



# Evans Park Wait List Application

<b>Office Use Only:</b> Received _____ Time _____ By _____
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Applicant Name		
Age		
Current Address		
City, State, Zip		
Phone Number		
Email		
Secondary Contact		
Is the Head-of household, co-head or spouse 55 or older? <small>*Must be 55 or better to qualify</small>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**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. Please indicate unit size preferences below. Please indicate any necessary special features below:

**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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**APPLICANT CERTIFICATION**

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.

I would like to request a complete copy of the Guardian Angels Senior Housing tenant selection criteria.

No     Yes

Signature \_\_\_\_\_ Date \_\_\_\_\_

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

