



**APPLICATION FOR WAIT LIST
GENERAL INFORMATION**

Applicant's Name: _____

Home Phone#: (_____) _____ Cell Phone#: (_____) _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Date of Birth: _____ Age: _____ Sex: Male Female

Marital Status: Single Married Divorced Widowed Partnered

If the case of double occupancy:

Name of Co-Applicant: _____



FINANCIAL PREQUALIFICATION FORM

*A separate form should be completed by each applicant
List the full value of joint assets on each application and mark as "Joint" under description*

NAME: _____ DOB: _____ Sex: M F

REGULAR MONTHLY INCOME

Description (if needed)

Social Security (Net)	\$ _____ Per Month	_____
Pension	\$ _____ Per Month	_____
Pension from Spouse <i>(If collecting survivor benefit)</i>	\$ _____ Per Month	_____
Annuity Income	\$ _____ Per Month	# of years _____
Other Income <i>(Not from capital assets such as IRA, etc)</i>	\$ _____ Per Month	_____

TOTAL INCOME: \$ _____ Per Month

CAPITAL ASSETS (Value)

Description (if needed)

Primary Residence	\$ _____	_____
Real Estate	\$ _____	_____
Cash/Savings/CDs	\$ _____	_____
Stocks/Equity Funds	\$ _____	_____
Bonds/Bond Funds	\$ _____	_____
IRA/401K	\$ _____	_____
Roth IRA	\$ _____	_____
Other	\$ _____	_____

TOTAL ASSETS: \$ _____

LIABILITIES:

Description (if needed)

Mortgage	\$ _____	_____
Notes Payable/Endorsed	\$ _____	_____
Personal Debts <i>(Including credit cards)</i>	\$ _____	_____

TOTAL LIABILITIES: \$ _____

Signature: _____ Date: _____

*Failure to completely and accurately disclose financial information
may constitute grounds for termination of residency.*