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OFFICE USE ONLY					
Unit Size Requested					
Date Received					
Time Received					

APPLICATION FOR WAITING LIST

EDGEWOOD TOWNHOMES 901 East Fifth Street, Litchfield, MN 55355

Date: Phone Number:							
Applicants must complete family member to the head existing household, include	of household. If thi	is application is bein	g completed for	r an individual a _l	oplying for o	ccupancy with an	
List <u>ALL</u> househ		Relationship to Head	Date of Birth	Current or expected student?*	Sex	Social Security Number	
		SELF / HEAD		YES / NO			
				YES / NO			
				YES / NO			
				YES / NO			
				YES / NO			
Address:	g false informatio	n under oath may s CURRENT HOUSI		criminal penalt	ies.		
Length of Residency: Fro	om	To					
Name of Owner / Property Mana	ager:		Phor	ne number:			
Address: City		State		Zip			
Preferred Unit Size:	2 BR	3 BR					
Handicap features required	? Yes	No					
Yearly Income (Choose one)	:						
Two Person Household:	\$0 - \$17,100	\$17,101 - \$28,500	\$28,501	- \$45,600			
Three Person Household:	\$0 - \$20,780	\$20,781 - \$32,050	\$32,051	- \$51,300			
Four Person Household:	\$0 - \$25,100	\$25,101 - \$35,600	\$35,601	- \$56,950			
Five Person Household:	\$0 - \$29,420	\$29,421 - \$38,450	\$38,451	- \$61,550			
Six Person Household:	\$0 - \$33,740	\$33,741 - \$41,300	\$41,301	- \$66,100		EQUAL HOUSIN	