



Miramar 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:

Miramar Village Apartments
240 S. Westlake Ave. Los Angeles, CA 90057
Fax (213) 484-2920
Email – carlosc@enhancedaffordable.com

Signature of Applicant

Date

Office Use Only:

Date Received _____ Received By: _____

Prequalified? _____ AMI % _____

