PDX 1b

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 ____

NAME OF APPLICANT: _____

ACTUAL DATE & TIME COMPLETE APPLICATION WAS RECEIVED: Date _____ Time _____

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NAME OF APPLICANT: _____

ACTUAL DATE & TIME COMPLETE APPLICATION WAS RECEIVED: Date _____ Time _____

APPLICANT/HOUSEHOLD MEMBER IS MOBILITY DISABLED: Yes ____ No ____

PREVIEW ONLY

EQUAL HOUSING OPPORTUNITY

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