



Guest/Housing Inquiry Card Pike Place Market Residences

Please select/check **one** specific property you wish to inquire for housing opportunity:

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> La Salle | <input type="checkbox"/> Livingston-Baker | <input type="checkbox"/> Market House |
| <input type="checkbox"/> Sanitary Market | <input type="checkbox"/> Leland | <input type="checkbox"/> Triangle |
| <input type="checkbox"/> Stewart House | <input type="checkbox"/> Western Ave. | |

Name : _____ Date: _____

Address : _____ City: _____ State: _____ Zip: _____

Cel. Phone: _____ Home Phone: _____ Office Phone: _____

Alternate Contact Person: _____ Phone: _____



Best time to contact: _____ Email: _____

Interested in: ___ SRO ___ Studio ___ 1BR unit ___ 2BR unit (7 units market rate -Sanitary only) Price Range: _____

How did you hear about us: _____

Do you, or anyone named on this application request the features of a wheelchair accessible or adapted unit, downstairs vs. upstairs apartment (if available), or site or policy accommodation or modification based on a medical condition or disability? Yes No
If yes, what is requested? _____

Comments: _____

Management Agent: _____ Date/Time recd.: _____ Walk-in Drop box Email Phone  



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