

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. 15th Ave – Escondido, CA 92025
Fax (760) 432-9475
Email – normao@rmgprop.com

Signature of Applicant

Date

Office Use Only:

Date Received _____ Received By: _____

Prequalified? _____ AMI % _____

