

The Grand at Bayfront Preliminary Application for Affordable Housing Lottery

Last Name, First Name: _____

Date of Birth: _____

Please list the names of all household members:

Primary Address:

Street: _____ City: _____ State: _____ Zip: _____

Mailing Address (if different from above):

Street: _____ City: _____ State: _____ Zip: _____

Primary Phone#: (____) _____ - _____

E-Mail Address: _____

Please list the total number of occupants that will be residing in your household: _____

What size apartment are you interested in applying for? _____

Do you have a Section 8 Voucher or Certificate? **Yes** or **No** -PLEASE ATTACHED COPY OF VOUCHER

Total Monthly Household Income (include all household members 18 or older):

Current Monthly Salary (Gross): _____

Social Security Benefits: _____

Pension: _____

Child Support: _____

Family/Friend Support: _____

Interest Income: _____

Other Income: _____

TOTAL ANNUAL HOUSE INCOME: _____

LOTTERY PREFERENCES

Select all that apply. Verification may be required.

____ City of Hercules Resident: Households who are current residents of the City of Hercules

____ City of Hercules Worker: Households who work at least 36 hours per week in the City of Hercules

I certify to the best of my knowledge that the information provided on this questionnaire is true and complete. I further acknowledge that any false, fraudulent, or misleading information may result in my immediate disqualification from The Grand at Bayfront Affordable Housing Program.

SIGNATURE: _____ DATE: _____

INTERNAL USE ONLY:

Management Representative: _____

Date/Time received: _____

INTERNAL USE: LOTTERY TICKET #: _____

