



WAITING LIST APPLICATION – SPRING CREEK APARTMENTS
PLEASE PRINT CLEARLY (55+)

Head of Household

First, Last Name: _____ SS #: / / Female/Male Age: Date of Birth: _____

Phone Number: _____ Email Address: _____

in Household: _____ # of Bedrooms: _____ Move in By: _____

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 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