



RESIDENCES OF CARRIAGE CREEK

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

Table with 3 columns: NAME, AGE, RELATIONSHIP

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

How did you hear about The Residences of Carriage Creek? \_\_\_\_\_

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 \_\_\_\_\_

