

WAITING LIST APPLICATION TODAY'S DATE : _____

NAME: _____ DATE OF BIRTH: _____

SPOUSE: _____ DATE OF BIRTH _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____ CELL: _____

E-MAIL: _____

WHAT TYPE OF APARTMENT ARE YOU LOOKING FOR:

____ One Bedroom /One bath ____ 2 Bedroom /One bath ____ 2 Bedroom/1-1/2 baths

WHICH FLOOR DO YOU PREFER: ____ 1st FL ____ 2nd FL ____ 3rd FL

FRONT PREFERENCE: ____ Facing Park (EAST) ____ Facing Back Yard (WEST)

PARKING PREFERENCE

____ NEED PARKING ____ Underground parking ____ Garage parking
Yes or No

WHAT KIND OF PETS WILL YOU HAVE? _____

WHAT IS YOUR CURRENT LIVING SITUATION? _____

WHEN WOULD YOU LIKE TO MOVE IN? _____

DO YOU UNDERSTAND THIS IS INDEPENDENT LIVING: YES ___ NO ___

DO YOU UNDERSTAND THIS IS NON-SMOKING BUILDING: YES ___ NO ___

DO YOU USE ANY OF THE FOLLOWING?:

___ Wheel Chair ___ Cane ___ Hearing Aide(s)

___ Walker ___ Life Line ___ Seat for tub ___ Visually Impaired Equipment

I understand that it is the policy of FVLH to do a credit, eviction history & background check on prospective tenants as part of the approval process.

ARE THERE ANY OTHER CONSIDERATIONS WE SHOULD KNOW ABOUT? _____

Date Received Employee Accepting Application

Provide Prospective Tenant a Copy and Maintain a Copy for FVLH Records