
ISLAND COVE APARTMENTS

WAITING LIST APPLICATION

HEAD OF HOUSEHOLD INFORMATION: Phone Number _____ Email _____

LAST NAME _____ FIRST NAME _____ MIDDLE _____

Social Security Number: _____ Date of Birth: _____ Gender: ___ Male ___ Female

Mailing Address _____

Are You Currently Employed: ___ Yes ___ No

Name of Employer and Address _____

How Long have you been employed with current employer? _____ What is your annual gross income? _____

SPOUSE/OTHER ADULT INFORMATION:

LAST NAME _____ FIRST NAME _____ MIDDLE _____

Social Security Number: _____ Date of Birth: _____ Gender: ___ Male ___ Female

Mailing Address _____

ARE YOU CURRENTLY EMPLOYED: ___ Yes ___ No Name of Employer and Address _____

How Long have you been employed with current employer? _____ What is your annual gross income? _____

How many members in the household? _____

OTHER MEMBERS INFORMATION: (Include all adults and children)

Name	Social Security	Date of Birth	Gender
	- -	/ /	<input type="checkbox"/> M <input type="checkbox"/> F
	- -	/ /	<input type="checkbox"/> M <input type="checkbox"/> F
	- -	/ /	<input type="checkbox"/> M <input type="checkbox"/> F

	- -	/ /	<input type="checkbox"/> M <input type="checkbox"/> F
	- -	/ /	<input type="checkbox"/> M <input type="checkbox"/> F
	-	/ /	<input type="checkbox"/> M <input type="checkbox"/> F
	-	/ /	<input type="checkbox"/> M <input type="checkbox"/> F
	-	/ /	<input type="checkbox"/> M <input type="checkbox"/> F

FOR STATISTICAL PURPOSES ONLY:

Please identify your race and ethnicity by checking one box in each of the two categories below:

- | | |
|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Hispanic or Latino |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Non-Hispanic/Latino |
| <input type="checkbox"/> American Indian/Alaskan Native | |
| <input type="checkbox"/> Asian | |
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | |

I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE AND COMPLETE. I UNDERSTAND THAT SUBMISSION OF FALSE INFORMATION OR MISREPRESENTATION MAY RESULT IN LOSS OF ELIGIBILITY TO PARTICIPATE IN THE SECTION 8 PROJECT BASED PROGRAM. ANY CHANGES IN CHANGES IN ADDRESS MUST BE SUBMITTED IN WRITING.

Signature of Head of Household

Date

Signature of Spouse/Other Adult

Date



You may submit your application On-line or by:

US Mail or drop off at;
Delray Housing Group, Inc
82 NW 5th Avenue
Delray Beach, FL 33444