



For Office Use Only Date / Time Received: _____ AM/PM Received By: _____

North Meridian Apartments
 11380 NW Main Street
 North Plains, OR 97133
 Ph: 503-676-9675 / Fax: 503-966-4885
 Email: northmeridian@nwrecc.org

Waiting List Application North Meridian Apartments

Contact Information:	
Applicant's Name: _____	Preferred Language: _____
Mailing Address: _____ Apt. _____	
City: _____	State: _____ Zip Code: _____
Phone # _____	Email: _____
Referred by _____	
How did you hear about us? _____	

Apartment Preference Requested (Check all that apply)
Please number unit size preference from 1st preference through 3rd preference:
_____ 1 Bed (1-3 occupants)
_____ 2 Bed (2-5 occupants)
_____ 3 Bedroom (3-7 occupants)
Do you require any of the following unit types?
<input type="checkbox"/> Mobility accessible <input type="checkbox"/> Hearing accessible <input type="checkbox"/> Sight accessible

What is your household size? _____						
List each person (starting with yourself) who will occupy the apartment						
Name (Last, First, Middle)	Date of Birth	Relationship to Head of Household	Social Security # (If Applicable)	Estimated Annual Income	Student Y/N	Veteran Y/N
		Self				

This Waiting List Application is only to establish your place on the waitlist. Once your name comes up on the list it will be necessary to process a full application, run a background screening on all household members 18 years or older and verify all the information necessary to determine your household eligibility for tenancy.	
Head of Household Signature _____	Date _____

Owner/management does not discriminate against on the basis of race, color, religion, sex, handicap, familial status, marital status, sexual orientation or national origin. Owner/management will consider any Reasonable Accommodation request to accommodate a disability. 504 Coordinator and is available at: 1597 Avenue D, Suite 7, Billings, MT 59102; 504@nwrecc.org; (406) 252-3773 / TTY 711.

