

*Las Ventanas Village Apartments*



**WAITING LIST REQUEST FORM**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

#of Occupants in Household \_\_\_\_\_

Total Gross Income for Household \$ \_\_\_\_\_

Size of Apartment Requested \_\_\_\_\_

Do you require a handicap assessable unit? \_\_\_\_\_

Do you receive section 8 rental assistance? \_\_\_\_\_

Please return this form via mail, fax or email to:

Las Ventanas Village Apartments  
250 W. 15<sup>th</sup> Ave – Escondido, CA 92025  
Fax (760) 432-9475

Email – [normao@enhancedaffordable.com](mailto:normao@enhancedaffordable.com)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

*Office Use Only:*

Date Received \_\_\_\_\_ Received By: \_\_\_\_\_

Prequalified? \_\_\_\_\_ AMI % \_\_\_\_\_

