CENTRAL CITY CONCERN
HOMES HEALTH JOBS

Hotel Alder ADFC
Fair Market
Waitlist Pre-Application

EQUAL HOUSING OPPORTUNITY

Applicants must provide complete identifying information below to be placed on The Hotel Alder housing waitlist. Incomplete pre-applications will not be added to the waitlist. Please review The Hotel Alder Fair Market Building Criteria for additional information on eligibility and screening requirements. ***NOTE:*** *Fair market units at the Hotel Alder do not come with rent subsidy.*

Applicant Information

Last Name_____ First Name _____ M.I. _____

Mailing Address: _____ Apt No._____

City _____ State _____ Zip Code _____

Phone (____)_____ May we... ☐ Text you? ☐ Leave a Msg? Email_____

All notifications regarding the waitlist are made by phone (or email, when available). Applicants must provided updated contact info as needed.

Maximum one occupant per SRO unit.

Full Name First	MI	Last	Social Security Number (if available)	Relationship	Date of Birth	Student Yes/No
1.				**Head**		

Monthly gross income (before taxes) from **ALL** sources except food stamps $_____ per month

I require an accessible unit (subject to availability) ☐ Yes

Have you been charged with or convicted of any crimes? ☐ No ☐ Yes

If yes, briefly explain:_____

Applicant Please Read Carefully Before Signing

Central City Concern notifies fair market waitlist applicants at The Hotel Alder by phone or email when they near the top of the wait-list. Waitlist applicants must respond by phone, email or in person to all notifications directly at the Central City Concern Housing Office (or as instructed) within 3 business days to avoid being removed from the waitlist.

It is the waitlist applicant's responsibility to notify Central City Concern of any phone, email or mailing address changes using the Address Change form for this building.

I have read and understand the Building Criteria: _____
Applicant Initials

I certify that information entered on this Pre-Application is true and complete. Providing false information will result in my removal from the waitlist. I agree to a complete investigation of all information reported on this Pre-Application and my subsequent application will not be an invasion of my privacy.

_____ _____
Pre-applicant Signature (electronic signature acceptable) *Date (mm/dd/yyyy)*

Office Use Only! ID#:_____ Initials:_____ Date/Time Rcv'd:_____ Unit Size:_____