

How did you hear about our community?

Other Adult Household Member's Signature Date

Date

Head of Household's Signature

Waiting List Form

	(To be completed management.)				
at Logan River					
	Waitlist Selection 1st C	hoice 2 ^r	d Choice	3rd Choice	
	Date and Time of Day Received by Management:			AM PM	
Head of Household Name: Spouse or Co-Head:					
Names of Other Adult Househo	old Members:				
Address:		City, S	State, Zip		
Home Ph #:		Work Ph #	<u> </u>		
Cell Ph #:		Email Address:			
Name and Phone # for Friend of	r Family member, who wi	ll know how to contac	ct you,		
Number of members in your household:		_ # of Adults (18 yrs & up): # of Ch		Children (Under 18 yrs):	
What is your total gross annua household members.) \$		e taxes? (Please includ	le any child support	, alimony, SS or SSI for all a	dult
Are the combine total assets for	the household over \$5,00	0 dollars? Yes N	No		
Desired Move-in Date:		Do you have to give your current landlord 30 Days Notice? Yes N			No
Please note that you will remain	n on the list even after this	date passes.			
Does your household qualify un	nder any of the following S	Special Needs Categor	ries? Yes No (X all that apply)	
Battered Family Physical	cal Handicapped H	Iomeless Near Homele	ess w/Case Worker	Farm Labor Housing	

The Units in this Community are part of the Section 42 Low Income Housing Tax Credit Program. The information gathered to qualify a resident household can be no more than 120 Days old at the time of move-in. Therefore, upon receipt of this form, your household will be placed on the waiting list in chronological order for the income percentage that your household qualifies for based on the information provide herein. **Please notify us immediately if there is a change to any of the information provided above.** Placement on the waiting list does not imply that you qualify for the program, only that you have been placed on the list. As your household gets close to the top of the list, we will contact you to come in, fill out an application, and pay the application fees. At that point your application will be processed. You will have 48 hours from the time you pick up the application to return it. Thirty (30) Days prior to move-in a credit/criminal screening will be run for all adult household members. Your household will qualify only if; all adult household members qualify based on the information obtained during the application and screening process. Once the process is complete you will then be notified that a unit is available, that you can bring in a deposit and have the utilities transferred into your name. Please contact us if you have any questions.

Other Adult Household Member's Signature

Other Adult Household Member's Signature

Date

Date

Sincerely, The Management