CENTRAL CITY CONCERN
HOMES HEALTH JOBS

Hazel Heights Apartments Waitlist
1 bedroom Pre-Application

EQUAL HOUSING OPPORTUNITY

Applicants must provide complete identifying information below to be placed on the Hazel Heights housing waitlist. Incomplete pre-applications will not be added to the waitlist. Please see the Building Criteria for additional information on eligibility and screening requirements.

Applicant Information

Last Name _____ First Name _____ M.I. _____

Mailing Address: _____

City: _____ State_____ Zip_____

Phone: _____ ☐ May we leave message Email: _____

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

Enter your information first, then enter all persons who will be living with you.

Full Name First / Middle Initial / Last	**Last 4 number of Social Security**	**Relationship**	**Student (Yes/No)**
1.		**Head**	
2.			
3.			

Monthly gross income from all sources except food stamps $ _____

Income Sources (employment, Social Security, pension, etc.): _____

Rental Assistance Source (if applicable): _____ Amount (if known) $_____

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

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

If yes, explain briefly: _____

Applicant – Please Read Carefully Before Signing

Central City Concern notifies waitlist applicants at Hazel Heights by phone or email when they near the top of the waitlist. Waitlist applicants must respond in person to all notifications directly to the Hazel Heights leasing office within 3 business days to avoid being removed from the waitlist. It is waitlist applicant's responsibility to notify the Hazel Heights leasing office of phone, email or mailing address changes using the Address Change form for this building.

It is waitlist applicant's responsibility to review the Building Criteria and ensure he/she meets or will meet the criteria prior to move-in.

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

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

_____ _____
Applicant Signature (or typed name if submitted online) Date

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