



Date/Time Pre- Application
Received from Applicant

Affordable Waitlist Pre-Application

An exclusive community for veterans and/or veteran's families

Instructions: Please print all information and make sure the pre-application is complete, legible and signed. Incomplete pre-applications will be returned to you without being added to the waiting list.

Name:	Date of Birth:
Email Address:	Home Number:
Mailing Address: _____	Cell Number: Alt. Contact Number:
\$ _____ X 12 \$ _____ Type of Income: Mark all that apply: <input type="checkbox"/> Other: _____ _____ <input type="checkbox"/> IHSS <input type="checkbox"/> Unemployment <input type="checkbox"/> TANF <input type="checkbox"/> Social Security <input type="checkbox"/> Child Support <input type="checkbox"/> Employment <input type="checkbox"/> SSI Zipcode of place of employment _____	Total Household Size including yourself: _____ Number of Adults: _____ Number of Minors _____ Adult Occ #1 _____ Adult Occ #2 _____ Adult Occ #3 _____

Please **circle** your answer for all of the following questions:

Are you or someone in your household a veteran or currently serving in the military?	YES	NO
Does your family include a spouse or co-head of household?	YES	NO
Are you currently homeless?	YES	NO
Do you or a member of your household have a disability which would require National Community Renaissance of California to provide a reasonable accommodation in order for you to utilize this program?	YES	NO
Do you or a member of your household require unit accessibility features in order to utilize this program?	YES	NO
• If yes, please specify which features you require: <input type="checkbox"/> Grab Rails in Bathroom <input type="checkbox"/> Ramp for Wheelchair Accessibility <input type="checkbox"/> Downstairs Unit <input type="checkbox"/> Other (please specify):		



