



Lloyd Management
 135 West Lind Street
 PO Box 1000
 Mankato, MN 56002

Phone: 507.625.5573
 Toll Free: 888.625.5573
 Fax: 507.388.8452
 lloydmanagement.com

| 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

