Pre-Application for Housing: Bienestar Plaza

Disclaimer: Only **ONE** pre-application can be submitted per household and/or applicant. Members in one household cannot submit separate individual applications. Duplicate applications will not be accepted. This pre-application is used exclusively to establish a waiting list for this property (**Bienestar Plaza**) and is not considered a full or final application. Fill in all required fields (indicated by a red ^{1*}). Incomplete applications will not be processed.

Household Member Information

The First Household member is always the Head of Household (HoH). Select the **"Add Household Member"** button for each additional household member.

Household Member 1 Relation to Head of Household * Name * Head of Household Spouse, Child, Other First MI Last Email * Contact Phone # * Alternate Phone # Preferred Contact Method * Phone, E-Mail, Postal Mail Address * 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 below. Ethnicity **Disability Status** Date of Birth * SSN/ITIN * Hispanic, Non-Hispanic Disabled, Not Disabled Race * **Asian Detail** Pacific Islander Detail □ American Indian or Alaska Native □ Asian India □ Native Hawaiian □ Asian □ Chinese □ Guamanian or Chamorro □ Black or African American □ Samoan □ Filipino □ Native Hawaiian or Other Pacific □ Other Pacific Islander □ Japanese Islander □ Korean □ White □ Vietnamese □ Other Other Asian Applicant Decline Acknowledgement □ I do not wish to furnish information regarding ethnicity, race, disability or other household composition. Primary Language * Secondary Language

| Household Member 2 | | | | | | | |
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| Name * | | | | Relation to | Head | of Household * | |
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| First | MI Last | | | Spouse, Child, Other | | | |
| Ethnicity | Disability Stat | | Date of Birth * | | | SSN/ITIN * | |
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| Hispanic, Non-Hispanic | Disabled, | Not Disabled | | | | | |
| Race * □ American Indian or Alaska | Native | Asian Detail □ Asian India | | - | | s lander Detail Hawaiian | |
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| Black or African American | | 🗆 Filipino | | | Samo | an | |
| □ Native Hawaiian or Other F | Pacific | □ Japanese | | | Other | Pacific Islander | |
| Islander | | □ Korean | | | | | |
| □ White | | □ Vietnamese | | | | | |
| □ Other | | Other Asian | | | | | |
| I do not wish to furnish info Primary Language * | | | | ary Languag | | | |
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| Household Member 3 | | | | | | | |
| Household Member 3 Name * | | | | Relation to | Head | of Household * | |
| | | | | Relation to | Head | of Household * | |
| | MI L | _ast | | Relation to Spouse, Child | | of Household * | |
| Name * | | _ast xy Status | Date of | Spouse, Child | | of Household * SSN/ITIN * | |
| Name * | | | Date of | Spouse, Child | | | |
| Name * First Ethnicity | Disabilit | | Date of | Spouse, Child | | | |
| Name * First Ethnicity | Disabilit Disabled, | y Status | Date of | Spouse, Child Birth * Pa | , Other | | |
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| Household Member 4 | L. | | | | |
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| First | MI I | Last | | Spouse, Child, C | lther |
| Ethnicity | Disabilit | ty Status | Date of B | irth * | SSN/ITIN * |
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| Hispanic, Non-Hispanic | Disabled, | Not Disabled | | | |
| Race * American Indian or Alaska | a Native | Asian Detail □ Asian India | | | fic Islander Detail ative Hawaiian |
| □ Asian | | □ Chinese | | 🗆 Gi | uamanian or Chamorro |
| Black or African Americar | ı | 🗆 Filipino | | 🗆 Sa | amoan |
| □ Native Hawaiian or Other | Pacific | □ Japanese | | | her Pacific Islander |
| | | □ Korean | | | |
| □ White | | □ Vietnamese | | | |
| □ Other | | □ Other Asian | | | |
| Applicant Decline Acknow □ I do not wish to furnish inf | | | - | - | household composition. |
| Primary Language * | | | Seconda | ry Language | |
| Primary Language * Household Member 5 Name * | ; | | | | ead of Household * |
| Household Member 5 | | Last | | | |
| Household Member 5 Name * | MI I | | | Relation to He | Other |
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| Household Member 5 Name * | MI I Disabilit | | | Relation to He | Other |
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| Household Member 6 | | | | | | |
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| Name * | | | Re | lation to Head | l of Household * | |
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| First | MI I | Last | Spo | ouse, Child, Othe | r | |
| Ethnicity | Disability Stat | | Date of Birth * | | SSN/ITIN * | |
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| Hispanic, Non-Hispanic | Disabled, | Not Disabled | | | | |
| Race * □ American Indian or Alaska | a Native | Asian Detail □ Asian India | | | Islander Detail e Hawaiian | |
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| Black or African American | ı | 🗆 Filipino | | □ Samo | ban | |
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| Islander | | □ Korean | | | | |
| □ White | | □ Vietnamese | | | | |
| □ Other | | □ Other Asian | | | | |
| Applicant Decline Acknow □ I do not wish to furnish inf | | | /, race, disabil | ity or other hou | usehold composition. | |
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| Primary Language * | | | Secondary | Language | | |
| Primary Language * | | | Secondary | Language | | |
| | , | | Secondary | Language | | |
| Household Member 7 | | | | | l of Household * | |
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| Household Member 7 Name * First Ethnicity Hispanic, Non-Hispanic Race * American Indian or Alaska Asian Black or African American Native Hawaiian or Other Islander White | MI Disabilit Disabled, a Native | ty Status Not Disabled Asian Detail Asian India Chinese Filipino Japanese Korean Vietnamese | Re | lation to Head ouse, Child, Othe h * Pacific □ Nativ □ Guan □ Samo | r SSN/ITIN * Islander Detail e Hawaiian nanian or Chamorro ban | |
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| Name * | | Γ | | Relation to | Head | of Household * |
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| First | MI | Last | | Spouse, Child | l, Other | |
| Ethnicity | Disabili | ity Status | Date of I | • | | SSN/ITIN * |
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| Hispanic, Non-Hispanic | Disabled | , Not Disabled | | | | |
| Race * ⊐ American Indian or Alas | ka Native | Asian Detail □ Asian India | | - | | s lander Detail Hawaiian |
| □ Asian | | □ Chinese | | | Guama | anian or Chamorro |
| Black or African America | an | 🗆 Filipino | | | Samoa | an |
| | | □ Japanese | | | Other I | Pacific Islander |
| Islander | | □ Korean | | | | |
| □ White | | Vietnamese | | | | |
| □ Other | | □ Other Asian | | | | |
| Applicant Decline Ackno □ I do not wish to furnish in Primary Language * | | | - | ability or oth Iry Langua g | | ehold composition |

Preferred Apartment Size

Apartment Choice 1 *

Apartment Choice 2

Apartment Choice 3

Available choices for Preferred Apartment Size are: **1 Bedroom, 2 Bedroom, 3 Bedroom**

Household Information

Do you anticipate any household changes in the next 12 months? * O Yes O No By how many?

Anticipated changes may not qualify at move-in.

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 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 |

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? * \odot Yes $\ \odot$ No

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

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

Are you or a family member a US Military veteran? * \odot Yes \odot No

Have you or any adult member of your household been displaced due to a City/County-sponsored or City/County-assisted development project within one year prior to the date of this application? * \odot Yes \odot No

Have you or any household members been or will be displaced by an activity of the Successor Agency or County? *

O Yes O No

Do you or any member of your household currently live Live Oak District? * \odot Yes \odot No

Do you or any member of your household currently work Live Oak District? * \odot Yes \odot No

Do you or any member of your household currently live AND work Live Oak District? * \odot Yes \odot No

Do you or any member of your household currently live in the County of Santa Cruz? * \odot Yes \odot No

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 **Bienestar Plaza**. 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 * Date 4/17/2023

Fair Housing Statement

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.

