Pre-Application for Housing: Via Del Mar

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 **(Via Del Mar)** 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 *				Relation to	Head of Household *	
				Head of Ho	pusehold	
First	MI Last			Spouse, Child, Other		
Email *	Coi	ntact Phone # *	Alterna	te Phone #	Preferred Contact Method *	
					Phone, E-Mail, Postal Mail	
Address *						
0.11						
City If you are homeless, please pro		State) Code	
address, please select the apprenticular than the apprenticular selection and the apprenticular selections are selections and the apprenticular selections and the ap	·			-		
Lumony	JISADIII	ty Status	Date of	Birth *	SSN/ITIN *	
		Not Disabled	Date of	Birth *	SSN/ITIN *	
Hispanic, Non-Hispanic D	Disabled,		Date of	Pa	SSN/ITIN * acific Islander Detail Native Hawaiian	
Hispanic, Non-Hispanic D Race * □ American Indian or Alaska I	Disabled,	Not Disabled Asian Detail	Date of	P a □	acific Islander Detail	
Hispanic, Non-Hispanic D Race * □ American Indian or Alaska I □ Asian	Disabled,	Not Disabled Asian Detail Asian India	Date of	Pa □	acific Islander Detail Native Hawaiian	
Hispanic, Non-Hispanic D Race * □ American Indian or Alaska I □ Asian □ Black or African American	Disabled,	Not Disabled Asian Detail Asian India Chinese	Date of	P a	acific Islander Detail Native Hawaiian Guamanian or Chamorro	
Hispanic, Non-Hispanic □ Race * □ American Indian or Alaska I □ Asian □ Black or African American □ Native Hawaiian or Other P	Disabled,	Not Disabled Asian Detail Asian India Chinese Filipino	Date of	P a	acific Islander Detail Native Hawaiian Guamanian or Chamorro Samoan	
Hispanic, Non-Hispanic □ Race * □ American Indian or Alaska I □ Asian □ Black or African American □ Native Hawaiian or Other P Islander	Disabled,	Not Disabled Asian Detail ☐ Asian India ☐ Chinese ☐ Filipino ☐ Japanese	Date of	P a	acific Islander Detail Native Hawaiian Guamanian or Chamorro Samoan	
Hispanic, Non-Hispanic Race * American Indian or Alaska I Asian Black or African American Native Hawaiian or Other P Islander White	Disabled,	Not Disabled Asian Detail Asian India Chinese Filipino Japanese Korean	Date of	P a	acific Islander Detail Native Hawaiian Guamanian or Chamorro Samoan	
Hispanic, Non-Hispanic Race * American Indian or Alaska I Asian Black or African American Native Hawaiian or Other P Islander White Other	Disabled, Native Pacific	Not Disabled Asian Detail Asian India Chinese Filipino Japanese Korean Vietnamese Other Asian		Pa	Acific Islander Detail Native Hawaiian Guamanian or Chamorro Samoan Other Pacific Islander	
Hispanic, Non-Hispanic Race * American Indian or Alaska I Asian Black or African American Native Hawaiian or Other P Islander White Other Applicant Decline Acknowle	Disabled, Native Pacific	Not Disabled Asian Detail Asian India Chinese Filipino Japanese Korean Vietnamese Other Asian	y, race, dis	Pa	Acific Islander Detail Native Hawaiian Guamanian or Chamorro Samoan Other Pacific Islander er household composition.	

Name *			Relati	on to Head	of Household *
ivanic			Kolati	on to ricad	or riouscrioiu
First	MI Last		Spouse	e, Child, Othe	r
Ethnicity	Disability S	tatus	Date of Birth *		SSN/ITIN *
Hispanic, Non-Hispanic	Disabled, Not	Disabled			
Race * □ American Indian or Alas	_	s ian Detail Asian India			Islander Detail e Hawaiian
□ Asian		Chinese		□ Guan	nanian or Chamorro
☐ Black or African America	an 🗆	Filipino		□ Samo	oan
☐ Native Hawaiian or Othe	er Pacific 🛚	Japanese		☐ Other	Pacific Islander
Islander —		Korean			
□ White		Vietnamese			
□ Other		Other Asian			
Primary Language *					
Timury Language			Secondary Lar	nguage	
Household Member	3		Secondary Lar	nguage	
	3		_		of Household *
Household Member			Relati	on to Head	
Household Member	3 MI Last		Relati		
Household Member		itatus	Relati	on to Head	
Household Member Name *	MI Last		Relati	on to Head	r
Household Member Name * First Ethnicity	MI Last Disability S Disabled, Not		Relati	on to Head	r
Household Member Name * First Ethnicity Hispanic, Non-Hispanic Race *	MI Last Disability S Disabled, Not As ka Native	Disabled	Relati	on to Head e, Child, Other Pacific □ Native	SSN/ITIN *
Household Member Name * First Ethnicity Hispanic, Non-Hispanic Race *	MI Last Disability S Disabled, Not As ka Native	Disabled sian Detail Asian India	Relati	on to Head e, Child, Other Pacific □ Native	SSN/ITIN * Islander Detail e Hawaiian nanian or Chamorro
Household Member Name * First Ethnicity Hispanic, Non-Hispanic Race *	Disability S Disabled, Not As ka Native an er Pacific	Disabled sian Detail Asian India Chinese Filipino Japanese	Relati	Pacific Ruan	SSN/ITIN * Islander Detail e Hawaiian nanian or Chamorro
Household Member Name * First Ethnicity Hispanic, Non-Hispanic Race *	MI Last Disability S Disabled, Not As ka Native an er Pacific	Disabled sian Detail Asian India Chinese Filipino Japanese Korean	Relati	Pacific Ruan	SSN/ITIN * Islander Detail e Hawaiian nanian or Chamorro oan
Household Member Name * First Ethnicity Hispanic, Non-Hispanic Race * American Indian or Alasi Asian Black or African America Native Hawaiian or Other Islander	MI Last Disability S Disabled, Not As ka Native an er Pacific	Disabled Sian Detail Asian India Chinese Filipino Japanese Korean Vietnamese	Relati	Pacific Ruan	SSN/ITIN * Islander Detail e Hawaiian nanian or Chamorro oan
Household Member Name * First Ethnicity Hispanic, Non-Hispanic Race * American Indian or Alasi Asian Black or African America Native Hawaiian or Othe Islander White	MI Last Disability S Disabled, Not As ka Native an er Pacific an wledgement	Disabled sian Detail Asian India Chinese Filipino Japanese Korean Vietnamese Other Asian	Relati Spouse Date of Birth *	Pacific ☐ Native ☐ Guan ☐ Samo	SSN/ITIN * Islander Detail e Hawaiian nanian or Chamorro oan Pacific Islander

Name *		Relation to	Head of Household *
Hame		Relation to	Ticua di fiduscilola
First	MI Last	Spouse, Chile	d, Other
Ethnicity	Disability Status	Date of Birth *	SSN/ITIN *
Hispanic, Non-Hispanic	Disabled, Not Disabled		
Race * □ American Indian or Alas	Asian Detail ska Native ☐ Asian India		acific Islander Detail Native Hawaiian
□ Asian	☐ Chinese		Guamanian or Chamorro
☐ Black or African America	an □ Filipino		Samoan
☐ Native Hawaiian or Othe	er Pacific □ Japanese		Other Pacific Islander
Islander	□ Korean		
□ White	☐ Vietnames	se	
□ Other	☐ Other Asia	an	
Primary Language *		Secondary Longue	
_unguago		Secondary Langua	ge
Household Member	5		
	5		o Head of Household *
Household Member	5 MI Last	Relation to	Head of Household *
Household Member Name *	MI Last	Relation to	Head of Household *
Household Member		Relation to	Head of Household *
Household Member Name *	MI Last	Relation to	Head of Household *
Household Member Name * First Ethnicity	MI Last Disability Status Disabled, Not Disabled Asian Detail	Relation to Spouse, Chile Date of Birth *	Head of Household *
Household Member Name * First Ethnicity Hispanic, Non-Hispanic Race *	MI Last Disability Status Disabled, Not Disabled Asian Detail	Relation to Spouse, Chile Date of Birth *	o Head of Household * d, Other SSN/ITIN * acific Islander Detail
Household Member Name * First Ethnicity Hispanic, Non-Hispanic Race * American Indian or Alas	Disability Status Disabled, Not Disabled Asian Detail Eka Native	Relation to Spouse, Chile Date of Birth *	o Head of Household * d, Other SSN/ITIN * acific Islander Detail Native Hawaiian
Household Member Name * First Ethnicity Hispanic, Non-Hispanic Race * □ American Indian or Alas □ Asian	Disability Status Disabled, Not Disabled Asian Detail Asian India Chinese an □ Filipino er Pacific □ Japanese	Relation to Spouse, Chile Date of Birth *	o Head of Household * d, Other SSN/ITIN * acific Islander Detail Native Hawaiian Guamanian or Chamorro
Household Member Name * First Ethnicity Hispanic, Non-Hispanic Race *	Disability Status Disabled, Not Disabled Asian Detail Asian India Chinese an Filipino er Pacific Japanese Korean	Relation to Spouse, Chile Date of Birth *	o Head of Household * d, Other SSN/ITIN * acific Islander Detail Native Hawaiian Guamanian or Chamorro Samoan
Household Member Name * First Ethnicity Hispanic, Non-Hispanic Race * American Indian or Alas Asian Black or African America Native Hawaiian or Other Islander	Disability Status Disabled, Not Disabled Asian Detail Asian India Chinese an Filipino er Pacific Japanese Korean Vietnames	Relation to Spouse, Chile Date of Birth *	o Head of Household * d, Other SSN/ITIN * acific Islander Detail Native Hawaiian Guamanian or Chamorro Samoan
Household Member Name * First Ethnicity Hispanic, Non-Hispanic Race * American Indian or Alas Asian Black or African America Native Hawaiian or Other Islander White Other Applicant Decline Acknow	Disability Status Disabled, Not Disabled Asian Detail Asian Detail Chinese Filipino Fr Pacific Japanese Korean Vietnames Other Asian	Relation to Spouse, Chile Date of Birth *	Head of Household * d, Other SSN/ITIN * acific Islander Detail Native Hawaiian Guamanian or Chamorro Samoan Other Pacific Islander

Name *			Relati	on to Head	l of Household *
First	MI	Last	Spouse	e, Child, Othe	r
Ethnicity	Disabili	ty Status	Date of Birth *		SSN/ITIN *
Hispanic, Non-Hispanic	Disabled,	Not Disabled			
Race * ⊐ American Indian or Alask	ka Native	Asian Detail □ Asian India			Islander Detail e Hawaiian
⊐ Asian		☐ Chinese		□ Guan	nanian or Chamorro
□ Black or African America	n	☐ Filipino		☐ Samo	oan
☐ Native Hawaiian or Other	r Pacific	□ Japanese		☐ Othe	r Pacific Islander
slander		☐ Korean			
□ White		□ Vietnamese			
□ Other		□ Other Asian			
□ I do not wish to furnish in Primary Language *	normation	regarding ethnicit	Secondary Lai		isenoid composition
Llavo ala del Manakan "	•				
Household Member 7	7		Rolati	on to Hear	l of Household *
Household Member 7	7		Relati	on to Head	l of Household *
		Last		on to Head	
Name *	MI		Spouse		r
Name *	MI	Last ty Status			
Name *	MI Disabili		Spouse		r
Name * First Ethnicity	MI Disabili Disabled,	ty Status	Spouse	e, Child, Othe	r
Name * First Ethnicity Hispanic, Non-Hispanic Race *	MI Disabili Disabled,	ty Status Not Disabled Asian Detail	Spouse	e, Child, Othe Pacific □ Nativ	SSN/ITIN *
Name * First Ethnicity Hispanic, Non-Hispanic Race * □ American Indian or Alask	MI Disabili Disabled,	Not Disabled Asian Detail Asian India	Spouse	e, Child, Othe Pacific □ Nativ	r SSN/ITIN * Islander Detail e Hawaiian nanian or Chamorro
Name * First Ethnicity Hispanic, Non-Hispanic Race * □ American Indian or Alask □ Asian	MI Disabili Disabled, Ka Native	ty Status Not Disabled Asian Detail □ Asian India □ Chinese □ Filipino □ Japanese	Spouse	Pacific □ Nativ □ Guan □ Same	r SSN/ITIN * Islander Detail e Hawaiian nanian or Chamorro
Name * First Ethnicity Hispanic, Non-Hispanic Race * ☐ American Indian or Alask ☐ Asian ☐ Black or African America ☐ Native Hawaiian or Othel	MI Disabili Disabled, Ka Native	Not Disabled Asian Detail Asian India Chinese Filipino Japanese Korean	Spouse	Pacific □ Nativ □ Guan □ Same	r SSN/ITIN * Islander Detail e Hawaiian nanian or Chamorro
Name * First Ethnicity Hispanic, Non-Hispanic Race * American Indian or Alask Asian Black or African America Native Hawaiian or Other Islander	MI Disabili Disabled, Ka Native	ty Status Not Disabled Asian Detail Asian India Chinese Filipino Japanese Korean Vietnamese	Spouse	Pacific □ Nativ □ Guan □ Same	r SSN/ITIN * Islander Detail e Hawaiian nanian or Chamorro
Name * First Ethnicity Hispanic, Non-Hispanic Race * American Indian or Alask Asian Black or African America Native Hawaiian or Other Islander White	MI Disabili Disabled, Ka Native	Not Disabled Asian Detail Asian India Chinese Filipino Japanese Korean	Spouse	Pacific □ Nativ □ Guan □ Same	r SSN/ITIN * Islander Detail e Hawaiian nanian or Chamorro
Name * First Ethnicity Hispanic, Non-Hispanic Race * American Indian or Alask Asian Black or African America Native Hawaiian or Other Islander White	MI Disabili Disabled, A Native In r Pacific	ty Status Not Disabled Asian Detail Asian India Chinese Filipino Japanese Korean Vietnamese Other Asian	Spouse Date of Birth *	Pacific ☐ Nativ ☐ Guan ☐ Samo	r SSN/ITIN * Islander Detail e Hawaiian nanian or Chamorro pan r Pacific Islander

Apartment Choice 1 *	Apartment Choice 2	Apartn	nent Choice 3		
Available choices for Preferred Apartment Size are: 1 Bedroom, 2 Bedroom, 3 Bedroom					
Household Inforn	nation				
Do you anticipate any hou months? * O Yes O No Anticipated changes may not	sehold changes in the next 12 qualify at move-in.	By how many?			
List total combined gross inc	ne and Assets come received from all sources by a	ll members of the ho	usehold. Show amount or		
annual (yearly) basis.		es of employment et), Social Security, ids, disability,	usehold. Show amount or 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.	,
Oo you currently hold a Housing Choice Voucher? * ○ Yes ○ No	

accessible to those living with specific disabilities?

Does any member of your household require a unit

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

Does your Household meet the definition of a Farmworker (Agricultural) Family: a household consisting of at least one person who derives or prior to retirement or disability derived a substantail portion of his or her income from agricultural employment as defined in Section 1140.4 of the Labor Code? *

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 **Via Del Mar**. 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
	1/2/2024

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.

