#### Pre-Application for Housing: Sunset Pines

**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 **(Sunset Pines)** 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 t	to Head of Household *		
				Head of Household			
First MI Last				Spouse, Child, Other			
Email *	Co	ontact Phone # *	Alternate	e Phone #	Preferred Contact Method *		
Address *					Phone, E-Mail, Postal Mail		
					7. 0. 1		
City		State		2	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	Disabili	ty Status	Date of Birth *	SSN/ITIN *
Hispanic, Non-Hispanic	Disabled,	Not Disabled		
Race * □ American Indian or Alask	a Native	<b>Asian Detail</b> □ Asian India		Pacific Islander Detail □ Native Hawaiian
□ Asian	] Asian			Guamanian or Chamorro
🗆 Black or African American		🗆 Filipino		□ Samoan
□ Native Hawaiian or Other Pacific		□ Japanese		Other Pacific Islander
Islander	ander			
□ White		□ Vietnamese		
□ Other	er			
Applicant Decline Acknow □ I do not wish to furnish in			y, race, disability or	other household composition.
Primary Language *		Secondary Language		

Household Member 2					
Name *			Re	elation to Head	l of Household *
First	MI I	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	<b>Asian Detail</b> □ Asian India			<b>Islander Detail</b> e Hawaiian
□ Asian		□ Chinese		🗆 Guan	nanian or Chamorro
Black or African American	ı	🗆 Filipino		🗆 Samo	ban
□ Native Hawaiian or Other	Pacific	□ Japanese		□ Other	r Pacific Islander
Islander		□ Korean			
□ White		□ Vietnamese			
□ Other		□ Other Asian			
Applicant Decline Acknow □ I do not wish to furnish inf				-	usehold composition.
Primary Language *			Secondary	Language	
Primary Language *			Secondary	Language	
Primary Language * Household Member 3 Name *					l of Household *
Household Member 3		Last	Re		
Household Member 3 Name * First	MI I		Re	elation to Head	r
Household Member 3 Name *	MI I	Last <b>ty Status</b>	Re	elation to Head	
Household Member 3 Name * First	MI I Disabilit		Re	elation to Head	r
Household Member 3 Name * First Ethnicity	MI I Disabilit Disabled,	ty Status	Re	elation to Head ouse, Child, Othe th * Pacific	r
Household Member 3 Name * First Ethnicity Hispanic, Non-Hispanic Race *	MI I Disabilit Disabled,	ty Status Not Disabled Asian Detail	Re	elation to Head ouse, Child, Othe th * Pacific □ Nativ	r SSN/ITIN *
Household Member 3 Name * First Ethnicity Hispanic, Non-Hispanic Race * C American Indian or Alaska	MI I Disabilit Disabled,	ty Status Not Disabled Asian Detail □ Asian India	Re	elation to Head ouse, Child, Othe th * Pacific □ Nativ	r SSN/ITIN * Islander Detail e Hawaiian nanian or Chamorro
Household Member 3 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	Re	elation to Head ouse, Child, Othe th * Pacific □ Nativ □ Guan □ Samo	r SSN/ITIN * Islander Detail e Hawaiian nanian or Chamorro
Household Member 3 Name * First Ethnicity Hispanic, Non-Hispanic Race * American Indian or Alaska Asian Black or African American Native Hawaiian or Other	MI Disabilit Disabled, a Native	ty Status Not Disabled Asian Detail Asian India Chinese Filipino Japanese Korean	Re	elation to Head ouse, Child, Othe th * Pacific □ Nativ □ Guan □ Samo	r SSN/ITIN * Islander Detail e Hawaiian nanian or Chamorro ban
Household Member 3 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	Re	elation to Head ouse, Child, Othe th * Pacific □ Nativ □ Guan □ Samo	r SSN/ITIN * Islander Detail e Hawaiian nanian or Chamorro ban
Household Member 3 Name * First Ethnicity Hispanic, Non-Hispanic Race * American Indian or Alaska Asian Black or African American Native Hawaiian or Other Islander White	MI Disabilit Disabled, a Native	ty Status Not Disabled Asian Detail Asian India Chinese Filipino Japanese Korean	Re	elation to Head ouse, Child, Othe th * Pacific □ Nativ □ Guan □ Samo	r SSN/ITIN * Islander Detail e Hawaiian nanian or Chamorro ban
Household Member 3 Name * First Ethnicity Hispanic, Non-Hispanic Race * American Indian or Alaska Asian Black or African American 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	elation to Head ouse, Child, Othe th * Pacific □ Nativ □ Guan □ Samo □ Other	r SSN/ITIN * Islander Detail e Hawaiian nanian or Chamorro ban r Pacific Islander
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Household Member 4	ļ.					
Name *				Relation to	Head	of Household *
First	MI	Last		Spouse, Chil	d, Other	
Ethnicity	Disabilit	ty Status	Date of	Birth *		SSN/ITIN *
Hispanic, Non-Hispanic	Disabled,	Not Disabled				
Race * □ American Indian or Alaska	a Native	<b>Asian Detail</b> □ Asian India				<b>slander Detail</b> e Hawaiian
□ Asian		□ Chinese			] Guam	anian or Chamorro
Black or African Americar	ı	🗆 Filipino			] Samo	an
□ 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			v, race, dis	ability or oth	ner hou	sehold composition.
Primary Language *			Second	ary Langua	ge	
Household Member 5	;					
Name *				Relation to	o Head	of Household *
Name *				Relation to	) Head	of Household *
Name * First	MI	Last		Relation to		
		Last ty Status	Date of	Spouse, Chil		
First			Date of	Spouse, Chil		
First	Disabilit		Date of	Spouse, Chil		
First Ethnicity	<b>Disabili</b> Disabled,	ty Status	Date of	Spouse, Chil Birth *	d, Other	
First Ethnicity Hispanic, Non-Hispanic Race *	<b>Disabili</b> Disabled,	ty Status Not Disabled Asian Detail	Date of	Spouse, Chile Birth * Pa	d, Other acific I	SSN/ITIN *
First Ethnicity Hispanic, Non-Hispanic Race * □ American Indian or Alaska	Disabilit Disabled, a Native	ty Status Not Disabled Asian Detail □ Asian India	Date of	Spouse, Chil Birth * Pa	d, Other acific I	SSN/ITIN * slander Detail e Hawaiian aanian or Chamorro
First Ethnicity Hispanic, Non-Hispanic Race * American Indian or Alaska Asian Black or African Americar Native Hawaiian or Other	Disabilit Disabled, a Native	ty Status Not Disabled Asian Detail Asian India Chinese Filipino Japanese	Date of	Spouse, Chil Birth * Pa	d, Other <b>acific I</b> I Native I Guam I Samo	SSN/ITIN * slander Detail e Hawaiian aanian or Chamorro
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First Ethnicity Hispanic, Non-Hispanic Race * American Indian or Alaska Asian Black or African Americar Native Hawaiian or Other Islander White	Disabilit Disabled, a Native Pacific	ty Status Not Disabled Asian Detail Asian India Chinese Filipino Japanese Korean Vietnamese Other Asian		Spouse, Chil Birth *	d, Other <b>acific I</b> I Native I Guam I Samo I Other	SSN/ITIN * slander Detail e Hawaiian aanian or Chamorro an Pacific Islander
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	Disabilit Disabled, a Native Pacific	ty Status Not Disabled Asian Detail Asian India Chinese Filipino Japanese Korean Vietnamese Other Asian	v, race, dis	Spouse, Chil Birth *	d, Other acific I I Native I Guam I Samo I Other	SSN/ITIN * slander Detail e Hawaiian aanian or Chamorro an Pacific Islander

## **Preferred Apartment Size**

Apartment Choice 1 \*

Available choices for Preferred Apartment Size are: 2 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	<b>ALL SOURCES (</b> 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.

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? \*

### **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 **Sunset Pines**. 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
	6/5/2024

### **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.

