

APPLICATION FOR HOUSING: Avance

Pre-Application Disclaimer

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.

Applicant Information

Please provide detailed Head of Household information.

Name

First

MI

Last

Preferred Contact Method

E-Mail, Postal Mail, No Address

Address

Address Line 1

City

State

Zip Code

If you are homeless, please provide a mailing address where you receive mail. If you do not have a mailing address, please select the appropriate contact method above.

Email

Contact Phone

Alternate Phone

Date of Birth

09/20/1990

Student Type

Full-Time, Part-Time or N/A

Last four digits of SSN/ITIN

Ethnicity

Hispanic, Non-Hispanic or Decline

Race

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

Other

Decline to Respond

Race Detail (Asian)

Asian India

Chinese

Filipino

Japanese

Korean

Vietnamese

Other Asian

Race Detail (Pacific Islander)

Native Hawaiian

Guamanian or Chamorro

Samoan

Other Pacific Islander

Currently Disabled

Yes, No or Decline

Applicant Acknowledgement:

I do not wish to furnish information regarding ethnicity, race or other household composition

Developmental Disability

Avance is a community designed specifically for people with Developmental Disabilities.

Do you or anyone in your household have a developmental disability?

Yes No Unknown

By selecting "Yes" that you meet the definition for Developmentally Disabled, you give permission to MidPen Housing to share your information with the Regional Center (or other agency) you have indicated for purposes of confirming your eligibility.

Are you or anyone in your household registered with the Regional Center of the East Bay, or another regional center that supports people with developmental disabilities?

Yes No Unknown

If "Yes", please indicate the name of your Regional Center.

Regional Center Name

Definition of Development Disability

A **Developmental Disability** is defined in California law as intellectual disability, cerebral palsy, epilepsy, and autism. Other substantially disabling conditions closely related to intellectual disability or which require treatment similar to the treatment required by persons with intellectual disability may be eligible for services. The onset of these conditions had to have been prior to age 18; continues or can be expected to continue indefinitely and constitutes a substantial handicap for the individual.

A Substantial Disability is a condition which results in major impairment of cognitive and/or social functioning, representing sufficient impairment to require interdisciplinary planning and coordination of special or generic services to assist the individual in achieving maximum potential; and

Must cause significant functional limitations, as determined by the regional center, in three or more of the following areas of major life activity, as appropriate to the person's age. Since an individual's cognitive and/or social functioning are many-faceted, the existence of a major impairment shall be determined through assessment(s) in the following areas of daily life activity:

- Receptive and expressive language
- Learning
- Self-care
- Mobility
- Self-direction
- Capacity for independent living
- Economic self-sufficiency

A Developmental Disability shall not include handicapping conditions that are:

- Solely psychiatric disorders where there is impaired intellectual or social functioning which originated as a result of the psychiatric disorder or treatment given for such a disorder. Such psychiatric disorders include psycho-social deprivation and/or psychosis, severe neurosis or personality disorders even where social and intellectual functioning has become seriously impaired as an integral manifestation of the disorder
- Solely learning disabilities. A learning disability is a condition which manifests as a significant discrepancy between estimated cognitive potential and actual level of educational performance, and which is not a result of generalized intellectual disability, educational or psycho-social deprivation, psychiatric disorder, or sensory loss
- Solely physical in nature. These conditions include congenital anomalies or conditions acquired through disease, accident, or faulty development which are not associated with a neurological impairment that results in a need for treatment similar to that required for intellectual disability. Some examples are polio, muscular dystrophy, and arthritis

Preferred Apartment Size

Although unit sizes will typically be based on occupancy, please provide your preferred unit size for determining your preference in this opportunity for establishing a waitlist (for this opportunity only).

Apartment Choice 1

Apartment Choice 2

Available choices for preferred apartment size are: **Studio** and **1 Bedroom**.

Household Information

Income and Assets

List total combined gross income received from all sources by all members of the household. Show amount on an annual (yearly) basis.

COMBINED HOUSEHOLD INCOME FOR ALL HOUSEHOLD MEMBERS

ALL SOURCES (Include all sources of employment (gross) except self-employment (net), Social Security, SSI, pensions, interest and dividends, disability, unemployment, gift income, alimony and child support on an annual (yearly) basis).

Annual Amount

COMBINED HOUSEHOLD ASSETS FOR ALL HOUSEHOLD MEMBERS

ALL SOURCES (Include NET liquid assets such as Checking and Savings account balances, Life Insurance value, 401K, Real Estate Equity, Stocks, Bonds, Mutual Funds, etc.).

Value or Balance

Occupancy Information

Please see Resident Selection Criteria for Occupancy Standards (Exhibit A).

Do you anticipate any household changes in the next 12 months?

Yes No

Anticipated changes may not qualify at move-in.

Change Type

Addition Reduction

By how many

Please enter additional household members below. Please do not include head of the household listed above. Two (2) additional household members maximum are allowed for this property.

Additional Household Member 1

Name

First

Last

Date of Birth

Relation to Head of Household

Spouse, Child or Other

Student Type

Full-Time, Part-Time or N/A

Last four digits of SSN/ITIN

Ethnicity

Hispanic, Non-Hispanic or Decline

Race

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Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

Other

Decline to Respond

Race Detail (Asian)

Asian India

Chinese

Filipino

Japanese

Korean

Vietnamese

Other Asian

Race Detail (Pacific Islander)

Native Hawaiian

Guamanian or Chamorro

Samoan

Other Pacific Islander

Currently Disabled

Yes, No or Decline

Applicant Acknowledgement:

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Additional Household Member 2

Name

First

Last

Date of Birth

Relation to Head of Household

Spouse, Child or Other

Student Type

Full-Time, Part-Time or N/A

Last four digits of SSN/ITIN

Ethnicity

Hispanic, Non-Hispanic or Decline

Currently Disabled

Yes, No or Decline

Applicant Acknowledgement:

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Native Hawaiian

Guamanian or Chamorro

Samoan

Other Pacific Islander

Community Resident Selection Preferences

This community participates in programs requiring residency preferences. Preference eligibility will be verified prior to housing being offered.

City of Livermore Preferences

Do you or any adult member of your household currently live or work in the City of Livermore?

Yes No

Do you or any member of your household currently live or work in the Tri-Valley area (Dublin, Pleasanton, Livermore)

Yes No

Do you or any adult member of your household currently live or work in the County of Alameda?

Yes No

Livermore Housing Authority Preferences

Some housing units for lease in this application process have rental subsidies provided by the Livermore Housing Authority. With that subsidy, tenant households pay 30% of their income as rent. These tenants are required to verify their income annually with the property manager as well as the Livermore Housing Authority.

Do you and your household wish to be placed on the waitlist for an LHA Project Based Section 8 unit?

Yes No

Households do not need a Section 8 Voucher to apply.

If you would like to also apply for Livermore Housing Authority Project-Based Voucher Units please select your preference options below.

- Terminated due to insufficient program funding
- Withdrawn Voucher due to insufficient program funding
- Existing Participant Emergency Transfer Preference
- Homeless
- Displaced Family Preference
- Residency Preference
- Working Preference (at least 20 hrs/week)
- Veteran's Preference
- None

Please select all that apply. Select "None" if no preferences apply to you or your household.

Other

Does any member of your household require a unit accessible to those living with specific disabilities?

Yes No

Please check all that apply

Mobility Vision Hearing

Does any household member require a live-in attendant?

Yes No

Limited English Proficiency

Please select all that apply.

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

Signature of Head of Household (Applicant)

Date

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 race, 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.

