

ASPEN TERRACE

FOR OFFICE USE

DATE RECEIVED: _____

EMPLOYEE INITIALS: _____

INTEREST LIST FORM

Type text here

DATE _____ APPLICANT NAME _____

CURRENT ADDRESS _____

EMAIL _____ PHONE NUMBER _____

PREFERRED METHOD OF COMMUNICATION EMAIL PHONE MAIL

AUTHORIZED ALTERNATE CONTACT NAME/PHONE (OPTIONAL) _____

HOW DID YOU HEAR ABOUT US?

CRAIGS LIST/ZILLOW WEBSITE SIGNAGE NEWSPAPER OTHER ONLINE REFERRAL

HOUSEHOLD COMPOSITION

	LAST NAME	FIRST NAME	RELATIONSHIP	DOB (MM/DD/YYYY)	FULL-TIME STUDENT (Y/N)
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____

WHEN ARE YOU AVAILABLE TO MOVE IN? _____

WHICH INCOME LIMIT CATEGORY DOES YOUR HOUSEHOLD QUALIFY FOR?

30%

Please note that applicants with rent vouchers may not be required to meeting income thresholds. Please provide specifics below

Income limits subject to change			Income limits subject to change			Income limits subject to change		
30% Income			50% Income			60% Income		
	Minimum	Maximum		Minimum	Maximum		Minimum	Maximum
1 Person	\$16,296	\$27,170	1 Person	\$27,168	\$45,290	1 Person	\$32,592	\$54,350
2 Person	\$16,296	\$31,060	2 Person	\$27,168	\$51,760	2 Person	\$32,592	\$62,110

50%

60%

OTHER INFORMATION (CHECK ALL THAT APPLY)

SECTION 8 VOUCHER VETERAN DISABLED

WHAT ACCOMMODATIONS MAY YOUR HOUSEHOLD REQUIRE (CHECK ALL THAT APPLY)

ACCESSIBLE UNIT OTHER

ADDITIONAL NOTES



This institution is an equal opportunity provider and employer.