Pre-Application for Housing: Paulson Park I

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 **(Paulson Park I)** 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	ousehold	
First	MI Last			Spouse, Child, Other		
Email *	Coi	ntact Phone # *	Alterna	te Phone #	Preferred Contact Method	
					Phone, E-Mail, Postal Mail	
Address *						
City		State		Zip	Code	
address, please select the appr		contact method bel				
Ethnicity	Disabili	ity Status	Date of	Birth *	SSN/ITIN *	
			Date of	Birth *	SSN/ITIN *	
Hispanic, Non-Hispanic		, Not Disabled	Date of			
Hispanic, Non-Hispanic E	Disabled,		Date of	Pa	SSN/ITIN * acific Islander Detail Native Hawaiian	
Hispanic, Non-Hispanic □ Race * □ American Indian or Alaska	Disabled,	, Not Disabled Asian Detail	Date of	Pa □	acific Islander Detail	
Hispanic, Non-Hispanic □ Race * □ American Indian or Alaska □ Asian	Disabled,	, Not Disabled Asian Detail □ Asian India	Date of	Pa □	acific Islander Detail Native Hawaiian	
Hispanic, Non-Hispanic Race * □ American Indian or Alaska □ Asian □ Black or African American □ Native Hawaiian or Other P	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 □ Asian □ Black or African American □ Native Hawaiian or Other P	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 □ Asian □ Black or African American □ Native Hawaiian or Other P	Disabled,	Asian Detail ☐ Asian India ☐ Chinese ☐ Filipino ☐ Japanese	Date of	P a	acific Islander Detail Native Hawaiian Guamanian or Chamorro Samoan	
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Name *			Relati	on to Head	of Household *
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First	MI Last		Spouse	e, Child, Othe	r
Ethnicity	Disability Status		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
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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

Apartment Choice 1 *			
Available choices for Prefer			
Household Inform	nation		
Do you anticipate any houmonths? * 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 in annual (yearly) basis.	come received from all sources by all r		
annual (yearly) basis.		of employment), Social Security, s, disability,	usehold. Show amoun 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.
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? * ○ Yes ○ No
Is the Head of Household, Spouse or co-head (if applicable) 62 years of age or older? * ○ Yes ○ No
Do you or any member of the Household live or work in the City of Mountain View? * ○ 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 **Paulson Park I**. 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.

