



## Dublin Station by Windsor Waitlist Application Packet

Our community participates in the BMR program with the City of Dublin at a **Moderate Income level (120% AMI)**. Please review the [qualifications](#) prior to submitting your Waitlist Application as the moderate program does have higher monthly rental amounts than other levels.

Currently, we use a 3rd party agency to manage our waiting list and the approval process for our program. When an apartment is available, Imagine That Consulting will reach out to you based on your position on the waiting list for next steps.

Some applicants may qualify for our **Priority Waiting List**. If you answer yes to any of the below we will reach out to you to verify information and place you on the waiting list.

Priority	Points	Yes	No
Existing BMR resident of Dublin Station	4		
Employed in Dublin	3		
Public Service employee for the City of Dublin	1 additional		
Existing Resident of Dublin	3		
Senior (62+)	1		
Permanently disabled	1		
Veteran	1		
Family member resident of Dublin**	1		
Displaced due to condo conversion	1		

\* A public service employee is a person who is employed by a public agency such as the City of Dublin, a fire fighter or police officer assigned to work in Dublin, BART, DSRSD, or USPS working in Dublin.

\*\* Immediate family is defined as a mother, father, brother, sister, child, grandparent, or grandchild currently living together for 6 months or more. Must live in Dublin for 1 year or longer.

**To be added to our waiting list please complete the next two pages.**

### Completion checklist:

1. Answer Priority Waiting List questions
2. Complete information list with all household members
3. Complete Tenant Income Information
4. Return form to our office

Return form directly to community or email:  
5300 Iron Horse Parkway, Dublin CA 94568  
[DublinStationMKT@windsorcommunities.com](mailto:DublinStationMKT@windsorcommunities.com)

**Wait list status:** open, must complete application



### **Below Market Rate Household information list**

Please complete for each applicant (including minors).

Apartment # \_\_\_\_\_

Full Name: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_ Best method: \_\_\_\_ email \_\_\_\_ phone

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Full Name: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_ Best method: \_\_\_\_ email \_\_\_\_ phone

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Full Name: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_ Best method: \_\_\_\_ email \_\_\_\_ phone

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Full Name: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_ Best method: \_\_\_\_ email \_\_\_\_ phone

# TENANT INCOME INFORMATION

☐ Initial Certification    ☐ Recertification    ☐ Other \_\_\_\_\_

Date Completed: \_\_\_\_\_  
(MM-DD-YYYY)

## PART I - DEVELOPMENT DATA

Property Name: \_\_\_\_\_ County: \_\_\_\_\_ Priority Points#: \_\_\_\_\_  
Address: \_\_\_\_\_ If applicable, CDLAC#: \_\_\_\_\_  
Unit Number: \_\_\_\_\_ # Bedrooms: \_\_\_\_\_ Square Footage: \_\_\_\_\_

## PART II. HOUSEHOLD COMPOSITION

HH Mbr #	Last Name	First Name	Middle Initial	Relationship to Head of Household	Date of Birth (MM/DD/YYYY)	Student Status (Check One)	Last 4 digits of Social Security #
1				HEAD		FT <input type="checkbox"/> /PT <input type="checkbox"/> /NA <input type="checkbox"/>	
2						FT <input type="checkbox"/> /PT <input type="checkbox"/> /NA <input type="checkbox"/>	
3						FT <input type="checkbox"/> /PT <input type="checkbox"/> /NA <input type="checkbox"/>	
4						FT <input type="checkbox"/> /PT <input type="checkbox"/> /NA <input type="checkbox"/>	
5						FT <input type="checkbox"/> /PT <input type="checkbox"/> /NA <input type="checkbox"/>	
6						FT <input type="checkbox"/> /PT <input type="checkbox"/> /NA <input type="checkbox"/>	
7						FT <input type="checkbox"/> /PT <input type="checkbox"/> /NA <input type="checkbox"/>	

## PART III. GROSS ANNUAL INCOME (USE ANNUAL AMOUNTS)

HH Mbr #	(A) Employment or Wages	(B) Soc. Security/Pensions	(C) Public Assistance	(D) Other Income
TOTALS	\$	\$	\$	\$

Add totals from (A) through (D), above

TOTAL INCOME (E):

\$  

## PART IV. INCOME FROM ASSETS

HH Mbr #	(F) Type of Asset	(G) C/I	(H) Cash Value of Asset	(I) Annual Income from Asset

TOTALS: \$

\$

Enter Column (H)  
Total If over \$30,001 \$ \_\_\_\_\_ X

Passbook Rate  
10%

= (J) Imputed Income

\$

Enter the greater of the total of column I, or J: imputed income

TOTAL INCOME FROM ASSETS (K)

\$  

(L) Total Annual Household Income from all Sources [Add (E) + (K)]

\$  

## HOUSEHOLD CERTIFICATION & SIGNATURES

The information on this form will be used to determine maximum income eligibility. I/we have provided for each person(s) set forth in Part II acceptable verification of current anticipated annual income. I/we agree to notify the landlord immediately upon any member of the household moving out of the unit or any new member moving in. I/we agree to notify the landlord immediately upon any member becoming a full time student.

Under penalties of perjury, I/we certify that the information presented in this Certification is true and accurate to the best of my/our knowledge and belief. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the lease agreement.

Signature \_\_\_\_\_

(Date) \_\_\_\_\_

Signature \_\_\_\_\_

(Date) \_\_\_\_\_

Signature \_\_\_\_\_

(Date) \_\_\_\_\_

Signature \_\_\_\_\_

(Date) \_\_\_\_\_