months. Be sure to include members temporarily away from home, including but not limited to: dependents away at school, and military persons stationed away from home who have a spouse or dependent(s) in the home. **Providing false information may result in your application being denied, loss of subsidy and/or housing, if applicable.**

Household Member Full Legal Name (First, Middle Initial, Last)	Relationship to Head of Household	Marital Status M= Married D= Divorced SP= Separated S= Never Married W= Widowed	Date of Birth	Last 4 digits of Social Security Number	Gender M= Male F= Female P= Prefer Not to Disclose	Student Status: FT= Full Time PT= Part Time N/A
	Head					

- 1) Do you anticipate any changes in the size of your household?
 (Examples: a future spouse, minor(s) entering the home through birth of a child, adoption, child(ren) returning from foster care, etc.)
 If yes, please describe any changes here: _____ Yes No
- 2) Will anyone listed above under age 18 live in the unit less than 50% of the time? Yes No
- 3) Are you or anyone in the household disabled? Yes No
- 4) Do you or anyone in the household require a Reasonable Accommodation? Yes No
- 5) Do you currently receive Section 8 or any other rental assistance? Yes No
- 6) What is your total estimated annual household income before taxes? \$ _____



REFERENCE INFORMATION

Please provide information for the last 2 years or last 2 residences. (Any gaps must have an explanation.)

Current Landlord

Name: _____ Phone Number: _____

Address: _____

Move In Date: _____ Move Out Date: _____ Own Rent Other: _____

Previous Landlord

Name: _____ Phone Number: _____

Address: _____

Move In Date: _____ Move Out Date: _____ Own Rent Other: _____

ADDITIONAL INFORMATION

- 1) Have you ever been convicted of a felony? Yes No
If yes, describe: _____
- 2) Have you ever been evicted from any housing? Yes No
If yes, describe: _____
- 3) Are you a registered sex offender? Yes No
If yes, describe: _____
- 4) What states have you ever lived in? _____
- 5) Are you or anyone in the household a military veteran? Yes No
- 6) Are you or anyone in the household currently homeless? Yes No
Please list any agencies you are working with: _____
Please list where you are currently staying: _____
- 7) Do you have any pets? If yes, what kind? _____ Yes No
- 8) Would you like to provide an emergency contact that we can contact in the event you cannot be reached? Yes No
Name: _____ Relationship: _____ Phone: _____

I understand that my name will be placed on the waitlist for the property that I have indicated above as of the date and time my application was received. I also understand that failure to update changes in my contact information with the property's Management Office may result in my name being withdrawn from the waitlist if the property is unable to reach me. I understand that my/our eligibility for housing will be based on applicable income limits and by the property's selection criteria.

Applicant Signature

Date

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

In keeping with the Fair Housing Act, we do not discriminate based on Familial Status, Race, Sex, Disability, Color, Religion, or National Origin. The person named below has been designated to coordinate compliance with nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24CFR, part 8 dated June 2, 1998.)

Wendy Weiske, Compliance Manager, Gorman & Company 200 N Main St., Oregon, WI 53575. Phone: 480-259-0515 TTD: 202-720-6362

