



Equal Housing Opportunity

APPLICATION FOR WAITING LIST

**Hayfield Greens Apartments
Hayfield, MN 55940**

OFFICE USE ONLY	
Unit Size Requested _____	
Date Received: _____	
Time Received: _____	
Notes: _____	

DATE: _____

Telephone No. _____

Applicants must complete this application in their own handwriting. List all persons who will be living in the unit. Give the relationship of each family member to the head of household. If this eligibility application is being completed by an applicant who is applying for occupancy with an existing household, only include the information for the new applicant. **MAXIMUM OF 2 ADULTS PER HOUSEHOLD.**

List ALL household members			Relationship to Head	Date of Birth	Is this member currently or expected to be a student? YES/NO	Sex	Social Security Number
LAST	FIRST	MI					
			SELF/HEAD				

*Include public and private elementary, junior & senior high school, college, university, technical, trade and mechanical schools. Do not include on-the-job training courses or English as a Second Language.

The information that you are providing will be kept confidential by the Owner and/or Management Agent, with the exception 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

Name of Landlord _____ Phone # _____

Address: _____
City State Zip

Your address with this Landlord: _____

How long have you resident at your current address? _____

❖ **Unit Type Preference:** _____ 1BR _____ 2BR