

# GUARDIAN ANGELS SENIOR HOUSING

## SUBSIDIZED HOUSING WAIT LIST APPLICATION

<b>Office Use Only:</b> Received _____ Time _____ By _____
---

Applicant Name(s): \_\_\_\_\_ Age(s) \_\_\_\_\_

Birthdate(s): \_\_\_\_\_ Social Security Number(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number(s) please specify: \_\_\_\_\_

Secondary Contact Name and Phone Number(s) if unable to reach Applicant: \_\_\_\_\_

Is the head-of household, co-head or spouse 62 or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If the head-of household, co-head or spouse is <u>not</u> 62 or older, do you claim eligibility because the head-of household, co-head or spouse has one or more disabilities with mobility impairment?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is a unit designed for mobility impairment required? (i.e. roll in shower, lowered light switches, roll under sinks)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently living in subsidized housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a citizen or national of the United States, or a noncitizen with eligible immigration status?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is your approximate annual income (i.e. Social Security, Pensions, Interest)	\$ _____

### **PLEASE PLACE MY NAME ON THE FOLLOWING WAIT LISTS:**

- GUARDIAN OAKS** – 350 Evans Avenue, Elk River  
 62 and over or persons with a disability who require a unit for mobility impairment  
 (Section 202/8) *1 and 2 bedrooms (must be 2 occupants in 2 bedroom)*
- ANGEL RIDGE** – 280 Evans Avenue, Elk River  
 62 and over (PRAC) *1 bedrooms only*
- PINE TREE MANOR** – 12616 3<sup>rd</sup> Ave S, Zimmerman  
 62 and over or persons with a disability who require a unit for mobility impairment  
 (Section 202/8) *1 bedrooms only*
- PINE CONE MANOR** – 12612 3<sup>rd</sup> Ave S, Zimmerman  
 62 and over (PRAC) *1 bedrooms only*
- WOODBRIAR** – 12115 Rye Street, Becker  
 62 and over or persons with a disability who require a unit for mobility impairment  
 (Section 202/8) *1 bedrooms only*

**-OVER-**



**READ CAREFULLY BEFORE SIGNING:**

By signing you represent and warrant the accuracy of the information. Any false information will constitute grounds for rejection. I Authorize Guardian Angels staff to contact Rental History Reports to access a background/credit report. I agree to notify Guardian Angels Senior Housing of any address or phone number changes. I agree not to smoke in any rental unit or common areas of any building at Guardian Angels Senior Housing. If you have a disability, you have the right to request reasonable accommodation to complete this form.

**APPLICANT** Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Return application to:**  
Guardian Angels Senior Housing  
350 Evans Avenue NW  
Elk River MN 55330

Office (763) 241-4430 Fax (763) 241-4448