

**For Office Use Only**

Date / Time Received: _____ AM/PM

Received By: _____

Property: Nine Peaks**Physical Address:**2720 NE Conners AvenueBend, OR 97701**Waitlist Application for Housing****Mailing Address:**c/o Nine Peaks, 2720 NE Conners Avenue, Bend, OR 97701Comprehensive reusable tenant screening report is ☐ ACCEPTED ☒ NOT ACCEPTED**Unit Type Requested**Bedroom Size: (check all that apply) Efficiency ☐ Studio ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐☐ Project-based Section 8 ☐ Wheelchair accessibility ☐ Other _____☐ Permanent Supportive Housing (PSH), list referring service provider: _____**Contact Information**

Name: _____

Street Address: _____ Apt. # _____

City: _____ State: _____ Zip Code: _____

Contact Phone Number(s): _____

List each person (starting with yourself) who will occupy the apartment

Name (Last, First, Middle)	Date of Birth	Relationship to Head of Household	Social Security Number (If Applicable)	Estimated Annual Income
		Self		

Please check any /all of the below that apply to your household☐ Senior (55 or older) ☐ Elderly (62 or older) ☐ Disabled ☐ Homeless or at risk ☐ Veteran☐ Currently have a Section 8 Voucher ☐ Currently living in a rent subsidized property☐ Displaced by a government declared disaster☐ Has anyone been evicted in the past 3 years from a Federally assisted property due to drug-related criminal activity?☐ Is any household member subject to a lifetime sex offender registration in any state?☐ Referred by a Social Service Agency (name of agency) _____☐ If age 62 or older as of January 31st, 2010 and do not have a SSN, did you receive HUD rental assistance at another location on January 10th, 2010?**This Pre-Application is only to establish your place on the waitlist. Once your name comes up on the list it will be necessary to process a full application and verify all the information necessary to determine you eligibility for tenancy**

Head of Household Signature _____ Date _____



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