Model Form 7

**Annual Waiting List Update**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Re: Waiting List for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Development Name)

Dear Applicant:

You are currently on the waiting list for an apartment at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. We are now in the process of updating the wait list. Enclosed you will find information regarding our current rents and income limits to help determine if you are still eligible for an apartment.

It is requested that you complete all relevant information requested on this form. Please return it to the address shown above.

If we do not receive your updated application within thirty (30) days from the date of this letter, your application will be placed in our inactive file and your name will be removed from the waiting list.

Change of address (complete only if your address is different from the one above):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your approximate total yearly income (include gross income and any income from assets)?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of people in family: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Composition (Please complete this section only if there has been a change in family members):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you believe that you qualify for priority status, please indicate below.

\_\_\_\_ Priority 1 - Homeless due to Displacement by Natural Forces

\_\_\_\_ Priority 2 - Homeless due to Displacement by Public Action (Urban Renewal)

\_\_\_\_ Priority 3 - Homeless due to Displacement by Public Action (Sanitary Code Violations)

\_\_\_\_ Priority 4 - Homeless due to Domestic Violence

[***Agent: Insert list of other available priorities here***]

Notice of your position on our waiting list will be sent to you within 60 days of this letter. This is only an update of your current status. Additional information may be requested at a later date. Your signature below gives consent to Management to verify the information in this application.

I hereby certify that the information contained herein is true and correct:

***Signed under the pains and penalties of perjury.***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant Date

If you have a disability you have the right to request a reasonable accommodation in connection with your application for housing. All information is voluntary and will be treated as confidential.