

# ASPEN TERRACE

# INTEREST LIST FORM

COMING DECEMBER 2020

ATE \_\_\_\_\_ 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.	_____				

ASPEN TERRACE WILL BE AVAILABLE DECEMBER 2020. WOULD YOU BE READY TO MOVE IN AT THAT TIME?

YES  NO

WHICH INCOME LIMIT CATEGORY DOES YOUR HOUSEHOLD QUALIFY FOR?

30%

50%

60%

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	\$13,944	\$23,250	1 Person	\$23,232	\$38,750	1 Person	\$27,888	\$46,500
2 Person	\$13,944	\$26,550	2 Person	\$23,232	\$44,300	2 Person	\$27,888	\$53,150

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

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*This institution is an equal opportunity provider and employer.*