



Date and Time Received:

## Town Center Courtyards Housing Pre-Application

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Mailing Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Day Phone \_\_\_\_\_

LIST ALL PERSONS WHO WILL BE LIVING WITH YOU.

LIST YOURSELF FIRST:

First	Full Name Middle Initial	Last	Social Security Number	Relationship	Birthdate	Age	Student
1.				Head			
2.							
3.							
4.							
5.							
6.							

*For additional family members please use an additional page*

List Total Income Your Household Receives Each Month (including but not limited to employment, state and/or federal assistance, gifts, contributions, or allowances): \$ \_\_\_\_\_ (average gross)

Source(s): \_\_\_\_\_

Rental Assistance (if any): \$ \_\_\_\_\_ Source: \_\_\_\_\_

### Unit Selection

This project consists of 1-, 2-, and 3-bedroom apartment units. Occupancy is based on the number of bedrooms in the apartment. Two occupants per bedroom plus one additional occupant are allowed. Households exceeding the maximum number of people per unit will not be eligible. Minimum occupancy standards are one person per bedroom.

**Select unit type(s) that apply for your household:**

1 bedroom (1-3 occupants)

2 Bedroom (2-5 occupants)

3 Bedroom (3-7 occupants)

Town Center Courtyard is an Alcohol and Drug Free Community (ADFC) and applicants must meet certain criteria to become tenants in the building. Further, this building grants preferences to persons meeting certain criteria as outlined in the Building Criteria. I have read and understand the Building Criteria for Town Center Courtyard:

\_\_\_\_\_  
Applicant Initials

### Referral Preference Information\*

Town Center Courtyard gives waitlist preference to families referred by a partner agency and/or meet certain criteria. If you qualify for this referral preference, please have a representative from your referring agency complete this section.

Name of Agency: \_\_\_\_\_  
Address: \_\_\_\_\_  
Name & Title of Referring Individual: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_  
Reason for Referral: \_\_\_\_\_  
Signature of Referring Individual: \_\_\_\_\_

*\*A full list of preferences and preference information is available upon request. Additional documentation may be required prior to move-in.*

### **Applicant: Please Read and Complete All Attachments Before Signing**

Housing staff will notify waitlist applicant or referring agency (if applicable) when they near the top of the waitlist. Waitlist applicants OR referring agencies must respond to avoid applicants being removed from the waitlist. It is the applicant's or agency's responsibility to notify CCC Housing of mailing address changes using the Address Change form for this building.

I certify the facts on this Pre-Application are true and complete. I understand that providing false or incomplete 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.

*Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to any department or agency of the U.S. as to matters within its jurisdiction.*

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Applicant Signature

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Date