

*Las Flores Village Townhomes*

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 Flores VillageTownhomes  
1411 N. Las Flores Ave – San Marcos, CA 92069  
Fax (760) 598-8991  
Email – [jessicah@rmgprop.com](mailto:jessicah@rmgprop.com)

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

\_\_\_\_\_  
Date

*Office Use Only:*

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

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

