

*Rancho Santa Fe Village Apartments*



WAITING LIST REQUEST FORM

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

#of Occupants in Household \_\_\_\_\_

Is at least one person in the household 55 years of age? \_\_\_\_\_

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:

Rancho Santa Fe Apartments  
500 Rancho Santa Fe Road – San Marcos, CA 92078  
Fax (760) 727-0050  
Email – [holllys@rmgprop.com](mailto:holllys@rmgprop.com)

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

\_\_\_\_\_  
Date

*Office Use Only:*

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

Prequalified? \_\_\_\_\_ 50%/60% \_\_\_\_\_

