



Office Use Only!

Date/Time Rcv'd:

## Hazel Heights Apartments Waitlist Pre-Application

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 sheet and the for additional information on eligibility and screening requirements.

Applicant Information					
Last Name	First Name		M.I		
Mailing Address			Apt No.		
City	State	Zip	Code		
() 'May Phone Number All notifications regarding waitlist are made	y we □ Text you?¨ □ Leave a Msg by phone (or email, when available). A	Em		d contact info	o as needea
nter your information first, then enter a	ll persons who will be living with yo	u.			
Full Name First Middle Initial	Social Securit (if availa	•	Relationship	Date of Birth	Student (Yes/No)
1.			Head		
2.					
3.					
4.					
5.					
I require an accessible unit (subject to Have you been charged with or convic	availability): Yes	edroom un No	o	)	
Appli	cant – Please Read Carefully	Before Si	gning		
Central City Concern notifies waitlist waitlist. Waitlist applicants must respond to avoid being removed from the vof phone, email or mailing address change.	oond in person to all notifications directive vaitlist. It is waitlist applicant's respon	tly to the Haz sibility to no	zel Heights leasing of the leasing of the leasing of the lease of the	office within	3 business
It is waitlist applicant's responsibility to r in.	review the Building Criteria and ensure	he/she meet	s or will meet the o	criteria prior	to move-
I have read and understand the Building	Criteria:Applicant Initials				
I certify the facts on this Pre-Applicate the waitlist. I agree a complete invessubsequent application will not be an investigation.	tion are true and complete. Provid stigation of all information reported	_			val ˈfrom
Applicant Signature (or typed name if su	has the along Park				