



The Village at Mackenzie Place LIHTC Waitlist Information Sheet

Name of Applicant: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Birthdate: _____ SSN: _____

Driver's License/State ID #: _____ State Issued: _____

Name of Co-Applicant: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Birthdate: _____ SSN: _____

Driver's License/State ID #: _____ State Issued: _____

I am interested in:

_____ 1 Bedroom, 1 Bath _____ 2, Bedroom, 1 Bath _____ 2 Bedroom, 2 Bath

I will need a handicap accessible apartment _____ Yes _____ No

What is your current **GROSS** Annual Income? \$ _____

(Income includes: Social Security, SSI, Pensions, Employments, Annuity Payments and/or any other regularly received monetary payment)

Do you have any assets? _____ Yes _____ No

If you answered yes to the above question, what is the total value of your assets?

\$ _____

(Assets included: CDs, Stocks, Bonds, Whole Life Insurance Policies, Real Estate, Checking and Savings Accounts)

PLEASE READ ALL TERMS BELOW AND SIGN:

It is understood that the premises is to be used as a residence to be occupied by not more than 2 persons per one bedroom and that occupancy is subject to possession being delivered by present occupant. Each prospective occupant is subject to approval and acceptance by Landlord in its sole discretion. I hereby authorize Landlord to obtain information it deems necessary in the processing of my application, including; credit reports, civil or criminal actions, rental history, employment/salary/pension details, police and vehicle records, and any other relevant information; and release Landlord, its employees and agents from all liability for any damage whatsoever incurred in furnishing or obtaining such information. Upon approval and acceptance, the applicant agrees to execute a lease before possession is given and to pay the security deposit and the first month's rent within five days after being notified of acceptance (time being of the essence); failing which the Landlord shall have no further obligation to applicant. The applicant hereby waives any claim for damages by reason of nonacceptance of this application which the Landlord or his agent may reject without stating reasons for doing so. It is further agreed that if any information herein is false, the lease made on the strength of this application may, at the opinion of the Landlord, be terminated at any time.

The Applicant understands it is their responsibility to keep Lutheran Senior Services Affordable Housing informed of any changes on this application.

Applicant's Signature: _____ Date: _____

Co-Applicant's Signature: _____ Date: _____

The Village at Mackenzie Place is operated by *Lutheran Senior Services Affordable Housing* whose mission is "Older Adults Living Life to the Fullest[®]"

Lutheran Senior Services does not discriminate against any person because of race, color, religion, sex, handicap, familial status, national origin, regardless of sexual orientation or gender identity.

FOR OFFICE USE ONLY

DATE/TIME RECEIVED: _____

RECEIVED BY: _____

DATE APPLICATION SENT: _____

