



For Office Use Only

Date / Time Received: _____ AM/PM

Received By: _____

Spruce Point Apartments
522 Legacy Place
Manzanita, OR 97130
Ph: 503-300-8466 / Fax: 503-472-2861
Email: sprucepoint@nwrecc.org

Waiting List Application
Spruce Point 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?

- Mobility accessible Hearing accessible 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 based on 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.

