## Pre-Application for Housing: Hillsdale Townhouses

**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 **(Hillsdale Townhouses)** 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 *   |   | Polation to       | Head of Household *  |
|--|---|-------------------|--|
| Name *   |   | Head of Ho        |  |
| First MI   | Last  | Spouse, Child     |  |
| Email *  | Contact Phone # *                                     | Alternate Phone # | Preferred Contact Method   |
|  |   |                   |  |
|  |   |                   | Phone, E-Mail, Postal Mail   |
| Address *  |   |                   |  |
|  |   |                   |  |
|  |   |                   |  |
| City.  | State   | Zin               | Codo   |
| City   | State   | ·                 | Code   |
| If you are homeless, please provious address, please select the approp   |   |                   | ou de net nave a mannig  |
|  |   |                   |  |
| Ethnicity Dis  | sability Status                                       | Date of Birth *   | SSN/ITIN *   |
| Ethnicity Dis  | sability Status                                       | Date of Birth *   | SSN/ITIN *   |
|  | ability Status abled, Not Disabled                    | Date of Birth *   | SSN/ITIN *   |
| Hispanic, Non-Hispanic Disa  | abled, Not Disabled  Asian Detail                     | Pa                | SSN/ITIN *  Icific Islander Detail Native Hawaiian   |
| Hispanic, Non-Hispanic Disa  Race * □ American Indian or Alaska Na   | abled, Not Disabled  Asian Detail                     | Pa                | ncific Islander Detail   |
| Hispanic, Non-Hispanic Disa<br>Race *<br>□ American Indian or Alaska Na<br>□ Asian   | Asian Detail ative □ Asian India                      | Pa                | ncific Islander Detail<br>Native Hawaiian  |
| Hispanic, Non-Hispanic Disa  Race * □ American Indian or Alaska Na □ Asian □ Black or African American □ Native Hawaiian or Other Pac  | Asian Detail ative                                    | Pa                | ncific Islander Detail<br>Native Hawaiian<br>Guamanian or Chamorro   |
| Hispanic, Non-Hispanic Disa  Race * □ American Indian or Alaska Na □ Asian □ Black or African American □ Native Hawaiian or Other Pac  | Asian Detail ative ☐ Asian India ☐ Chinese ☐ Filipino | Pa                | ncific Islander Detail<br>Native Hawaiian<br>Guamanian or Chamorro<br>Samoan   |
| Hispanic, Non-Hispanic Disa  Race * □ American Indian or Alaska Na □ Asian □ Black or African American □ Native Hawaiian or Other Pace   | Asian Detail ative                                    | Pa                | ncific Islander Detail<br>Native Hawaiian<br>Guamanian or Chamorro<br>Samoan   |
| Hispanic, Non-Hispanic Disa  Race * □ American Indian or Alaska Na □ Asian □ Black or African American □ Native Hawaiian or Other Pace Islander □ White                                  | Asian Detail ative                                    | Pa                | ncific Islander Detail<br>Native Hawaiian<br>Guamanian or Chamorro<br>Samoan   |
| Hispanic, Non-Hispanic Disa  Race *  American Indian or Alaska Na  Asian  Black or African American  Native Hawaiian or Other Pace Islander  White  Other  Applicant Decline Acknowledge | Asian Detail ative                                    | Pa                | Acific Islander Detail Native Hawaiian Guamanian or Chamorro Samoan Other Pacific Islander                           |
|  | Asian Detail ative                                    | Pa                | ncific Islander Detail Native Hawaiian Guamanian or Chamorro Samoan Other Pacific Islander er household composition. |

| Name *  |  |  | Dolation                    | to Head of Household *  |
|---|--|--|-----------------------------|---|
| Name  |  |  | Relation                    | to nead of nouseffold   |
| First   | MI Last  |  | Spouse, Cl                  | nild, Other   |
| Ethnicity   | Disability St  | atus   | Date of Birth *             | SSN/ITIN *  |
|   |  |  |                             |   |
| Hispanic, Non-Hispanic  | Disabled, Not D  | Disabled   |                             |   |
| Race * □ American Indian or Alask   | _  | an Detail<br>Asian India   |                             | Pacific Islander Detail<br>☐ Native Hawaiian  |
| ☐ Asian   |  | Chinese  |                             | ☐ Guamanian or Chamorro   |
| ☐ Black or African America  | n □ F  | ilipino  |                             | □ Samoan  |
| ☐ Native Hawaiian or Other  | r Pacific □ J  | apanese  |                             | ☐ Other Pacific Islander  |
| Islander  | □k   | Corean   |                             |   |
| □ White   |  | /ietnamese   |                             |   |
| □ Other   |  | Other Asian  |                             |   |
| Applicant Decline Acknow  ☐ I do not wish to furnish in   |  | rding ethnicity  | v, race, disability or o    | ther household composition  |
| Primary Language *  |  |  | Secondary Langu             | age   |
|   |  |  |                             |   |
|   |  |  |                             |   |
| Household Member 3  | 3  |  |                             |   |
|   | 3  |  | Relation                    | to Head of Household *  |
| Name *  |  |  |                             |   |
| Name *  | MI Last  |  | Relation Spouse, Cl         |   |
| Name * First  |  | atus   |                             |   |
| Name * First  Ethnicity   | MI Last  |  | Spouse, Cl                  | nild, Other   |
| Name *  First  Ethnicity  Hispanic, Non-Hispanic  Race *  | MI Last  Disability St  Disabled, Not Disabled   |  | Spouse, Cl  Date of Birth * | nild, Other   |
| Name *  First  Ethnicity  Hispanic, Non-Hispanic  Race *  □ American Indian or Alask  | MI Last  Disability St  Disabled, Not D  Asi  Asi  Asi  Asi  A Native  | Disabled an Detail   | Spouse, Cl  Date of Birth * | SSN/ITIN *  Pacific Islander Detail  Native Hawaiian  |
| Name *  First  Ethnicity  Hispanic, Non-Hispanic  Race *  □ American Indian or Alask  □ Asian   | Disability St  Disabled, Not D  Asi  Ka Native   | oisabled  an Detail Asian India Chinese  | Spouse, Cl  Date of Birth * | SSN/ITIN * Pacific Islander Detail  |
| Name *  First  Ethnicity  Hispanic, Non-Hispanic  Race *  □ American Indian or Alask  □ Asian  □ Black or African American  □ Native Hawaiian or Other  | Disability St  Disabled, Not Disabled and Di | an Detail<br>Asian India<br>Chinese<br>Filipino<br>Apanese                             | Spouse, Cl  Date of Birth * | SSN/ITIN *  Pacific Islander Detail □ Native Hawaiian □ Guamanian or Chamorro                               |
| Name *  First  Ethnicity  Hispanic, Non-Hispanic  Race * □ American Indian or Alask □ Asian □ Black or African American □ Native Hawaiian or Other Islander   | Disability St Disabled, Not D  Asi Ka Native   | an Detail<br>Asian India<br>Chinese<br>Filipino<br>apanese                             | Spouse, Cl  Date of Birth * | SSN/ITIN *  Pacific Islander Detail  Native Hawaiian  Guamanian or Chamorro  Samoan                         |
| Name *  First  Ethnicity  Hispanic, Non-Hispanic  Race *  American Indian or Alask  Asian  Black or African American  Native Hawaiian or Other Islander  White  | Disability St  Disabled, Not D  Asi  Asi  A Native   | an Detail Asian India Chinese Filipino apanese Corean Vietnamese                       | Spouse, Cl  Date of Birth * | SSN/ITIN *  Pacific Islander Detail  Native Hawaiian  Guamanian or Chamorro  Samoan                         |
| Name *  First  Ethnicity  Hispanic, Non-Hispanic  Race *  American Indian or Alask  Asian  Black or African American  Native Hawaiian or Other Islander  White  | Disability St  Disabled, Not D  Asi  Asi  A Native   | an Detail<br>Asian India<br>Chinese<br>Filipino<br>apanese                             | Spouse, Cl  Date of Birth * | SSN/ITIN *  Pacific Islander Detail  Native Hawaiian  Guamanian or Chamorro  Samoan                         |
| Household Member 3 Name *  First  Ethnicity  Hispanic, Non-Hispanic  Race *  American Indian or Alask  Asian  Black or African American  Native Hawaiian or Other Islander  White  Other  Applicant Decline Acknow  I do not wish to furnish in | Disability St  Disabled, Not D  Asi  (a Native   | Disabled  an Detail Asian India Chinese Cilipino apanese Corean Vietnamese Other Asian | Spouse, Cl  Date of Birth * | SSN/ITIN *  Pacific Islander Detail  Native Hawaiian  Guamanian or Chamorro  Samoan  Other Pacific Islander |

| Household Member 4 Name *   |  |  | Dolotion t             | to Head of Household *  |
|---|--|--|------------------------|---|
| Ivaille   |  |  | Relation               | O Head of Household   |
| First   | MI I   | Last   | Spouse, Ch             | ild, Other  |
| Ethnicity   | Disabilit                                      | ty Status  | Date of Birth *        | SSN/ITIN *  |
|   | Diodom   | .y Giaias  |                        |   |
| Hispanic, Non-Hispanic  | Disabled,                                      | Not Disabled   |                        |   |
| <b>Race *</b><br>□ American Indian or Alasł   | ka Native                                      | <b>Asian Detail</b><br>□ Asian India   |                        | Pacific Islander Detail<br>□ 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   |  | □ Vietnamese   |                        |   |
| □ Other   |  | □ Other Asian  |                        |   |
|   |  |  |                        | ther household composition  |
| Primary Language *  |  |  | Secondary Langua       |   |
|   |  |  | occondary Langue       | age   |
|   |  |  | Occordary Langue       | 1ge   |
| Household Member  | 5  |  | Cocondary Earligat     | 1ge   |
|   | 5  |  |                        |   |
|   | 5  |  |                        | to Head of Household *  |
| Name *  |  | Last   |                        | to Head of Household *  |
| Name *  | MI I   | Last<br>ty Status  | Relation t             | to Head of Household *  |
| Name * First  | MI I   |  | Relation t             | to Head of Household *  |
| Household Member & Name * First Ethnicity Hispanic, Non-Hispanic  | MI I   |  | Relation t             | to Head of Household *  |
| Name *  First  Ethnicity  Hispanic, Non-Hispanic  Race *  | MI I  Disabilit  Disabled,                     | ty Status  | Relation to Spouse, Ch | to Head of Household *  |
| Name *  First  Ethnicity  Hispanic, Non-Hispanic  Race *  □ American Indian or Alask  | MI I  Disabilit  Disabled,                     | Not Disabled  Asian Detail   | Relation to Spouse, Ch | ild, Other  SSN/ITIN *  Pacific Islander Detail   |
| Name *  First  Ethnicity  Hispanic, Non-Hispanic  Race *  □ American Indian or Alask  | MI I  Disabilit  Disabled,                     | Not Disabled  Asian Detail  Asian India  | Relation to Spouse, Ch | ild, Other  SSN/ITIN *  Pacific Islander Detail  Native Hawaiian                                |
| Name *  First  Ethnicity  Hispanic, Non-Hispanic  Race *  □ American Indian or Alask  □ Asian  □ Black or African America  □ Native Hawaiian or Othe  | MI I  Disabilit  Disabled,  ka Native          | Not Disabled  Asian Detail  Asian India  Chinese  Filipino  Japanese                         | Relation to Spouse, Ch | ild, Other  SSN/ITIN *  Pacific Islander Detail  Native Hawaiian  Guamanian or Chamorro         |
| Name *  First  Ethnicity  Hispanic, Non-Hispanic  Race * □ American Indian or Alask □ Asian □ Black or African America □ Native Hawaiian or Othe Islander                                     | MI I  Disabilit  Disabled,  ka Native          | Asian Detail Asian India Chinese Filipino Japanese Korean                                    | Relation to Spouse, Ch | ild, Other  SSN/ITIN *  Pacific Islander Detail  Native Hawaiian  Guamanian or Chamorro  Samoan |
| Name * First Ethnicity  | MI I  Disabilit  Disabled,  ka Native          | Asian Detail Asian India Chinese Filipino Japanese Korean Vietnamese                         | Relation to Spouse, Ch | ild, Other  SSN/ITIN *  Pacific Islander Detail  Native Hawaiian  Guamanian or Chamorro  Samoan |
| Name *  First  Ethnicity  Hispanic, Non-Hispanic  Race *  American Indian or Alask  Asian  Black or African America  Native Hawaiian or Othe Islander  White                                  | MI I  Disabilit  Disabled,  ka Native          | Asian Detail Asian India Chinese Filipino Japanese Korean                                    | Relation to Spouse, Ch | ild, Other  SSN/ITIN *  Pacific Islander Detail  Native Hawaiian  Guamanian or Chamorro  Samoan |
| Name *  First  Ethnicity  Hispanic, Non-Hispanic  Race *  American Indian or Alask  Asian  Black or African America  Native Hawaiian or Othe Islander  White  Other  Applicant Decline Acknow | MI Disabilit Disabled, ka Native an er Pacific | Asian Detail Asian India Asian India Chinese Filipino Japanese Korean Vietnamese Other Asian | Relation to Spouse, Ch | ild, Other  SSN/ITIN *  Pacific Islander Detail  Native Hawaiian  Guamanian or Chamorro  Samoan |

| Name *   |   | Relation to                                | Head of Household *   |
|--|---|--|---|
|  |   |  |   |
| First I  | MI Last   | Spouse, Child                              | d, Other  |
| Ethnicity D  | Disability Status   | Date of Birth *                            | SSN/ITIN *  |
| Hispanic, Non-Hispanic D   | Disabled, Not Disabled  |  |   |
| Race * □ American Indian or Alaska I   | <b>Asian Detail</b><br>Native □ Asian India                     |  | acific Islander Detail<br>Native Hawaiian   |
| □ Asian  | ☐ Chinese   |  | Guamanian or Chamorro   |
| ☐ Black or African American  | ☐ Filipino  |  | Samoan  |
| □ Native Hawaiian or Other P<br>Islander   | acific □ Japanese<br>□ Korean                                   |  | Other Pacific Islander  |
| ☐ White  | ☐ Vietnamese  |  |   |
| □ Other  | ☐ Other Asian   |  |   |
| Applicant Decline Acknowle □ I do not wish to furnish infor  |   | v. race. disabilitv or oth                 | er household composition  |
| Primary Language *   | g   | Secondary Languaç                          | ·   |
|  |   |  |   |
| Timury Language  |   | July 11 July 1                             | ,   |
| Household Member 7   |   |  | , c   |
|  |   |  | Head of Household *   |
| Household Member 7   |   |  |   |
| Household Member 7 Name *  | MI Last   |  | Head of Household *   |
| Household Member 7 Name *  | MI Last<br>Disability Status                                    | Relation to                                | Head of Household *   |
| Household Member 7 Name *  First  Ethnicity  | Disability Status   | Relation to                                | Head of Household *   |
| Household Member 7 Name *  First  Ethnicity  Hispanic, Non-Hispanic  | Disability Status Disabled, Not Disabled                        | Relation to Spouse, Child                  | d, Other  SSN/ITIN *  |
| Household Member 7 Name *  First  Ethnicity  | Disability Status Disabled, Not Disabled  Asian Detail          | Relation to Spouse, Child Date of Birth *  | Head of Household *   |
| Household Member 7 Name * First  Ethnicity  Hispanic, Non-Hispanic   | Disability Status Disabled, Not Disabled  Asian Detail          | Relation to Spouse, Child  Date of Birth * | Head of Household * d, Other  SSN/ITIN * acific Islander Detail   |
| Household Member 7  Name *  First  Ethnicity  Hispanic, Non-Hispanic  Race *  American Indian or Alaska I  | Disability Status  Disabled, Not Disabled  Asian Detail  Native | Relation to Spouse, Child  Date of Birth * | Head of Household *  d, Other  SSN/ITIN *  acific Islander Detail Native Hawaiian   |
| Household Member 7  Name *  First  Ethnicity  Hispanic, Non-Hispanic  Race *  American Indian or Alaska I  | Disability Status  Disabled, Not Disabled  Asian Detail Native  | Relation to Spouse, Child  Date of Birth * | Head of Household *  d, Other  SSN/ITIN *  acific Islander Detail Native Hawaiian Guamanian or Chamorro                               |
| Household Member 7  Name *  First  Ethnicity  Hispanic, Non-Hispanic  Race *  American Indian or Alaska I  Asian  Black or African American  Native Hawaiian or Other P                | Disability Status  Disabled, Not Disabled  Asian Detail Native  | Relation to Spouse, Child  Date of Birth * | Head of Household *  d, Other  SSN/ITIN *  acific Islander Detail Native Hawaiian Guamanian or Chamorro Samoan                        |
| Household Member 7  Name *  First  Ethnicity  Hispanic, Non-Hispanic  Race *  American Indian or Alaska I  Asian  Black or African American  Native Hawaiian or Other P Islander       | Disability Status  Disabled, Not Disabled  Asian Detail Native  | Relation to Spouse, Child  Date of Birth * | Head of Household *  d, Other  SSN/ITIN *  acific Islander Detail Native Hawaiian Guamanian or Chamorro Samoan                        |
| Household Member 7  Name *  First  Ethnicity  Hispanic, Non-Hispanic  Race *  American Indian or Alaska I  Asian  Black or African American  Native Hawaiian or Other Plslander  White | Disability Status  Disabled, Not Disabled  Asian Detail Native  | Relation to Spouse, Child  Date of Birth * | Head of Household *  d, Other  SSN/ITIN *  acific Islander Detail Native Hawaiian Guamanian or Chamorro Samoan                        |
| Household Member 7  Name *  First  Ethnicity  Hispanic, Non-Hispanic  Race *  American Indian or Alaska I  Asian  Black or African American  Native Hawaiian or Other Plslander  White | Disability Status  Disabled, Not Disabled  Asian Detail Native  | Relation to Spouse, Child  Date of Birth * | Head of Household *  d, Other  SSN/ITIN *  acific Islander Detail Native Hawaiian Guamanian or Chamorro Samoan Other Pacific Islander |

| Apartment Choice 1 *   | Apartment Choice 2  |  |                 |
|--|---|--|-----------------|
| Available choices for Preferre   | ed Apartment Size are: <b>2 Bedroom</b>   | 3 Bedroom                                |                 |
| Household Inform   | nation  |  |                 |
| Do you anticipate any hous months? * O Yes O No Anticipated changes may not of | sehold changes in the next 12 qualify at move-in.   | By how many?                             |                 |
| annual (yearly) basis.   | ome received from all sources by al   |  |                 |
|  | ALL SOURCES (Include all source   |  | Annual Amount * |
| COMBINED HOUSEHOLD INCOME FOR ALL HOUSEHOLD MEMBERS                            | (gross) except self-employment (ne SSI, pensions, interest and dividen unemployment, gift income, alimon on an annual (yearly basis). | et), Social Security,<br>ds, disability, | 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? * ○ Yes ○ 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? * ○ Yes ○ No   |
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## **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 **Hillsdale Townhouses**. 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.

