

DUBUQUE WAITLIST REGISTRATION FORM

Please check which units you are interested in.

Bishop's Block _____ Other Dubuque Properties _____ Bedroom Size Preferred _____

Please print – All information must be filled out. Incomplete information will not be accepted.

Last Name	First Name	Middle Initial	Relationship	Date of Birth	Sex (M/F)	Social Security Number
			Head of Household			

If expecting please include unborn child and indicate anticipated Date of Birth. If there are additional members, please use back of form.

Current Mailing Address: _____

Current Phone Numbers: _____ Other _____

Current Email or other Contact information: _____

1. Combined Gross Monthly Income from all sources: \$ _____
2. Do you currently have a Housing Choice Voucher or other rent assistance? Yes No
If Yes, Where is your rent assistance from? _____
3. The following information is required by the Department of Housing and Urban Development (HUD) for statistical purposes only: Please check what is applicable to Head of Household:
White _____ African American _____ American Indian or Alaskan Native _____
Asian or Pacific Islander _____ Ethnicity: (Choose one) Hispanic _____ Non-Hispanic _____

NOTE: At this time we are just placing your name on the waiting list, you will be requested to complete a full application with required documentation when your name approaches the top of the waiting list. If there is a change in household composition, address or phone number you must notify our office in writing of this change. Failure to report the above changes or respond to required correspondence in the required time frame will result in your name being removed from the waiting list.

Your application will be screened using the current Tenant Selection Plan, available at the Affordable Housing office. *If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services please contact the Affordable Housing office at to request reasonable accommodations.*

Signature of Head of Household: _____ Date _____

Other Adult Member: _____ Date _____

This form can be dropped off or mailed/emailed back to:
 Affordable Housing Network, Inc. /Bishop's Block Apartments
 90 Main Street, Dubuque, IA 52001
 563-583-9653 – Phone
 866-861-2743- Fax
 AHNI.Dubuque@fouroaks.org

