

# Pre-Application for Housing: Moon Gate 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 (**Moon Gate Plaza**) 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.*

### Household Member 1

**Name \***

First

MI

Last

**Relation to Head of Household \***

Head of Household  
Spouse, Child, Other

**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**

Hispanic, Non-Hispanic

**Disability Status**

Disabled, Not Disabled

**Date of Birth \***

**SSN/ITIN \***

**Race \***

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Other

**Asian Detail**

- Asian India
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian

**Pacific Islander Detail**

- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander

**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 \*

First

MI

Last

Relation to Head of Household \*

Spouse, Child, Other

Ethnicity

Hispanic, Non-Hispanic

Disability Status

Disabled, Not Disabled

Date of Birth \*

SSN/ITIN \*

Race \*

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Other

Asian Detail

- Asian India
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian

Pacific Islander Detail

- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander

**Applicant Decline Acknowledgement**

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

Primary Language \*

Secondary Language

## Household Member 3

Name \*

First

MI

Last

Relation to Head of Household \*

Spouse, Child, Other

Ethnicity

Hispanic, Non-Hispanic

Disability Status

Disabled, Not Disabled

Date of Birth \*

SSN/ITIN \*

Race \*

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Other

Asian Detail

- Asian India
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian

Pacific Islander Detail

- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander

**Applicant Decline Acknowledgement**

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

Primary Language \*

Secondary Language

## Household Member 4

Name \*

First

MI

Last

Relation to Head of Household \*

Spouse, Child, Other

Ethnicity

Hispanic, Non-Hispanic

Disability Status

Disabled, Not Disabled

Date of Birth \*

SSN/ITIN \*

Race \*

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Other

Asian Detail

- Asian India
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian

Pacific Islander Detail

- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander

**Applicant Decline Acknowledgement**

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

Primary Language \*

Secondary Language

## Household Member 5

Name \*

First

MI

Last

Relation to Head of Household \*

Spouse, Child, Other

Ethnicity

Hispanic, Non-Hispanic

Disability Status

Disabled, Not Disabled

Date of Birth \*

SSN/ITIN \*

Race \*

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Other

Asian Detail

- Asian India
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian

Pacific Islander Detail

- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander

**Applicant Decline Acknowledgement**

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

Primary Language \*

Secondary Language

## Preferred Apartment Size

Apartment Choice 1 \*

Apartment Choice 2

Apartment Choice 3

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

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## Household Information

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

Yes  No

*Anticipated changes may not qualify at move-in.*

By how many?

## 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? \***

Yes  No

**Do you or any member of your household currently live AND work in the City of Salinas? \***

Yes  No

**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

**Are you a renter who has been displaced from the City of Salinas residence due to conversion to Condominiums or demolition? \***

Yes  No

**Has your household been displaced by the actions of the city of Salinas? \***

Yes  No

**Are you an artist and participate in the creative arts?**

**An Artist is defined as: A person who works in or is skilled in any of the fine arts, including but not limited to painting, drawing, sculpture, book art, print making, photography, textile or functional art. A performer, including but not limited to singers, musicians, dancers, actors and performance artists. \***

Yes  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 **Moon Gate 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

2/6/2024

## 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.

