## Pre-Application for Housing: Dent Commons

**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 **(Dent Commons)** and is not considered a full or final application. Fill in all required fields (indicated by a red <sup>1\*</sup>). 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 **Asian Detail** Pacific Islander Detail Race \* □ 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							
Name *				Relation to	Head	of Household *	
First	MI Last			Spouse, Child, Other			
Ethnicity	Disabilit	y Status	Date of	Birth *		SSN/ITIN *	
Hispanic, Non-Hispanic	Disabled,	Not Disabled					
<b>Race *</b> □ American Indian or Alaska	Native	<b>Asian Detail</b> □ Asian India		-		s <b>lander Detail</b> Hawaiian	
□ Asian		□ Chinese			Guam	anian or Chamorro	
Black or African American		🗆 Filipino			Samo	an	
□ Native Hawaiian or Other F	Pacific	□ Japanese	□ Other Pacific Islander				
Islander		□ Korean					
□ White		□ Vietnamese					
□ Other		Other Asian					
<ul> <li>I do not wish to furnish info</li> <li>Primary Language *</li> </ul>				ary Languag			
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 <b>xy Status</b>	Date of	Spouse, Child		of Household * SSN/ITIN *	
Name *			Date of	Spouse, Child			
Name * First Ethnicity	Disabilit		Date of	Spouse, Child			
Name * First Ethnicity	<b>Disabilit</b> Disabled,	y Status	Date of	Spouse, Child Birth * Pa	, Other		
Name * First Ethnicity Hispanic, Non-Hispanic	<b>Disabilit</b> Disabled,	y Status Not Disabled Asian Detail	Date of	Spouse, Child Birth * Pa	, Other	SSN/ITIN *	
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Name * First Ethnicity Hispanic, Non-Hispanic Race * American Indian or Alaska Asian	Disabilit Disabled, Native	Asian Detail Asian India Chinese Filipino Japanese	Date of	Spouse, Child Birth * Pa □ □	, Other cific I: Native Guam Samo:	SSN/ITIN * slander Detail Hawaiian anian or Chamorro	
Name * First Ethnicity Hispanic, Non-Hispanic Race * American Indian or Alaska Asian Black or African American Native Hawaiian or Other F	Disabilit Disabled, Native	Asian Detail Asian India Chinese Filipino Japanese Korean	Date of	Spouse, Child Birth * Pa □ □	, Other cific I: Native Guam Samo:	SSN/ITIN * slander Detail Hawaiian anian or Chamorro an	
Name * First Ethnicity Hispanic, Non-Hispanic Race * American Indian or Alaska Asian Black or African American Native Hawaiian or Other F Islander	Disabilit Disabled, Native	Asian Detail Asian India Chinese Filipino Japanese Korean Vietnamese	Date of	Spouse, Child Birth * Pa □ □	, Other cific I: Native Guam Samo:	SSN/ITIN * slander Detail Hawaiian anian or Chamorro an	
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Household Member 4							
Name *				Relation to H	lead of	Household *	
First	MI Last			Spouse, Child,	Other		
Ethnicity	Disability S	status	Date of E	Birth *	S	SN/ITIN *	
Hispanic, Non-Hispanic	Disabled, Not	Disabled					
<b>Race *</b> □ American Indian or Alaska		<b>sian Detail</b> Asian India				<b>ander Detail</b> Iawaiian	
□ Asian		Chinese			Guamar	ian or Chamor	0
Black or African American		Filipino			Samoan		
□ Native Hawaiian or Other F	Pacific 🛛	Japanese			Other Pa	acific Islander	
Islander		Korean					
□ White		Vietnamese					
□ Other		Other Asian					
Applicant Decline Acknowle I do not wish to furnish info Primary Language *		arding ethnicity	, race, disa	ability or other	r house	hold composition	on.
			Seconda	ry Language	•		
Household Member 5						Household *	
Household Member 5 Name *	MI Last				lead of	<sup>-</sup> Household *	
Household Member 5 Name * First				Relation to H	<b>lead of</b> Other		
Household Member 5 Name * First	MI Last Disability S			Relation to H	<b>lead of</b> Other	<sup>-</sup> Household * SN/ITIN *	
Household Member 5 Name * First Ethnicity		itatus		Relation to H	<b>lead of</b> Other		
Household Member 5 Name * First Ethnicity	Disability S Disabled, Not As	itatus		Relation to H Spouse, Child, Birth * Pac	lead of Other S		
Household Member 5 Name * First Ethnicity Hispanic, Non-Hispanic	Disability S Disabled, Not As Native	itatus Disabled		Relation to H Spouse, Child, Birth * Pac □ N	lead of Other S ific Isla	SN/ITIN * ander Detail	
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Household Member 5 Name * First Ethnicity Hispanic, Non-Hispanic Race * American Indian or Alaska Asian Black or African American Native Hawaiian or Other F	Disability S Disabled, Not Native Disabled	Disabled <b>Sian Detail</b> Asian India Chinese Filipino Japanese Korean		Relation to H Spouse, Child, Birth * Pac D N D G D S	Head of Other S Sific Isla Native H Suamar Samoan	SN/ITIN * ander Detail lawaiian iian or Chamor	О
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Household Member	6						
Name *				Relation to	Head	of Household *	
First	MI Last			Spouse, Child, Other			
Ethnicity	hnicity Disabilit		Date of	Birth *		SSN/ITIN *	
Hispanic, Non-Hispanic	Disabled,	Not Disabled					
<b>Race *</b> □ American Indian or Alas	ka Native	<b>Asian Detail</b> □ Asian India				<b>slander Detail</b> e Hawaiian	
□ Asian		□ Chinese			l Guam	anian or Chamorro	
Black or African America	an	🗆 Filipino			l Samo	an	
	□ Native Hawaiian or Other Pacific				l Other	Pacific Islander	
Islander		□ Korean					
□ White		□ Vietnamese					
□ Other		□ Other Asian					
Applicant Decline Acknow I do not wish to furnish in Primary Language *			-	ability or oth ary Langua		sehold composition.	
Household Member Name *	7			Relation to	) Head	of Household *	
Name *							
		Last		Relation to Spouse, Child			
Name *	MI	Last <b>ty Status</b>	Date of	Spouse, Child			
Name *	MI Disabili		Date of	Spouse, Child			
Name * First Ethnicity	MI <b>Disabili</b> Disabled,	ty Status	Date of	Spouse, Child Birth *	d, Other		
Name * First Ethnicity Hispanic, Non-Hispanic Race *	MI <b>Disabili</b> Disabled,	ty Status Not Disabled Asian Detail	Date of	Spouse, Child Birth * Pa	d, Other acific I	SSN/ITIN *	
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Name * First Ethnicity Hispanic, Non-Hispanic Race * American Indian or Alast Asian Black or African America Native Hawaiian or Othe	MI <b>Disabili</b> Disabled, ka Native	ty Status Not Disabled Asian Detail Asian India Chinese Filipino Japanese Korean	Date of	Spouse, Child Birth * Pa	d, Other acific I I Native I Guarr I Samo	SSN/ITIN * slander Detail e Hawaiian hanian or Chamorro an	
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# **Preferred Apartment Size**

Apartment Choice 1 \*

Apartment Choice 2

**Apartment Choice 3** 

Available choices for Preferred Apartment Size are: SRO, 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	<b>ALL SOURCES (</b> 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	<b>ALL SOURCES (</b> 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

# **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 **Dent Commons**. 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 \*Date9/25/2023

# **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.

