Pre-Application for Housing: Mahonia Glen

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 **(Mahonia Glen)** 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 Spouse, Child, Other First MI Last Email * Contact Phone # * Alternate 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	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 □ Native Hawaiian
□ Asian		□ Chinese		Guamanian or Chamorro
Black or African Americar	n	🗆 Filipino		□ Samoan
□ 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, disability or	other household composition.
Primary Language *			Secondary Lang	uage

Household Member 2						
Name *				Relation to	Head	of Household *
First	MI L	Last		Spouse, Child	, Other	
Ethnicity	Disabilit	y Status	Date of	Birth *		SSN/ITIN *
Hispanic, Non-Hispanic	Disabled,	Not Disabled				
Race * □ American Indian or Alaska	Native	Asian Detail □ Asian India		-		s lander Detail Hawaiian
□ Asian		□ Chinese			Guam	anian or Chamorro
Black or African American		🗆 Filipino			Samo	an
□ Native Hawaiian or Other F	Pacific	□ Japanese			Other	Pacific Islander
Islander		□ Korean				
□ White		□ Vietnamese				
□ Other		Other Asian				
 I do not wish to furnish info Primary Language * 				ary Languag		
Household Member 3						
Household Member 3 Name *				Relation to	Head	of Household *
				Relation to	Head	of Household *
	MI L	_ast		Relation to Spouse, Child		of Household *
Name *		_ast xy Status	Date of	Spouse, Child		of Household * SSN/ITIN *
Name *			Date of	Spouse, Child		
Name * First Ethnicity	Disabilit		Date of	Spouse, Child		
Name * First Ethnicity	Disabilit Disabled,	y Status	Date of	Spouse, Child Birth * Pa	, Other	
Name * First Ethnicity Hispanic, Non-Hispanic	Disabilit Disabled,	y Status Not Disabled Asian Detail	Date of	Spouse, Child Birth * Pa	, Other	SSN/ITIN *
Name * First Ethnicity Hispanic, Non-Hispanic Race * American Indian or Alaska	Disabilit Disabled,	y Status Not Disabled Asian Detail □ Asian India	Date of	Spouse, Child Birth * Pa □	, Other	SSN/ITIN * slander Detail Hawaiian anian or Chamorro
Name * First Ethnicity Hispanic, Non-Hispanic Race * American Indian or Alaska Asian	Disabilit Disabled, Native	Asian Detail Asian India Chinese Filipino Japanese	Date of	Spouse, Child Birth * Pa □ □	, Other cific I: Native Guam Samos	SSN/ITIN * slander Detail Hawaiian anian or Chamorro
Name * First Ethnicity Hispanic, Non-Hispanic Race * American Indian or Alaska Asian Black or African American Native Hawaiian or Other F	Disabilit Disabled, Native	Asian Detail Asian India Chinese Filipino Japanese Korean	Date of	Spouse, Child Birth * Pa □ □	, Other cific I: Native Guam Samo:	SSN/ITIN * slander Detail Hawaiian anian or Chamorro an
Name * First Ethnicity Hispanic, Non-Hispanic Race * American Indian or Alaska Asian Black or African American Native Hawaiian or Other F Islander	Disabilit Disabled, Native	Asian Detail Asian India Chinese Filipino Japanese Korean Vietnamese	Date of	Spouse, Child Birth * Pa □ □	, Other cific I: Native Guam Samo:	SSN/ITIN * slander Detail Hawaiian anian or Chamorro an
Name * First Ethnicity Hispanic, Non-Hispanic Race * American Indian or Alaska Asian Black or African American Native Hawaiian or Other F Islander White	Disabilit Disabled, Native	Asian Detail Asian India Chinese Filipino Japanese Korean	Date of	Spouse, Child Birth * Pa □ □	, Other cific I: Native Guam Samo:	SSN/ITIN * slander Detail Hawaiian anian or Chamorro an
Name * First Ethnicity Hispanic, Non-Hispanic Race * American Indian or Alaska Asian Black or African American Native Hawaiian or Other F Islander White	Disabled, Disabled, Native Pacific edgeme	Asian Detail Asian India Asian India Chinese Filipino Japanese Korean Vietnamese Other Asian		Spouse, Child Birth * Pa	, Other cific I Native Guam Samoa Other	SSN/ITIN *
Name * First Ethnicity Hispanic, Non-Hispanic Race * American Indian or Alaska Asian Black or African American Native Hawaiian or Other F Islander White Other Applicant Decline Acknowle	Disabled, Disabled, Native Pacific edgeme	Asian Detail Asian India Asian India Chinese Filipino Japanese Korean Vietnamese Other Asian	y, race, dis	Spouse, Child Birth * Pa	, Other cific I Native Guam Samo Other er hous	SSN/ITIN *

Household Member 4							
Name *				Relation to H	lead of	Household *	
First	MI Last			Spouse, Child,	Other		
Ethnicity	Disability S	status	Date of E	Birth *	S	SN/ITIN *	
Hispanic, Non-Hispanic	Disabled, Not	Disabled					
Race * □ American Indian or Alaska		sian Detail Asian India				ander Detail Iawaiian	
□ Asian		Chinese			Guamar	ian or Chamor	0
Black or African American		Filipino			Samoan		
□ Native Hawaiian or Other F	Pacific 🛛	Japanese			Other Pa	acific Islander	
Islander		Korean					
□ White		Vietnamese					
□ Other		Other Asian					
Applicant Decline Acknowle I do not wish to furnish info Primary Language *		arding ethnicity	, race, disa	ability or other	r house	hold composition	on.
			Seconda	ry Language	•		
Household Member 5						Household *	
Household Member 5 Name *	MI Last				lead of	⁻ Household *	
Household Member 5 Name * First				Relation to H	lead of Other		
Household Member 5 Name * First	MI Last Disability S			Relation to H	lead of Other	⁻ Household * SN/ITIN *	
Household Member 5 Name * First Ethnicity		itatus		Relation to H	lead of Other		
Household Member 5 Name * First Ethnicity	Disability S Disabled, Not As	itatus		Relation to H Spouse, Child, Birth * Pac	lead of Other S		
Household Member 5 Name * First Ethnicity Hispanic, Non-Hispanic	Disability S Disabled, Not As Native	itatus Disabled		Relation to H Spouse, Child, Birth * Pac □ N	lead of Other S ific Isla	SN/ITIN * ander Detail	
Household Member 5 Name * First Ethnicity Hispanic, Non-Hispanic Race * American Indian or Alaska	Disability S Disabled, Not Native	Status Disabled Sian Detail Asian India		Relation to H Spouse, Child, Birth * Pac D N D G	lead of Other S ific Isla	SN/ITIN * ander Detail lawaiian nian or Chamor	Ö
Household Member 5 Name * First Ethnicity Hispanic, Non-Hispanic Race * American Indian or Alaska Asian	Disability S Disabled, Not Native	Disabled Sian Detail Asian India Chinese Filipino Japanese		Relation to H Spouse, Child, Birth * Pac D N D G D S	Head of Other S Sific Isla Native H Suamar Samoan	SN/ITIN * ander Detail lawaiian nian or Chamor	
Household Member 5 Name * First Ethnicity Hispanic, Non-Hispanic Race * American Indian or Alaska Asian Black or African American Native Hawaiian or Other F	Disability S Disabled, Not Native Disabled	Disabled Sian Detail Asian India Chinese Filipino Japanese Korean		Relation to H Spouse, Child, Birth * Pac D N D G D S	Head of Other S Sific Isla Native H Suamar Samoan	SN/ITIN * ander Detail lawaiian iian or Chamor	О
Household Member 5 Name * First Ethnicity Hispanic, Non-Hispanic Race * American Indian or Alaska Asian Black or African American Native Hawaiian or Other F Islander	Disability S Disabled, Not Native	Disabled Sian Detail Asian India Chinese Filipino Japanese Korean Vietnamese		Relation to H Spouse, Child, Birth * Pac D N D G D S	Head of Other S Sific Isla Native H Suamar Samoan	SN/ITIN * ander Detail lawaiian iian or Chamor	····
Household Member 5 Name * First Ethnicity Hispanic, Non-Hispanic Race * American Indian or Alaska Asian Black or African American Native Hawaiian or Other F Islander White	Disability S Disabled, Not Native	Disabled Sian Detail Asian India Chinese Filipino Japanese Korean		Relation to H Spouse, Child, Birth * Pac D N D G D S	Head of Other S Sific Isla Native H Suamar Samoan	SN/ITIN * ander Detail lawaiian iian or Chamor	°O
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Household Member 6			
Name *		Relation to	Head of Household *
First	MI Last	Spouse, Child	Other
Ethnicity	Disability Status	Date of Birth *	SSN/ITIN *
Hispanic, Non-Hispanic	Disabled, Not Disabled		
Race * □ American Indian or Alaska	Asian Detail Native □ Asian India		cific Islander Detail Native Hawaiian
□ Asian	□ Chinese		Guamanian or Chamorro
Black or African American	🗆 Filipino		Samoan
□ Native Hawaiian or Other F	Pacific 🛛 Japanese		Other Pacific Islander
Islander	□ Korean		
□ White	□ Vietnamese		
□ Other	□ Other Asian		
Applicant Decline Acknowle		tity, race, disability or othe	er household composition.
Primary Language *		Secondary Languag	e
Primary Language * Household Member 7		Secondary Languag	e
			e Head of Household *
Household Member 7 Name *		Relation to	Head of Household *
Household Member 7	MI Last		Head of Household *
Household Member 7 Name *	MI Last Disability Status	Relation to	Head of Household *
Household Member 7 Name * First Ethnicity		Relation to Spouse, Child	Head of Household *
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 Race *	Disability Status Disabled, Not Disabled Asian Detail	Relation to Spouse, Child Date of Birth * Pa	Head of Household * Other SSN/ITIN *
Household Member 7 Name * First Ethnicity Hispanic, Non-Hispanic	Disability Status Disabled, Not Disabled Asian Detail Asian India	Relation to Spouse, Child Date of Birth * Pa	Head of Household * Other SSN/ITIN * cific Islander Detail Native Hawaiian
Household Member 7 Name * First Ethnicity Hispanic, Non-Hispanic Race * American Indian or Alaska	Disability Status Disabled, Not Disabled Native Asian India Chinese Filipino Pacific Disabled	Relation to Spouse, Child Date of Birth * Pa	Head of Household * Other SSN/ITIN * Cific 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 American Native Hawaiian or Other F	Disability Status Disabled, Not Disabled Native Asian Detail Asian India Chinese Filipino Pacific Japanese Korean	Relation to Spouse, Child Date of Birth * Pa	Head of Household * Other SSN/ITIN * Cific 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 F Islander White	Disability Status Disabled, Not Disabled Asian Detail Asian India Chinese Filipino Pacific State Chinese Korean Vietnamese	Relation to Spouse, Child Date of Birth * Pa	Head of Household * Other SSN/ITIN * Cific 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 F Islander	Disability Status Disabled, Not Disabled Native Asian Detail Asian India Chinese Filipino Pacific Japanese Korean	Relation to Spouse, Child Date of Birth * Pa	Head of Household * Other SSN/ITIN * Cific 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 F Islander White	Disability Status Disabled, Not Disabled Native Asian Detail Asian India Chinese Filipino Pacific Japanese Korean Vietnamese Other Asian edgement	Relation to Spouse, Child Date of Birth *	Head of Household * Other SSN/ITIN * SSN/ITIN * Cific Islander Detail Native Hawaiian Guamanian or Chamorro Samoan Other Pacific Islander
Household Member 7 Name * First Ethnicity Hispanic, Non-Hispanic Race * American Indian or Alaska Asian Black or African American Asian Native Hawaiian or Other F Islander White Other Applicant Decline Acknowle	Disability Status Disabled, Not Disabled Native Asian Detail Asian India Chinese Filipino Pacific Japanese Korean Vietnamese Other Asian edgement	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

Preferred Apartment Size

Apartment Choice 1 *

Apartment Choice 2

Apartment Choice 3

Available choices for Preferred Apartment Size are: **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

Are you currently homeless or at risk of homelessness? * O Yes O No

Are you or a family member a US Military veteran? * \odot Yes \odot No

Have you been displaced for natural causes or by an agency? * O Yes O 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? * \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 **Mahonia Glen**. 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
	8/8/2024

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.

