



**WAITING LIST APPLICATION – FALL RIVER APARTMENTS**

**PLEASE PRINT CLEARLY**

PLEASE READ INFORMATION PAGE BEFORE COMPLETING ENTRY FORM

**Head of Household**

First, Last Name: \_\_\_\_\_ SS #: / / \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Additional Phone Number: \_\_\_\_\_

# in Household: \_\_\_\_\_ # of Bedrooms: \_\_\_\_\_ Expected Month/Year for move in : \_\_\_\_\_

**Demographic information for statistical purpose only (optional):**

Race (Circle one): White Black/African-American Asian Hawaiian/Other Pacific Isla. Amer. Indian/Alaska Native Other

**Ethnicity** (Circle one): Hispanic or Latino Not Hispanic or Latino

Veteran Status: \_\_\_\_\_ Elderly: \_\_\_\_\_ Disabled: \_\_\_\_\_

**Other Family Members**

	Last Name	First Name	MI	Relationship	Sex	DOB	Elderly?	Disabled?	Veteran?
1									
2									
3									
4									
5									
6									

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Income** (list ALL income or items in lieu of support/income, SSI, TANF, and/or pension received by all household members, including children)

RECEIVED BY: \_\_\_\_\_ WHERE FROM: \_\_\_\_\_ MONTHLY GROSS AMOUNT: \_\_\_\_\_

**Assets** (list ALL assets including but not limited to: checking account, savings account, retirement account, bonds/stocks, other)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Office Use Only** Entered: \_\_\_\_\_ Priority: \_\_\_\_\_

Received Stamp: \_\_\_\_\_

**THE LONGMONT HOUSING AUTHORITY DOES NOT DISCRIMINATED BASED ON RACE, COLOR, RELIGION, GENDER, MARTIAL STATUS, AGE, NATIONAL ORIGIN, PHYSICAL OR MENTAL DISABILITY, SEXUAL ORIENTATION, VETERANS, RESERVE AND NATIONAL GUARD STATUS OR CHARACTERISTICS PROTECTED BY LAW IN ITS FEDERALLY ASSISTED PROGRAMS OR ACTIVITIES. I CERTIFY THAT THE STATEMENTS MADE ON THIS FORM ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I ALSO UNDERSTAND THAT IT IS MY RESPONSIBILITY TO UPDATE MY LOTTERY ENTRY INFORMATION AND ADVISE THE LONGMONT HOUSING AUTHORITY (IN WRITING) OF ANY ADDRESS CHANGE.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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Received Stamp: \_\_\_\_\_