



<b>Office Use Only:</b>	
Received _____	
Time _____	
By _____	

## Section 202-8 Wait List Application

<b>Applicant Name</b>			
<b>Current Address</b>			
<b>City, State, Zip</b>			
<b>Primary Phone</b>			
<b>Secondary Contact</b>			
Is the Head-of household, co-head or spouse 62 or older?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>If the head-of household, co-head or spouse is not 62 or older, do you claim eligibility because the head-of-household, co-head or spouse has one or more disabilities that require a unit designed for mobility impairment?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you currently living in subsidized housing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
What is your approximate annual income (i.e. Social Security, Pensions, Interest)			\$ _____

**HOUSEHOLD COMPOSITION AND CHARACTERISTICS:** List the Head of Household and all other people who will be living in the unit. You must indicate one of the HUD approved relationship codes for each household member. (Head of household, co-head, spouse, other adult, foster adult, child, foster child, live-in aide). Also indicate the citizen/non-citizen eligibility status.

HOUSEHOLD MEMBERS	HOUSEHOLD MEMBER'S FULL NAME	RELATIONSHIP TO HEAD OF HOUSEHOLD	BIRTH DATE
<b>#1</b>		<b>Head of Household</b>	
<b>Age</b>		<b>Social Security Number</b>	
<b>Citizenship Status</b>	<input type="checkbox"/> US. Citizen <input type="checkbox"/> Eligible non-citizen <input type="checkbox"/> Ineligible non-citizen		
<b>#2</b>			
<b>Age</b>		<b>Social Security Number</b>	
<b>Citizenship Status</b>	<input type="checkbox"/> US. Citizen <input type="checkbox"/> Eligible non-citizen <input type="checkbox"/> Ineligible non-citizen		

### PLEASE PLACE MY NAME ON THE FOLLOWING WAIT LISTS:

- GUARDIAN OAKS** – 350 Evans Avenue, Elk River  
*1 and 2 bedrooms (must be 2 occupants in 2 bedroom)*
  
- PINE TREE MANOR** – 12616 3<sup>rd</sup> Ave S, Zimmerman  
*1 bedroom only*
  
- WOODBRIAR** – 12115 Rye Street, Becker  
*1 bedroom only*



**Unit Size:** The owner/agent will take your unit preferences/requirements in to consideration. The owner/agents occupancy standards indicate a minimum of one person per bedroom and maximum of two people. Please indicate unit size preferences below. If you require special unit features, the owner/agent may verify the need for those features in accordance with HUD Handbook 4350.3 Revision 1. Please indicate any necessary special features below:

**Unit Size**

**Special Features**

<input type="checkbox"/> 1 Bedroom Unit
<input type="checkbox"/> 2 Bedroom Unit

<input type="checkbox"/> Mobility Accessible Unit i.e. roll in shower, lowered light switches, roll under sinks
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**PENALTIES FOR MISUSING THIS FORM**

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person, who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security numbers are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

**APPLICANT CERTIFICATION**

By signing this document, I/we certify that if selected to receive assistance, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility. I/we certify that the statements made in the application are true and complete. I/we understand that providing false statements or information is punishable under Federal Law.

I would like to request a complete copy of the owner/agents resident selection criteria.

No  Yes

Head of Household Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Return application to:**

Guardian Angels Senior Housing

350 Evans Avenue NW

Elk River MN 55330

Office (763) 241-4430 Fax (763) 241-4448

**Guardian Angels Senior Housing** does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

*The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988).*

Name of Section 504 Coordinator:	Marin Storstad
Address:	350 Evans Ave NW, Elk River, MN 55330
Phone Number:	763-635-5491
TDD/TTY Number:	711 National Voice Relay
Email	mstorstad@ga-er.org