Pre-Application for Housing: 414 Petaluma

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 **(414 Petaluma)** 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		Household	
First MI	Last	Spouse, Child	ouse, Child, Other	
Email *	Contact Phone # *	Alternate Phone #	Preferred Contact Method	
A. 1.1			Phone, E-Mail, Postal Mail	
Address *				
City	State	Zip	Code	
If you are homeless, please provide	a mailing address wh	ere you receive mail. If yo	ou do not have a mailing	
address, please select the appropria	te contact method be	low.		
Ethnicity Disah	ility Status	Date of Rirth *	SSN/ITIN *	
Ethnicity Disab	oility Status	Date of Birth *	SSN/ITIN *	
	ed, Not Disabled	Date of Birth *	SSN/ITIN *	
Hispanic, Non-Hispanic Disable	ed, Not Disabled			
Hispanic, Non-Hispanic Disable Race *	ed, Not Disabled Asian Detail	Pa	SSN/ITIN * acific Islander Detail Native Hawaiian	
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	Asian Detail Asian India Chinese Filipino Japanese Korean Vietnamese Other Asian	Pa	ncific Islander Detail Native Hawaiian Guamanian or Chamorro Samoan Other Pacific Islander er household composition.	

Name *			Relation	on to Head	of Household *
First	MI	Last	Spouse	, Child, Other	
Ethnicity	Disabili	ty Status	Date of Birth *		SSN/ITIN *
Hispanic, Non-Hispanic	Disabled,	Not Disabled			
Race * □ American Indian or Alas	ska Native	Asian Detail □ Asian India			slander Detail Hawaiian
□ Asian		☐ Chinese		□ Guam	anian or Chamorro
☐ Black or African America	an	☐ Filipino		□ Samo	an
☐ Native Hawaiian or Othe	er Pacific	□ Japanese		□ Other	Pacific Islander
Islander		□ Korean			
☐ White		□ Vietnamese			
□ Other		□ Other Asian			
Applicant Decline Ackno ☐ I do not wish to furnish i Primary Language *			y, race, disability c		sehold composition
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Household Member	3				
Household Member Name *		Last			of Household *
Name * First	MI		Spouse	, Child, Other	
Name *	MI	Last ty Status		, Child, Other	
Name * First	MI Disabili		Spouse	, Child, Other	
Name * First Ethnicity	MI Disabilit Disabled,	ty Status	Spouse	, Child, Other	
Name * First Ethnicity Hispanic, Non-Hispanic Race *	MI Disabilit Disabled,	ty Status Not Disabled Asian Detail	Spouse	, Child, Other Pacific I Native	SSN/ITIN * slander Detail
Name * First Ethnicity Hispanic, Non-Hispanic Race * □ American Indian or Alas	MI Disabilit Disabled,	Not Disabled Asian Detail Asian India	Spouse	, Child, Other Pacific I Native	SSN/ITIN * slander Detail e Hawaiian anian or Chamorro
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Name * First Ethnicity Hispanic, Non-Hispanic Race * □ American Indian or Alas □ Asian □ Black or African American □ Native Hawaiian or Other	MI Disabili Disabled, ska Native	Not Disabled Asian Detail Asian India Chinese Filipino Japanese Korean	Spouse	Pacific I □ Native □ Guam □ Samo	SSN/ITIN * slander Detail Hawaiian hanian or Chamorro
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	Relation to	Head of Household *
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MI Last	Spouse, Child	I, Other
Disability Status	Date of Birth *	SSN/ITIN *
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Asian Detail Native □ Asian India	_	ncific Islander Detail Native Hawaiian
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acific □ Japanese		Other Pacific Islander
□ Korean		
☐ Vietnamese		
☐ Other Asian		
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	Secondary Languag	je
	Relation to	Head of Household *
MI Last	Spouse, Child	I, Other
isability Status	Date of Birth *	SSN/ITIN *
isabled, Not Disabled		
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acific □ Japanese □ Korean		
□ Korean		
□ Korean □ Vietnamese		
□ Korean □ Vietnamese □ Other Asian		
□ Korean □ Vietnamese □ Other Asian dgement	y, race, disability or oth	er household composition
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Name *			Relati	on to Head	d of Household *
First	MI I	Last	Spouse	e, Child, Othe	er
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		□ Guar	manian or Chamorro
☐ Black or African America	n	☐ Filipino		□ Samo	oan
□ Native Hawaiian or Other	r Pacific	_ □ Japanese		□ Othe	r Pacific Islander
Islander		□ Korean			
□ White		□ Vietnamese			
□ Other		□ Other Asian			
Applicant Decline Acknow □ I do not wish to furnish in Primary Language *			y, race, disability o		usehold compositior
Household Member 7	7				
Household Member 7 Name *		Last		on to Head	d of Household *
Name *	MI I		Spouse	e, Child, Othe	er
Name *	MI I	Last ty Status		e, Child, Othe	
Name *	MI I		Spouse	e, Child, Othe	er
Name * First Ethnicity	MI I Disabilit Disabled,	Not Disabled Asian Detail	Spouse	e, Child, Othe	er
Name * First Ethnicity Hispanic, Non-Hispanic Race *	MI I Disabilit Disabled,	Not Disabled Asian Detail	Spouse	Pacific □ Nativ	SSN/ITIN *
Name * First Ethnicity Hispanic, Non-Hispanic Race * □ American Indian or Alask □ Asian	MI I Disabilit Disabled,	Not Disabled Asian Detail Asian India	Spouse	Pacific □ Nativ	SSN/ITIN * Islander Detail re Hawaiian manian or Chamorro
Name * First Ethnicity Hispanic, Non-Hispanic Race * □ American Indian or Alask □ Asian □ Black or African American □ Native Hawaiian or Other	MI I Disabilit Disabled, xa Native	Not Disabled Asian Detail Asian India Chinese	Spouse	Pacific □ Nativ □ Guar □ Same	SSN/ITIN * Islander Detail re Hawaiian manian or Chamorro
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Name *		Relation to	Head of Household *
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First	MI Last	Spouse, Child	, Other
Ethnicity	Disability Status	Date of Birth *	SSN/ITIN *
Hispanic, Non-Hispanic	Disabled, Not Disabled		
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☐ Native Hawaiian or Other	r Pacific □ Japanese		Other Pacific Islander
slander	□ Korean		
□ White	□ Vietnamese		
☐ Other	☐ Other Asian		
Primary Language *		Secondary Language	
Timuly Lunguage			G
Household Member 9	9		
	9		Head of Household *
Household Member 9	MI Last		Head of Household *
Household Member 9 Name *	MI Last	Relation to Spouse, Child	Head of Household *
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Household Member S Name * First Ethnicity Hispanic, Non-Hispanic Race * American Indian or Alask	Disability Status Disabled, Not Disabled Asian Detail Asian India Chinese Filipino Pacific	Relation to Spouse, Child Date of Birth *	Head of Household * Other SSN/ITIN * cific Islander Detail Native Hawaiian Guamanian or Chamorro
Household Member S Name * First Ethnicity Hispanic, Non-Hispanic Race * American Indian or Alask Asian Black or African Americal Native Hawaiian or Other slander	Disability Status Disabled, Not Disabled Asian Detail Asian India Chinese Filipino Pacific Japanese Korean	Relation to Spouse, Child Date of Birth *	Head of Household * Other SSN/ITIN * cific Islander Detail Native Hawaiian Guamanian or Chamorro Samoan
Household Member S Name * First Ethnicity Hispanic, Non-Hispanic Race * American Indian or Alask Asian Black or African America Native Hawaiian or Other slander White	Disability Status Disabled, Not Disabled Asian Detail Asian India Chinese Disabled Disabled Chinese	Relation to Spouse, Child Date of Birth *	Head of Household * Other SSN/ITIN * cific Islander Detail Native Hawaiian Guamanian or Chamorro Samoan
Household Member S Name * First Ethnicity Hispanic, Non-Hispanic Race * American Indian or Alask Asian Black or African Americal Native Hawaiian or Other slander	Disability Status Disabled, Not Disabled Asian Detail Asian India Chinese Filipino Pacific Japanese Korean	Relation to Spouse, Child Date of Birth *	Head of Household * Other SSN/ITIN * cific Islander Detail Native Hawaiian Guamanian or Chamorro Samoan
Household Member S Name * First Ethnicity Hispanic, Non-Hispanic Race * American Indian or Alask Asian Black or African America Native Hawaiian or Other slander White	Disability Status Disabled, Not Disabled Asian Detail Asian India Chinese Disabled Asian Detail Asian India Chinese Disabled Asian Detail Chinese Disabled Asian Detail Chinese Disabled Asian Detail Chinese Disabled Asian Detail Chinese Disabled Asian India Chinese Disabled Asian Detail Chinese Disabled Asian India Disabled Asian India Disabled Asian Detail Chinese Disabled Asian India Disabled Asian India Disabled Asian Detail Chinese Disabled Asian India Disabled Asian India Disabled Asian India	Relation to Spouse, Child Date of Birth *	Head of Household * Other SSN/ITIN * cific Islander Detail Native Hawaiian Guamanian or Chamorro Samoan Other Pacific Islander

Apartment Choice 1 *	Apartment Choice 2	Apartment Choice 3				
Available choices for Preferred Apartment Size are: Studio, 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 By how qualify at move-in.	many?				
List total combined gross inc	ne and Assets come received from all sources by all members o	of the household. Show amount on				
annual (yearly) basis.		ment Annual Amount * ecurity,				

Community Resident Selection PreferencesThis 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
Are you or a family member a US Military veteran? * ○ Yes ○ No
Does your Household meet the definition of a Farmworker (Agricultural) Family: a household consisting of at least one person who earns or earned prior to retirement or disability, a substantial

portion of his or her income from farmworker

employment? * 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 **414 Petaluma**. 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
	3/13/2024

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.

