

To: The City of Irwindale and Irwindale Housing Authority (collectively "City") Staff

Please add my information to your affordable Las Casitas Senior Apartment Rental Program "**Interest List**" (mailing list ONLY) database:

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

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

\_\_\_\_\_

City State Zip

By signing below, I grant the City authority to provide information shown here to the management company of Las Casitas. \_\_\_\_\_  
Initial

I acknowledge that I must update the City when an address change occurs. \_\_\_\_\_  
Initial

I further acknowledge that the City's acceptance of this form does not indicate my eligibility or constitute an offer to rent me an apartment unit. \_\_\_\_\_  
Initial

The City is not responsible for non-delivery problems or delays with the United States Post Office. \_\_\_\_\_  
Initial

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**RETURN TO:**

CITY OF IRWINDALE  
ATTN: HOUSING DEPARTMENT  
5050 N. IRWINDALE AVENUE  
IRWINDALE, CA 91706