



**TEDA Housing Management**

**17807 Tuolumne Rd.**

**Tuolumne, CA 95379**

**E: [housingmanagement@tedainc.com](mailto:housingmanagement@tedainc.com) P: 209.928.9300 x 33110**

**Wait List Application**

Date: \_\_\_\_\_

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

Best Contact Info: \_\_\_\_\_

If you wish to be added to our waiting list, please complete the form attached to this letter in its entirety. If you would like assistance in completing the application, or want more information about the process, please let the intake specialist know. If you need help or have questions, we have staff who will assist you in filling it out.

The questions asked in the wait list application will help us put you on the right wait list and give you all the admissions preferences to which you might be entitled.

Thank you for your cooperation.

Sincerely,

TEDA Housing Managment



Date Received	_____
Time Received	_____
TEDA Initials	_____
Applicant Initials	_____

**Housing Authority Applicant – Site-Based Wait List**

Date: \_\_\_\_\_ Client Number: \_\_\_\_\_

1. General Information

Name of Head of Household: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name	Social Security #	Relation Head	\$Annual Income	Source of Income	Age	Sex M/F
1.		Head				
2.						
3						
4						
5						
6						
7						
8						
<b>Total Family Income</b>						

3. Is your family displaced by a natural disaster? (hurricane, tornado, earthquake, flood, etc.)

Yes  No If yes, what disaster? \_\_\_\_\_

4. Are any family members full-time students (K-12 and/or institute of higher learning)?

Yes  No If yes, name of family member(s) \_\_\_\_\_

5. Do any family members have disabilities that require special apartment features? (wheelchair apartment, vision or hearing impaired, extra bedroom, one-level apartment, etc.)

Yes No If yes, name of family member(s) \_\_\_\_\_

6. Do any family members qualify as special needs under the Americans with Disabilities Act (ADA)? (disabled, elderly, homeless, recovering from substance abuse, etc.)

Yes No If yes, name of family member(s) \_\_\_\_\_

7. Any changes expected to the household composition in the next 12 months?

Yes No If yes, explain nature of the expected change \_\_\_\_\_

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8. Are you a voting member of the Tuolumne Me-Wuk Band of Indians?

Yes No \_\_\_\_\_

The information you provide on this form is confidential and will be used to process your application for a public housing unit. Thank you for your cooperation.