# Housing Pre-Application Disclaimer for Firehouse Square

Only **ONE** application can be submitted per household and/or applicant. Members in one household cannot submit separate individual applications. Duplicate applications will not be accepted.

Fill in all required fields (indicated by a red '\*'). Incomplete applications will not be processed.

				Date o	f Birth	
First	MI	Last				
Address						
Address Line 1						
Address Line 1						
City		State		Zip Code	9	
If you are homeless, please	provide a	mailing address	where you receive	•		
address, please select the a						
Email	Contact	t Phone #	Alternate Pho	ne#	Preferred Contact Metho	
					Phone, E-Mail, Postal Mail, No Address	
Ethnicity		Disability Stat	us			
Hispanic, Non-Hispanic or Declir	ne	Disabled, Not Disa	abled or Decline			
Race  ☐ American Indian or Alaska Native		<b>Asian Detail</b> ☐ Asian India			: <b>Islander Detail</b> ve Hawaiian	
☐ Asian		☐ Chinese		□ Gua	☐ Guamanian or Chamorro	
□ Black or African American		☐ Filipino		□ Samoan		
□ Black or African Americar	☐ Native Hawaiian or Other Pacific		☐ Japanese		☐ Other Pacific Islander	
☐ Native Hawaiian or Other	Islander					
□ Native Hawaiian or Other Islander		☐ Korean				
□ Native Hawaiian or Other Islander □ White		☐ Vietnamese				
□ Native Hawaiian or Other						

MidPen Housing Pre-Application for Firehouse Square

Size	
Apartment Choice 2	<b>Apartment Choice 3</b>
opartment Size are: <b>Studio, 1 Bedr</b>	oom, 2 Bedroom, 3 Bedroom
	Apartment Choice 2  opartment Size are: Studio, 1 Bedre

### **Household Income and Assets** List total combined gross income received from all sources by all members of the household. Show amount on annual (yearly) basis. **COMBINED HOUSEHOLD** ALL SOURCES (Include all sources of employment **Annual Amount** INCOME FOR ALL (gross) except self-employment (net), Social Security, HOUSEHOLD MEMBERS SSI, pensions, interest and dividends, disability, unemployment, gift income, alimony and child support on an annual (yearly basis). COMBINED HOUSEHOLD ALL SOURCES (Include NET liquid assets such as Value or Balance **ASSETS FOR ALL** Checking and Savings account balances, Life Insurance value, 401K, Real Estate Equity, Stocks, HOUSEHOLD MEMBERS Bonds, Mutual Funds, etc.). **Household Occupancy Information** Do you anticipate any household changes in the next 12 By how many? months? O Yes O No

Please enter additional household members below. Please do not include head of household listed above.

Name		Date of Birth
First MI	Last	
Ethnicity	Disability Status	Relation to Head of Household
Hispanic, Non-Hispanic or Declined	Disabled, Not Disabled or Declined	
Race	Asian Detail	Pacific Islander Detail
☐ American Indian or Alaska Native	☐ Asian India	□ Native Hawaiian
□ Asian	☐ Chinese	☐ Guamanian or Chamorro
□ Black or African American	☐ Filipino	☐ Samoan
□ Native Hawaiian or Other Pacific	□ Japanese	☐ Other Pacific Islander
Islander	□ Korean	
□ White	□ Vietnamese	
□ Other	□ Other Asian	
□ Decline to Respond		
Applicant Declined:		
☐ I do not wish to furnish information	regarding ethnicity, race or other	household composition.

Anticipated changes may not qualify at move-in

Last  Disability Status  Disabled, Not Disabled or Declined  Asian Detail	Relation to Head of Household
Disability Status  Disabled, Not Disabled or Declined  Asian Detail	Relation to Head of Household
Disabled, Not Disabled or Declined  Asian Detail	Relation to Head of Household
Asian Detail	
Asian Detail	
□ Asian India	Pacific Islander Detail  ☐ Native Hawaiian
☐ Chinese	☐ Guamanian or Chamorro
☐ Filipino	☐ Samoan
☐ Japanese	☐ Other Pacific Islander
□ Korean	
□ Vietnamese	
☐ Other Asian	
	Date of Birth
Last	Date of Birth
	Date of Birth  Relation to Head of Household
Last  Disability Status	
Disability Status  Disabled, Not Disabled or Declined  Asian Detail	Relation to Head of Household  Pacific Islander Detail
Disability Status  Disabled, Not Disabled or Declined  Asian Detail  Asian India	Relation to Head of Household  Pacific Islander Detail  □ Native Hawaiian
Disability Status  Disabled, Not Disabled or Declined  Asian Detail  Asian India  Chinese	Relation to Head of Household  Pacific Islander Detail  □ Native Hawaiian  □ Guamanian or Chamorro
Disability Status  Disabled, Not Disabled or Declined  Asian Detail  Asian India  Chinese  Filipino	Relation to Head of Household  Pacific Islander Detail  □ Native Hawaiian  □ Guamanian or Chamorro  □ Samoan
Disability Status  Disabled, Not Disabled or Declined  Asian Detail  Asian India  Chinese  Filipino  Japanese	Relation to Head of Household  Pacific Islander Detail  □ Native Hawaiian  □ Guamanian or Chamorro
Disability Status  Disabled, Not Disabled or Declined  Asian Detail  Asian India  Chinese  Filipino  Japanese  Korean	Relation to Head of Household  Pacific Islander Detail  □ Native Hawaiian  □ Guamanian or Chamorro  □ Samoan
Disability Status  Disabled, Not Disabled or Declined  Asian Detail  Asian India  Chinese  Filipino  Japanese  Korean  Vietnamese	Relation to Head of Household  Pacific Islander Detail  □ Native Hawaiian  □ Guamanian or Chamorro  □ Samoan
Disability Status  Disabled, Not Disabled or Declined  Asian Detail  Asian India  Chinese  Filipino  Japanese  Korean	Relation to Head of Household  Pacific Islander Detail  □ Native Hawaiian  □ Guamanian or Chamorro  □ Samoan
	☐ Japanese ☐ Korean ☐ Vietnamese

Name		Date of Birth
First MI	Last	
Ethnicity	Disability Status	Relation to Head of Household
Hispanic, Non-Hispanic or Declined	Disabled, Not Disabled or Declined	
<b>Race</b> □ American Indian or Alaska Native	<b>Asian Detail</b> □ Asian India	Pacific Islander Detail  ☐ Native Hawaiian
□ Asian	☐ Chinese	☐ Guamanian or Chamorro
□ Black or African American	☐ Filipino	☐ Samoan
□ Native Hawaiian or Other Pacific	□ Japanese	☐ Other Pacific Islander
Islander	□ Korean	
☐ White	□ Vietnamese	
□ Other	☐ Other Asian	
☐ Decline to Respond		
	regarding ethnicity, race or othe	Thousehold composition.
Household Member 5	Tregarding cumerty, race of other	Date of Birth
Household Member 5		
Household Member 5	Last	
Household Member 5 Name  First MI		
Household Member 5 Name  First MI  Ethnicity	Last	Date of Birth
Household Member 5 Name  First MI  Ethnicity  Hispanic, Non-Hispanic or Declined	Last  Disability Status  Disabled, Not Disabled or Declined	Date of Birth  Relation to Head of Household
Household Member 5 Name  First MI  Ethnicity  Hispanic, Non-Hispanic or Declined  Race	Last Disability Status	Date of Birth
Household Member 5 Name  First MI  Ethnicity  Hispanic, Non-Hispanic or Declined  Race  American Indian or Alaska Native	Last  Disability Status  Disabled, Not Disabled or Declined  Asian Detail	Date of Birth  Relation to Head of Household  Pacific Islander Detail
Household Member 5 Name  First MI  Ethnicity  Hispanic, Non-Hispanic or Declined  Race  American Indian or Alaska Native  Asian	Last  Disability Status  Disabled, Not Disabled or Declined  Asian Detail  Asian India	Date of Birth  Relation to Head of Household  Pacific Islander Detail  Native Hawaiian
Household Member 5 Name  First MI  Ethnicity  Hispanic, Non-Hispanic or Declined  Race  American Indian or Alaska Native  Asian  Black or African American  Native Hawaiian or Other Pacific	Last  Disability Status  Disabled, Not Disabled or Declined  Asian Detail  Asian India  Chinese	Date of Birth  Relation to Head of Household  Pacific Islander Detail  Native Hawaiian  Guamanian or Chamorro
Household Member 5 Name  First MI  Ethnicity  Hispanic, Non-Hispanic or Declined  Race  American Indian or Alaska Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander	Last  Disability Status  Disabled, Not Disabled or Declined  Asian Detail  Asian India  Chinese  Filipino	Pacific Islander Detail  Native Hawaiian  Guamanian or Chamorro  Samoan
Household Member 5 Name  First MI  Ethnicity  Hispanic, Non-Hispanic or Declined  Race  American Indian or Alaska Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White	Last  Disability Status  Disabled, Not Disabled or Declined  Asian Detail  Asian India  Chinese  Filipino  Japanese	Pacific Islander Detail  Native Hawaiian  Guamanian or Chamorro  Samoan
Household Member 5 Name  First MI  Ethnicity  Hispanic, Non-Hispanic or Declined  Race  American Indian or Alaska Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White	Last  Disability Status  Disabled, Not Disabled or Declined  Asian Detail  Asian India  Chinese  Filipino  Japanese  Korean	Pacific Islander Detail  Native Hawaiian  Guamanian or Chamorro  Samoan
Household Member 5 Name	Last  Disability Status  Disabled, Not Disabled or Declined  Asian Detail  Asian India  Chinese  Filipino  Japanese  Korean  Vietnamese	Pacific Islander Detail  Native Hawaiian  Guamanian or Chamorro  Samoan
Household Member 5 Name  First MI  Ethnicity  Hispanic, Non-Hispanic or Declined  Race  American Indian or Alaska Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White  Other	Last  Disability Status  Disabled, Not Disabled or Declined  Asian Detail  Asian India  Chinese  Filipino  Japanese  Korean  Vietnamese	Pacific Islander Detail  Native Hawaiian  Guamanian or Chamorro  Samoan

#### **Community Resident Selection Preferences** This community may participate in programs requiring residency preferences. Preference eligibility will be verified prior to housing being offered. Do you currently hold a Housing Choice Voucher? Do you or any member of your household currently O Yes O No live in the County of San Mateo? O Yes O No Does any member of your household require a unit accessible to those living with specific disabilities? Do you or any member of your household currently O Yes O No work in the County of San Mateo? O Yes O No Please check all that apply ☐ Mobility ☐ Vision ☐ Hearing Does any household member require a live-in attendant? O Yes O No Are you currently homeless or at risk of homelessness? O Yes O No Have you or any member of your household been displaced by a "no fault" eviction in San Mateo County in the past 3 years, or been displaced by any City activity or by public projects implemented by the city of Belmont within 3 years of date of this application? O Yes O No

## **Limited English Proficiency**

Please select all that apply.

☐ I read or speak English (English)	Leo o hablo español (Spanish)
□ 我读或说简体中文 (Chinese - Simplified)	☐ 我讀或說繁體中文 (Chinese - Traditional)
<ul><li>Nagbasa ako o nagsasalita ng Tagalog (Filipino - Tagalog)</li></ul>	☐ Tôi đọc hoặc nói tiếng việt (Vietnamese)
☐ 나는 한국어를 읽거나 말한다 (Korean)	🗌 አማርኛ አነባለሁ ወይም እላለሁ (Amharic)
(Arabic) العربية أتحدث أو قرأت	☐ Ես կարդում եմ կամ խոսում եմ հայերեն (Armenian)
□ আমি বাংলা পড়ি বা বলি (Bengali)	🔲 ខ្ញាំ្មអានឬនិយាយភាសាខុមរ៉ែ (Cambodian - Khmer)
☐ I read or speak Chamorro (Chamorro)	☐ Čitam ili govorim hrvatski (Croation)
☐ Čtu nebo mluvím česky (Czech)	☐ Ik lees of spreek Nederlands (Dutch)
(Persian - Farsi) كنم مي صحبت يا خوانم مي فارسي من	☐ Je lis ou parle français (French)
☐ Ich lese oder spreche Deutsch (German)	□ Διαβάζω ή μιλάω ελληνικά (Greek)
<ul><li>Mwen li oswa mwen pale kreyòl ayisyen (Haitian Creole)</li></ul>	☐ עברית דובר או קורא אני (Hebrew)
🔲 मैं हिंदी पढ़ता या बोलता हूं (Hindi)	☐ Kuv nyeem lossis hais lus hmoob (Hmong)
Olvasok vagy beszélek magyarul (Hungarian)	☐ Makabasa ken makasao ak ti Ilocanp (Ilocano)
Leggo o parlo italiano (Italian)	□ 私は日本語を読んだり話したりします (Japanese)
🗌 ຂ້ອຍອ່ານຫລືເວ້າພາສາລາວ (Laotian)	Czytam lub mówię po polsku (Polish)
☐ Eu leio ou falo portugues (Portuguese)	☐ Citesc sau vorbesc română (Romanian)
☐ Я читаю или говорю по русски (Russian)	☐ Читам или говорим српски (Serbian)
☐ Čítam alebo hovorím po slovensky (Slovak)	🔲 ฉันอ่านหรือพูดภาษาไทย (Thai)
☐ 'Oku ou lau pe lea faka-Tonga (Tongan)	<ul><li>Türkçe okuyorum ya da konuşuyorum (Turkish)</li></ul>
<ul><li></li></ul>	(Urdu) ہوں بولتا اور ہوں پڑھتا اردو میں
□ שידִיי רעדן און לייענען איך (Yiddish)	

## **Final Acceptance Message**

## **Pre-Application Signature and Consent**

- 1. To the best of my/our knowledge and belief, I/we certify that the foregoing information is true, complete and correct.
- 2. I/we certify that if selected to move into this property, the unit I/we occupy will be my/our only residence.
- 3. I/we understand that the above information is being collected to determine my/our eligibility for an apartment with rent below market rate.
- 4. I/we understand that adverse credit reports may disqualify my/our application for occupancy.
- 5. I/we understand that false statements or information are punishable under federal law.
- 6. I/we understand we must provide written notification of any changes to the information on this form, especially address changes.
- 7. I/we understand that this pre-application is solely to obtain a place on the waiting list for **Firehouse Square**. This pre-application does not guarantee the availability or act as an offer of housing.
- 8. I/we understand that the completion of a full application and participation in an eligibility interview that includes verification of the information provided must occur prior to an offer of housing.

**Date** 

3/18/2022

MidPen Housing Management Corp. and its affiliates comply with the Fair Housing Act, the Rehabilitation Act of 1973 and the Fair Housing Act Amendments of 1988 prohibiting discrimination based on face, color, national origin, disability, sex, religion, and familial status and Title VI of the Civil Rights Act of 1964 prohibiting discrimination on the basis of disability in any program or activity receiving federal financial assistance. We do not discriminate and do not deny or limit services, terms, conditions, privileges or facilities based on race, color, creed, religion, sex, sexual orientation, age, disability, medical condition, marital status, familial status, source of income, national origin or gender, in any and all aspects of applicant/resident relations, including without limitation, accepting and processing applications, selecting residents from eligible applicants on the waiting list, assigning units, certifying and re-certifying eligibility for assistance, granting accommodation, and terminating tenancies.

