

Please Print and Fill Out

(For Office Use Only) App. Date/Time _____

**ALL INFORMATION
MUST BE FILLED OUT
COMPLETELY BEFORE
CARD IS ACCEPTED**

WAITING LIST REGISTRATION

Current Household Members (PLEASE PRINT)

First Name	Middle Initial	Last Name	Relationship	Date of Birth	Sex (M/F)	Social Security Number

Mailing Address _____
Street City State Zip

Telephone Number _____

1. Combined Gross Monthly Income (for all adults in household) _____
2. Are all family members United States citizens? Yes _____ No _____
3. Definition of Disability: A physical or mental impairment which substantially limits one or more of such person's major life activities, a record or history of having such an impairment, a perception of having such an impairment. This term does not include current, illegal use of or addiction to a controlled substance.
Do you meet one or more of the above: Yes _____ No _____ Which family member _____
4. Have you ever participated in any Section 8 Program, Public Housing Program, or any other long term rental assistance program? Yes _____ No _____ If yes, where? _____
a) Approximately what year? _____ Under what name? _____
5. The following information is required by the Department of Housing and Urban Development (HUD) for statistical purposes Only: Please check what is applicable to Head of Household:
White _____; African American _____; American Indian or Alaskan Native _____; Asian or Pacific Islander _____
6. (Choose one) Ethnicity: Hispanic _____ Non-Hispanic _____

Note: If there is a change in phone number or address, you would need to fill out a Change of Status form at Housing Services Failure to keep scheduled appointments or report the above changes will result in your name being dropped from the waiting list registration.

Signature of Head of Household or Spouse _____ Date _____
Name of Applicant _____

RETURN TO: HOUSING SERVICES, 1211 6TH ST SW, CEDAR RAPIDS, IA 52404
Registration Date _____ Registration Time _____