## Pre-Application for Housing: Donner Lofts

**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 **(Donner Lofts)** and is not considered a full or final application. Fill in all required fields (indicated by a red '\*'). 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.

Name *		Head of Household *		
	Head of		lousehold	
First MI	Last	Spouse, Child, Other		
Email * C	ontact Phone # *	Alternate Phone #	Preferred Contact Method	
			Phone, E-Mail, Postal Mail	
Address *				
City	State	Zip	Code	
If you are homeless, please provide a	a mailing address wh	ere you receive mail. If y	ou do not have a mailing	
address, please select the appropriat	te contact method be	low.		
Ethnicity Disah	ility Status	Date of Rirth *	SSN/ITIN *	
Ethnicity Disab	ility Status	Date of Birth *	SSN/ITIN *	
	ility Status	Date of Birth *	SSN/ITIN *	
Hispanic, Non-Hispanic Disable	ed, Not Disabled			
Hispanic, Non-Hispanic Disable	ed, Not Disabled  Asian Detail	Pa	SSN/ITIN *  acific Islander Detail Native Hawaiian	
Hispanic, Non-Hispanic Disable  Race * □ American Indian or Alaska Native	ed, Not Disabled  Asian Detail	Pa	cific Islander Detail	
Hispanic, Non-Hispanic Disable  Race * □ American Indian or Alaska Native □ Asian	Asian Detail e	Pa	i <b>cific Islander Detail</b> Native Hawaiian	
Hispanic, Non-Hispanic Disable  Race *  □ American Indian or Alaska Native  □ Asian  □ Black or African American  □ Native Hawaiian or Other Pacific	Asian Detail e	Pa	ncific Islander Detail Native Hawaiian Guamanian or Chamorro	
Hispanic, Non-Hispanic Disable  Race * □ American Indian or Alaska Native □ Asian □ Black or African American □ Native Hawaiian or Other Pacific	Asian Detail e	Pa	n <b>cific Islander Detail</b> Native Hawaiian Guamanian or Chamorro Samoan	
Hispanic, Non-Hispanic Disable  Race * □ American Indian or Alaska Native □ Asian □ Black or African American □ Native Hawaiian or Other Pacific	Asian Detail e	Pa	n <b>cific Islander Detail</b> Native Hawaiian Guamanian or Chamorro Samoan	
	Asian Detail e	Pa	n <b>cific Islander Detail</b> Native Hawaiian Guamanian or Chamorro Samoan	
Hispanic, Non-Hispanic Disable  Race * □ American Indian or Alaska Native □ Asian □ Black or African American □ Native Hawaiian or Other Pacific Islander □ White □ Other	Asian Detail e	Pa	n <b>cific Islander Detail</b> Native Hawaiian Guamanian or Chamorro Samoan	
Hispanic, Non-Hispanic Disable  Race * □ American Indian or Alaska Native □ Asian □ Black or African American □ Native Hawaiian or Other Pacific Islander □ White	Asian Detail e	Pa	ncific Islander Detail Native Hawaiian Guamanian or Chamorro Samoan Other Pacific Islander	
Hispanic, Non-Hispanic  Race * □ American Indian or Alaska Native □ Asian □ Black or African American □ Native Hawaiian or Other Pacific Islander □ White □ Other  Applicant Decline Acknowledgen	Asian Detail e	Pa	ncific Islander Detail Native Hawaiian Guamanian or Chamorro Samoan Other Pacific Islander er household composition.	

First	MI	Last	Spouse	, Child, Other	
Ethnicity	Disabil	ity Status	Date of Birth *	SSN/ITIN *	
Hispanic, Non-Hispanic	Disabled	, Not Disabled			
Race * □ American Indian or Ala	ska 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			
Applicant Decline Ackno ☐ I do not wish to furnish			ty, race, disability o	or other household composition	
Primary Language *		Secondary Lan	guage		

Available choices for Prefer			
Household Inforn	nation		
Do you anticipate any hoເ months? * ⊙ Yes ⊙ No	sehold changes in the next 12	By how many?	
Anticipated changes may not	qualify at move-in.		
annual (yearly) basis.	ne and Assets come received from all sources by all		
Household Incon List total combined gross incon	ne and Assets	es of employment et), Social Security, ds, disability,	usehold. Show amour Annual Amount *

# **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? \* O Yes O 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 Do you own a personal vehicle? \* 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 **Donner Lofts**. 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

### **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.

