

# WAITLIST RECORD OF RECEIPT OF COMPLETE APPLICATION: ACCESSIBLE DWELLING UNIT



Internal Landlord Use Only

LANDLORD: \_\_\_\_\_  
PROPERTY: \_\_\_\_\_  
DWELLING UNIT (Premises) \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

NAME OF APPLICANT: \_\_\_\_\_  
ACTUAL DATE & TIME COMPLETE APPLICATION WAS RECEIVED:       Date             Time        
APPLICANT/HOUSEHOLD MEMBER IS MOBILITY DISABLED: Yes \_\_\_\_\_ No \_\_\_\_\_

NAME OF APPLICANT: \_\_\_\_\_  
ACTUAL DATE & TIME COMPLETE APPLICATION WAS RECEIVED:       Date             Time        
APPLICANT/HOUSEHOLD MEMBER IS MOBILITY DISABLED: Yes \_\_\_\_\_ No \_\_\_\_\_

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