

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 _____

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