



PRE-APPLICATION

APPLICANT REQUESTS: 1 Bedroom 2 Bedroom Parking

FULL NAME: _____

(Last)

(First)

(Middle)

PRESENT ADDRESS: _____

PHONE: _____ EMAIL: _____

DATE OF BIRTH _____

Would you be interested in an accessible unit? Yes No

Do you feel you qualify for a housing preference? Yes No
If you checked "Yes" contact our office for a preference form

Gross Annual Household Income: \$ _____

PLEASE LIST ANY ADDITIONAL PERSONS WHO WILL OCCUPY THE UNIT

NAME	AGE	RELATIONSHIP

To evaluate the effectiveness of our marketing efforts, please answer the following two questions:

How did you hear about Carefree Village? _____

What is your Race/Ethnicity? Please mark below:

- Black/African American White Asian American Indian/Alaska Native
 Native Hawaiian/Pacific Islander Hispanic or Latino Other
 Decline to Answer

TO BE COMPLETED BY MANAGEMENT:



DATE RECEIVED _____ TIME RECEIVED _____

