



Lloyd Management
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OFFICE USE ONLY	
Unit Size Requested	_____
Date Received	_____
Time Received	_____

APPLICATION FOR WAITING LIST

Date: _____ Phone/E-mail: _____

Applicants must complete this application fully. List all persons who will be living in the unit. Provide the relationship of each family member to the head of household. **MAXIMUM 2 ADULTS PER HOUSEHOLD**

List <u>ALL</u> household members			Relationship to Head	Date of Birth	Current or expected student?*	Male/Female/Decline to Report	Social Security Number
LAST	FIRST	MI					
			SELF / HEAD		YES NO		
					YES NO		
					YES NO		
					YES NO		
					YES NO		

*Include public and private elementary, junior & senior high school, college, university, technical, trade and mechanical schools. Do not include on-the-job training courses.

The information you provide will be kept confidential by the Owner and/or Management Agent, with the exemption to prove qualification. Please read each item carefully and provide the requested information truthfully and to the best of your knowledge. Giving false information under oath may subject you to criminal penalties.

CURRENT HOUSING STATUS

Address: _____
 City State Zip

Length of Residency: From _____ To _____

Name of Owner / Property Manager: _____ Phone number: _____

Address: _____
 City State Zip

Preferred Unit Size: 2 BR 3 BR

Handicap features required? Yes No

Yearly Income (Choose one): \$0 - \$20,000 \$20,001 - \$40,000 \$40,001 - \$60,000

