



Evans Park Wait List Application

Please return this form to the above address

Applicant Name			
Current Address			
City, State, Zip			
Primary Phone		Cell Phone	
Email			
Secondary Contact			
What is your approximate monthly income?			

HOUSEHOLD COMPOSITION AND CHARACTERISTICS: List all people who will be living in the unit.

	HOUSEHOLD MEMBER'S FULL NAME	GENDER	BIRTHDATE
Head of Household		<input type="checkbox"/> M <input type="checkbox"/> F	
Spouse or Co-head		<input type="checkbox"/> M <input type="checkbox"/> F	

Unit Size Guardian Angels Senior Housing will take your unit preferences/requirements in to consideration. Our occupancy standards indicate a minimum of one person and maximum of two people.

Unit Size

<input type="checkbox"/>	1 Bedroom Unit
<input type="checkbox"/>	2 Bedroom Unit

Special Features

<input type="checkbox"/>	Mobility Accessible Unit i.e. roll in shower, lowered light switches, roll under sinks
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I would like to request a complete copy of the Guardian Angels Senior Housing tenant selection criteria.

Yes No

APPLICANT CERTIFICATION

I/we certify that at least one applicant is over the age of 55. I/we certify that the statements made in the application are true and complete. I/we understand that providing false statements or information is grounds for rejection. I/we agree to notify Guardian Angels Senior Housing of any address or phone number changes. I/we understand I/we will have 72 hours to accept or reject an apartment upon offer. Upon my acceptance of the apartment offer, I/we understand there are thirty (30) days to sign the required Lease Agreement or the apartment unit will be forfeited and I/we will be placed back on the waiting list at the bottom.

Signature _____ Date _____

Signature _____ Date _____

For Office Use Only:

Date:	Time:	By:
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