Northwest Real Estate Capital Corp. | Tamarack Property Management Co.

For Office Use Only
Date / Time Received: _____AM/PM
Received By:

El Nido Apartments
Temporary Mailing Address:
210 W Mallard Dr. Ste A Boise, ID 83706
Ph: 503-405-0990 / Fax: 503-905-6755
Email: elnido@nwrecc.org

Waiting List Application
El Nido 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 (1-5 occupants)

_____ 3 Bedroom (1-7 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 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.