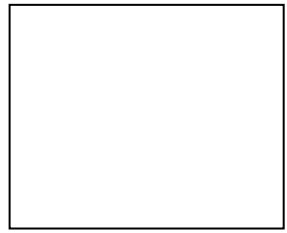


Grandon Village Senior Apartments

WAITING LIST REQUEST FORM



Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

#of Occupants in Household _____

Is at least one person in the household 55 years of age? _____

Total Gross Income for Household \$ _____

Size of Apartment Requested _____

Do you require a handicap assessable unit? _____

Do you receive section 8 rental assistance? _____

Please return this form via mail, fax or email to:

Grandon Village Senior Apartments
1607 Grandon Ave – San Marcos, CA 92078
Fax (760) 752-3236
Email – mcraig@enhancedaffordable.com

Signature of Applicant

Date

Office Use Only:

Date Received _____ Received By: _____

Prequalified? _____ 50%/60% _____

