Pre-Application for Housing: Main Street Village

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 (**Main Street Village**) 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 *	Relation to Head of Household *				Head of Household *
				Head of Ho	usehold
First	MI	Last		Spouse, Child	, Other
Email *	Co	ntact Phone # *	Alternat	te 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	Disabilit	y Status	Date of Birth *	SSN/ITIN *
Hispanic, Non-Hispanic	Disabled,	Not Disabled		
Race * □ American Indian or Alaska	a Native	Asian Detail □ Asian India		Pacific Islander Detail
□ Asian		□ Chinese		Guamanian or Chamorro
□ Black or African American		🗆 Filipino		□ Samoan
□ Native Hawaiian or Other	Pacific	□ Japanese		Other Pacific Islander
	Islander			
□ White □ Other		□ Vietnamese		
		□ Other Asian		
Applicant Decline Acknow □ I do not wish to furnish inf	•		, race, disability or	other household composition.
Primary Language *			Secondary Lang	uage

Household Member 2	2					
Name *				Relation to	o Head	of Household *
First	MI	_ast		Spouse, Chi	ld, Other	
Ethnicity	Disabili	ty Status	Date of	Birth *		SSN/ITIN *
Hispanic, Non-Hispanic	Disabled,	Not Disabled				
Race * □ American Indian or Alask	a Native	Asian Detail □ Asian India				slander Detail e Hawaiian
□ Asian		□ Chinese		C] Guam	anian or Chamorro
Black or African American	ı	🗆 Filipino		C] Samo	an
□ Native Hawaiian or Other	Pacific	□ Japanese		Ľ] Other	Pacific Islander
Islander		□ Korean				
□ White		□ Vietnamese				
□ Other		□ Other Asian				
Applicant Decline Acknow ☐ I do not wish to furnish int Primary Language *				ability or oth ary Langua		sehold composition.
Household Member 3 Name *	}			Relation to	o Head	of Household *
					o neau	or nousenoid
First	MI	_ast		Spouse, Chi	ld, Other	
Ethnicity	Disabili	ty Status	Date of	Rirth *		SSN/ITIN *
	Disabili	ly Status	Date of	Dirtii		
Hispanic, Non-Hispanic	Disabled,	Not Disabled				
Race * □ American Indian or Alask	a Native	Asian Detail □ Asian India				slander Detail Hawaiian
□ Asian		□ Chinese] Guam	anian or Chamorro
Black or African Americar	ı	🗆 Filipino	□ Samoan			an
□ Native Hawaiian or Other Pacific Islander		□ Japanese □ Korean		C] Other	Pacific Islander
□ White	/hite					
□ Other			9			
		□ Other Asian				
Applicant Decline Acknow			/, race, dis	ability or oth	ner hou	sehold composition.
☐ I do not wish to furnish in				•		sehold composition.
				sability or oth ary Langua		sehold composition.

Household Member 4					
Name *			Re	elation to Head	of Household *
First	MI	Last	Sp	ouse, Child, Othe	r
Ethnicity	Disabilit	ty Status	Date of Bir	th *	SSN/ITIN *
Hispanic, Non-Hispanic	Disabled,	Not Disabled			
Race * □ American Indian or Alaska	a Native	Asian Detail □ Asian India			Islander Detail e Hawaiian
□ Asian		□ Chinese		🗆 Guan	nanian or Chamorro
Black or African Americar	ı	🗆 Filipino		□ Samo	ban
□ Native Hawaiian or Other	Pacific	□ Japanese		□ Other	Pacific Islander
Islander		□ Korean			
□ White		□ Vietnamese			
□ Other		□ Other Asian			
Applicant Decline Acknow I do not wish to furnish inf Primary Language *			y, race, disabi Secondary	-	sehold composition.
Household Member 5					
Household Member 5 Name *			Re	elation to Head	of Household *
Name *					
		Last		elation to Head	
Name *	MI	Last ty Status		ouse, Child, Othe	
Name * First Ethnicity	MI I Disabilit	ty Status	Sp	ouse, Child, Othe	r
Name *	MI I Disabilit		Sp	ouse, Child, Othe	r
Name * First Ethnicity	MI I Disabilit Disabled,	ty Status	Sp	ouse, Child, Othe th * Pacific	r
Name * First Ethnicity Hispanic, Non-Hispanic Race *	MI I Disabilit Disabled,	ty Status Not Disabled Asian Detail	Sp	ouse, Child, Othe t h * Pacific □ Native	SSN/ITIN *
Name * First Ethnicity Hispanic, Non-Hispanic Race * American Indian or Alaska	MI Disabilit Disabled,	ty Status Not Disabled Asian Detail □ Asian India	Sp	ouse, Child, Othe t h * Pacific □ Native	SSN/ITIN *
Name * First Ethnicity Hispanic, Non-Hispanic Race * American Indian or Alaska	MI Disabilit Disabled, a Native	ty Status Not Disabled Asian Detail Asian India Chinese Filipino Japanese	Sp	ouse, Child, Othe t h * Pacific □ Native □ Guan □ Samo	SSN/ITIN *
Name * First Ethnicity Hispanic, Non-Hispanic Race * American Indian or Alaska Asian Black or African Americar Native Hawaiian or Other	MI Disabilit Disabled, a Native	ty Status Not Disabled Asian Detail Asian India Chinese Filipino Japanese Korean	Sp	ouse, Child, Othe t h * Pacific □ Native □ Guan □ Samo	SSN/ITIN *
Name * First Ethnicity Hispanic, Non-Hispanic Race * American Indian or Alaska Asian Black or African Americar Native Hawaiian or Other Islander	MI Disabilit Disabled, a Native	ty Status Not Disabled Asian Detail Asian India Chinese Filipino Japanese Korean Vietnamese	Sp	ouse, Child, Othe t h * Pacific □ Native □ Guan □ Samo	SSN/ITIN *
Name * First Ethnicity Hispanic, Non-Hispanic Race * American Indian or Alaska Asian Black or African Americar Native Hawaiian or Other Islander White	MI Disabilit Disabled, a Native	ty Status Not Disabled Asian Detail Asian India Chinese Filipino Japanese Korean	Sp	ouse, Child, Othe t h * Pacific □ Native □ Guan □ Samo	SSN/ITIN *
Name * First Ethnicity Hispanic, Non-Hispanic Race * American Indian or Alaska Asian Black or African Americar Native Hawaiian or Other Islander White	MI Disabilit Disabled, a Native Pacific	ty Status Not Disabled Asian Detail Asian India Chinese Filipino Japanese Korean Vietnamese Other Asian	Date of Bir	ouse, Child, Othe t h * Pacific □ Native □ Guan □ Samo □ Other	SSN/ITIN *
Name * First Ethnicity Hispanic, Non-Hispanic Race * American Indian or Alaska Asian Black or African Americar Native Hawaiian or Other Islander White Other Applicant Decline Acknow	MI Disabilit Disabled, a Native Pacific	ty Status Not Disabled Asian Detail Asian India Chinese Filipino Japanese Korean Vietnamese Other Asian	Date of Bir	ouse, Child, Othe th * Pacific □ Native □ Guan □ Samo □ Other	SSN/ITIN *

Household Member 6	i				
Name *			Relation	to Head of Household *	
First	MI Last		Spouse, Child, Other		
Ethnicity	Disabilit	ty Status	Date of Birth *	SSN/ITIN *	
Hispanic, Non-Hispanic	Disabled,	Not Disabled			
Race [★] □ American Indian or Alaska	a Native	Asian Detail □ Asian India		Pacific Islander Detail	
□ Asian		□ Chinese		Guamanian or Chamorro	
Black or African Americar	า	🗆 Filipino		□ Samoan	
□ Native Hawaiian or Other	Pacific	□ Japanese		Other Pacific Islander	
Islander		□ Korean			
□ White		□ Vietnamese			
□ Other		□ Other Asian			
			race, disability or o), race, disability or o Secondary Langu	other household composition.	
Primary Language *				laye	
Household Member 7	,			laye	
	,			to Head of Household *	
Household Member 7					
Household Member 7		Last	Relation		
Household Member 7 Name *	MI	Last ty Status	Relation	to Head of Household *	
Household Member 7 Name *	MI		Relation Spouse, C	to Head of Household *	
Household Member 7 Name *	MI I Disabilit		Relation Spouse, C	to Head of Household *	
Household Member 7 Name * First Ethnicity	MI I Disabilit Disabled,	ty Status	Relation Spouse, C	to Head of Household *	
Household Member 7 Name * First Ethnicity Hispanic, Non-Hispanic Race *	MI I Disabilit Disabled,	ty Status Not Disabled Asian Detail	Relation Spouse, C	to Head of Household * hild, Other SSN/ITIN * Pacific Islander Detail	
Household Member 7 Name * First Ethnicity Hispanic, Non-Hispanic Race *	MI Disabilit Disabled,	ty Status Not Disabled Asian Detail □ Asian India	Relation Spouse, C	to Head of Household * hild, Other SSN/ITIN * Pacific Islander Detail Native Hawaiian	
Household Member 7 Name * First Ethnicity Hispanic, Non-Hispanic Race * American Indian or Alaska	MI Disabilit Disabled, a Native	ty Status Not Disabled Asian Detail Asian India Chinese Filipino Japanese	Relation Spouse, C	to Head of Household * Child, Other SSN/ITIN * Pacific Islander Detail Native Hawaiian Guamanian or Chamorro	
Household Member 7 Name * First Ethnicity Hispanic, Non-Hispanic Race * American Indian or Alaska Asian Black or African Americar Native Hawaiian or Other	MI Disabilit Disabled, a Native	ty Status Not Disabled Asian Detail Asian India Chinese Filipino Japanese Korean	Relation Spouse, C	to Head of Household * hild, Other SSN/ITIN * Pacific Islander Detail Native Hawaiian Guamanian or Chamorro Samoan	
Household Member 7 Name * First Ethnicity Hispanic, Non-Hispanic Race * American Indian or Alaska Asian Black or African American Native Hawaiian or Other Islander	MI Disabilit Disabled, a Native	ty Status Not Disabled Asian Detail Asian India Chinese Filipino Japanese Korean Vietnamese	Relation Spouse, C	to Head of Household * hild, Other SSN/ITIN * Pacific Islander Detail Native Hawaiian Guamanian or Chamorro Samoan	
Household Member 7 Name * First Ethnicity Hispanic, Non-Hispanic Race * American Indian or Alaska Asian Black or African Americar Native Hawaiian or Other Islander White	MI Disabilit Disabled, a Native	ty Status Not Disabled Asian Detail Asian India Chinese Filipino Japanese Korean	Relation Spouse, C	to Head of Household * hild, Other SSN/ITIN * Pacific Islander Detail Native Hawaiian Guamanian or Chamorro Samoan	
Household Member 7 Name * First Ethnicity Hispanic, Non-Hispanic Race * American Indian or Alaska Asian Black or African Americar Native Hawaiian or Other Islander White Other Applicant Decline Acknow	MI Disabilit Disabled, a Native Pacific	ty Status Not Disabled Asian Detail Asian India Chinese Filipino Japanese Korean Vietnamese Other Asian	Relation Spouse, C Date of Birth *	to Head of Household * hild, Other SSN/ITIN * Pacific Islander Detail Native Hawaiian Guamanian or Chamorro Samoan	
Household Member 7 Name * First Ethnicity Hispanic, Non-Hispanic Race * American Indian or Alaska Asian Black or African Americar Native Hawaiian or Other Islander White Other Applicant Decline Acknow	MI Disabilit Disabled, a Native Pacific	ty Status Not Disabled Asian Detail Asian India Chinese Filipino Japanese Korean Vietnamese Other Asian	Relation Spouse, C Date of Birth *	to Head of Household * Thild, Other SSN/ITIN * Pacific Islander Detail Native Hawaiian Guamanian or Chamorro Samoan Other Pacific Islander other household composition.	

Preferred Apartment Size

Apartment Choice 1 *

Apartment Choice 2

Apartment Choice 3

Available choices for Preferred Apartment Size are: Studio, 1 Bedroom, 2 Bedroom, 3 Bedroom

Household Information

Do you anticipate any household changes in the next 12 months? * O Yes O No By how many?

Anticipated changes may not qualify at move-in.

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? * \odot Yes $\ \odot$ 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

Has your household been displaced by the City of Fremont? * O Yes O No

Do you or any member of your household currently live or work in the city of Fremont, or previously lived in the City of Fremont? * \odot Yes \odot 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 **Main Street Village**. 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 *

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.



Date