



### Waiting List Pre-Application

Apt. Size Desire-No. of Bedrooms: \_\_\_\_\_

Name of Head of Household: \_\_\_\_\_

Spouse Name or Other Adult (if living with the household): \_\_\_\_\_

Current Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Circle One: Single Married Divorced Separated

#### **ANTICIPATED INCOME: BY HOUSEHOLD MEMBERS:**

Member Name: \_\_\_\_\_

Source of Income: Indicate Name of Source: \_\_\_\_\_

Gross Income/Monthly: \_\_\_\_\_

Member Name: \_\_\_\_\_

Source of Income: Indicate Name of Source: \_\_\_\_\_

Gross Income/Monthly: \_\_\_\_\_

Member Name: \_\_\_\_\_

Source of Income: Indicate Name of Source: \_\_\_\_\_

Gross Income/Monthly: \_\_\_\_\_

Member Name: \_\_\_\_\_

Source of Income: Indicate Name of Source: \_\_\_\_\_

Gross Income/Monthly: \_\_\_\_\_

**SPECIAL NEEDS:**

Does anyone in your family have special needs? Y/N Are special living accommodations required? Y/N  
Please explain: \_\_\_\_\_

SIGNATURE OF ALL PARTIES TO THIS APPLICATION (18 YEARS OR OLDER):

\_\_\_\_\_  
Applicant Signature (HEAD)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature (OTHER ADULT)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Property Representative

\_\_\_\_\_  
Date



**WARNING:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements of misrepresentation to any department or agency of the U.S. or to any matter within its jurisdiction.

**PLEASE RETURN TO THE ATTENTION OF LISA DARDEN.**

**By Mail:**

FMHA  
PO Box 2738  
Fairmont, WV 26555

**By Fax:**

304-366-0469

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ldarden@fmhousing.com

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