Pre-Application for Housing: Colibri Commons

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 **(Colibri Commons)** 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 He	
First MI	Last	Spouse, Chile	d, Other
Email *	Contact Phone # *	Alternate Phone #	Preferred Contact Method *
			Phone, E-Mail, Postal Mail
Address *			FIIOTIE, E-IVIAII, FOSIAI IVIAII
Address *			
City	State	Zi	p Code
If you are homeless, please provide			ou do not have a mailing
address, please select the appropria	ate contact method be	low.	
Ethnicity * Disal	bility Status *	Date of Birth *	SSN/ITIN (Last 4) *
Hispanic, Non-Hispanic Disab	led, Not Disabled		
Race * □ American Indian or Alaska Nativ	Asian Detail ve □ Asian India		acific Islander Detail Native Hawaiian
☐ Asian	☐ Chinese		l Guamanian or Chamorro
☐ Black or African American	☐ Filipino		l Samoan
☐ Native Hawaiian or Other Pacifi	•		l Other Pacific Islander
Islander	C □ Japanese □ Korean	_	Other Facilic Islander
☐ White	☐ Vietnamese		
☐ Other	☐ Other Asian		
	☐ Other Asian		
Duiment Language *			
Primary Language *		Secondary Langua	ge

Name *			Relati	on to Head	d of Household *
First	MI	Last	Spous	e, Child, Othe	ar .
			•	, Gilla, Othe	
Ethnicity *	Disabili	ty Status *	Date of Birth *		SSN/ITIN (Last 4)
Hispanic, Non-Hispanic	Disabled,	Not Disabled			
Race * □ American Indian or Ala	aska Native	Asian Detail □ Asian India			Islander Detail re Hawaiian
□ Asian		☐ Chinese			nanian or Chamorro
☐ Black or African Ameri	ican	☐ Filipino		□ Samo	oan
□ Native Hawaiian or Ot Islander	her Pacific	□ Japanese		☐ Othe	r Pacific Islander
Siandei □ White		☐ Korean			
□ 0ther		☐ Vietnamese			
_ 50.0		☐ Other Asian			
Household Membe	or 3		Secondary Lar		
Primary Language * Household Membe Name *	er 3	Last	Relati		d of Household *
Household Membe Name *	MI		Relati	on to Head	er
Household Membe	MI	Last ty Status *	Relati	on to Head	
Household Membe Name *	MI Disabili		Relati	on to Head	er
Household Membe Name * First Ethnicity *	MI Disabili Disabled,	ty Status *	Relati	on to Head e, Child, Othe	er
Household Membe Name * First Ethnicity * Hispanic, Non-Hispanic Race *	MI Disabili Disabled,	ty Status * Not Disabled Asian Detail	Relati	on to Head e, Child, Othe Pacific □ Nativ	SSN/ITIN (Last 4)
Household Membe Name * First Ethnicity * Hispanic, Non-Hispanic Race * □ American Indian or Ala	MI Disabili Disabled,	ty Status * Not Disabled Asian Detail Asian India	Relati	on to Head e, Child, Othe Pacific □ Nativ	SSN/ITIN (Last 4) Islander Detail re Hawaiian manian or Chamorro
Household Membe Name * First Ethnicity * Hispanic, Non-Hispanic Race *	MI Disabili Disabled, aska Native	Not Disabled Asian Detail Asian India Chinese	Relati	on to Head e, Child, Othe Pacific □ Nativ □ Guar □ Same	SSN/ITIN (Last 4) Islander Detail re Hawaiian manian or Chamorro
Household Membe Name * First Ethnicity * Hispanic, Non-Hispanic Race * American Indian or Ala Asian Black or African American Native Hawaiian or Ot	MI Disabili Disabled, aska Native	Not Disabled Asian Detail Asian India Chinese Filipino	Relati	on to Head e, Child, Othe Pacific □ Nativ □ Guar □ Same	SSN/ITIN (Last 4) Islander Detail re Hawaiian manian or Chamorro
Household Membe Name * First Ethnicity * Hispanic, Non-Hispanic Race *	MI Disabili Disabled, aska Native	ty Status * Not Disabled Asian Detail Asian India Chinese Filipino Japanese	Relati	on to Head e, Child, Othe Pacific □ Nativ □ Guar □ Same	SSN/ITIN (Last 4) Islander Detail re Hawaiian manian or Chamorro

		Secondary Langua	ge
Household Member	4		
Name *		Relation to	Head of Household *
First	MI Last	Spouse, Chil	d, Other
Ethnicity *	Disability Status *	Date of Birth *	SSN/ITIN (Last 4)
Hispanic, Non-Hispanic	Disabled, Not Disabled		
Race * □ American Indian or Alas	Asian Detail ska Native ☐ Asian India		acific Islander Detail] Native Hawaiian
□ Asian	☐ Chinese		Guamanian or Chamorro
□ Black or African Americ	an □ Filipino] Samoan
☐ Native Hawaiian or Oth	er Pacific □ Japanese		Other Pacific Islander
slander	□ Korean		
□ White	□ Vietnamese		
7 Oth			
□ Other	□ Other Asian	Sacondary Langua	n a
	⊔ Other Asian	Secondary Langua	ge
Primary Language *		Secondary Langua	ge
Primary Language * Household Member			
Primary Language * Household Member			ge o Head of Household *
Primary Language * Household Member Name *			o Head of Household *
Primary Language *	5	Relation to	o Head of Household *
Primary Language * Household Member Name *	5 MI Last	Relation to	D Head of Household *
Primary Language * Household Member Name * First Ethnicity * Hispanic, Non-Hispanic Race *	MI Last Disability Status * Disabled, Not Disabled Asian Detail	Relation to Spouse, Chil Date of Birth *	D Head of Household * d, Other SSN/ITIN (Last 4)
Primary Language * Household Member Name * First Ethnicity * Hispanic, Non-Hispanic Race * American Indian or Alas	MI Last Disability Status * Disabled, Not Disabled Asian Detail ska Native	Relation to Spouse, Chil Date of Birth *	D Head of Household * Id, Other SSN/ITIN (Last 4) acific Islander Detail Native Hawaiian
Primary Language * Household Member Name * First Ethnicity * Hispanic, Non-Hispanic Race * American Indian or Alas	MI Last Disability Status * Disabled, Not Disabled Ska Native	Relation to Spouse, Chil Date of Birth *	D Head of Household * Id, Other SSN/ITIN (Last 4) acific Islander Detail Native Hawaiian Guamanian or Chamorro
Primary Language * Household Member Name * First Ethnicity * Hispanic, Non-Hispanic Race * American Indian or Alas Asian Black or African Americ	MI Last Disability Status * Disabled, Not Disabled Ska Native Asian Detail Asian India Chinese Can Filipino	Relation to Spouse, Chil Date of Birth *	D Head of Household * Id, Other SSN/ITIN (Last 4) * acific Islander Detail Native Hawaiian Guamanian or Chamorro Samoan
Primary Language * Household Member Name * First Ethnicity * Asian Black or African Americal Native Hawaiian or Other	MI Last Disability Status * Disabled, Not Disabled Ska Native Asian Detail Ska Native Asian India Chinese San Filipino er Pacific Japanese	Relation to Spouse, Chil Date of Birth *	D Head of Household * Id, Other SSN/ITIN (Last 4) acific Islander Detail Native Hawaiian Guamanian or Chamorro
Primary Language * Household Member Name * First Ethnicity * Hispanic, Non-Hispanic	MI Last Disability Status * Disabled, Not Disabled Ska Native Asian Detail Asian India Chinese Can Filipino	Relation to Spouse, Chil Date of Birth *	D Head of Household * Id, Other SSN/ITIN (Last 4) * acific Islander Detail Native Hawaiian Guamanian or Chamorro Samoan

Primary Language *			Secondary Langu	ıage
Household Member	6			
Name *			Relation	to Head of Household *
First	MI Las	st	Spouse, C	hild, Other
thnicity *	Disability	Status *	Date of Birth *	SSN/ITIN (Last 4)
Hispanic, Non-Hispanic	Disabled, No	ot Disabled		
Race * □ American Indian or Alas		sian Detail I Asian India		Pacific Islander Detail ☐ 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	Г] Vietnamese		
7 Other				
□ Other		Other Asian		
			Secondary Langu	uage
□ Other Primary Language * Household Member				
Primary Language * Household Member				uage to Head of Household *
Primary Language * Household Member Name *		Other Asian	Relation	
Primary Language * Household Member Name *	7 MI Las	Other Asian	Relation Spouse, C	to Head of Household *
Primary Language * Household Member Name *	7	Other Asian	Relation	to Head of Household *
Primary Language * Household Member Name * First Ethnicity *	7 MI Las	Other Asian other Asian Status *	Relation Spouse, C	to Head of Household *
Primary Language * Household Member Name * First Ethnicity * Hispanic, Non-Hispanic Race *	7 MI Las Disability	Other Asian other Asian Status *	Relation Spouse, C	to Head of Household *
Primary Language * Household Member Name * First Ethnicity * Hispanic, Non-Hispanic Race * American Indian or Alas	MI Las Disability Disabled, No	Other Asian Status * ot Disabled usian Detail	Relation Spouse, C	to Head of Household * hild, Other SSN/ITIN (Last 4) *
Primary Language * Household Member Name * First Ethnicity * Hispanic, Non-Hispanic Race * American Indian or Alas Asian	7 MI Las Disability Disabled, No	Status * ot Disabled sian Detail Asian India	Relation Spouse, C	to Head of Household * hild, Other SSN/ITIN (Last 4) * Pacific Islander Detail Native Hawaiian
Primary Language * Household Member Name * First Ethnicity * Hispanic, Non-Hispanic Race * American Indian or Alas Asian Black or African America Native Hawaiian or Other	7 MI Las Disability Disabled, No	Status * ot Disabled sian Detail Asian India Chinese	Relation Spouse, C	to Head of Household * hild, Other SSN/ITIN (Last 4) * Pacific Islander Detail Native Hawaiian Guamanian or Chamorro
Primary Language *	7 MI Las Disability Disabled, No ska Native an er Pacific	Status * ot Disabled asian Detail Asian India Chinese Filipino	Relation Spouse, C	to Head of Household * hild, Other SSN/ITIN (Last 4) * Pacific Islander Detail Native Hawaiian Guamanian or Chamorro Samoan

□ Other	□ Other Asian		
Primary Language *		Secondary Langua	ge
Household Member 8	3		
Name *		Relation to	Head of Household *
First	MI Last	Spouse, Child	d. Other
		Date of Birth *	SSN/ITIN (Last 4) *
Ethnicity *	Disability Status *	Date of Birth	55N/ITIN (Last 4)
Hispanic, Non-Hispanic	Disabled, Not Disabled		
Race * □ American Indian or Alask	Asian Detail a Native ☐ Asian India		acific Islander Detail Native Hawaiian
□ Asian	☐ Chinese		Guamanian or Chamorro
□ Black or African America	n □ Filipino		Samoan
□ Native Hawaiian or Other	r Pacific □ Japanese		Other Pacific Islander
Islander	□ Koroon		
	□ Korean		
□ White	□ Korean □ Vietnamese □ Other Asian		
□ White □ Other Primary Language * Household Member 9	□ Vietnamese □ Other Asian	Secondary Languag	
□ White □ Other Primary Language * Household Member 9	□ Vietnamese □ Other Asian		Head of Household *
□ White □ Other Primary Language * Household Member 9 Name *	□ Vietnamese □ Other Asian		Head of Household *
□ White □ Other Primary Language * Household Member 9 Name *	□ Vietnamese □ Other Asian	Relation to	Head of Household *
□ White □ Other Primary Language * Household Member 9 Name * First Ethnicity *	☐ Vietnamese ☐ Other Asian	Relation to	Head of Household *
Islander □ White □ Other Primary Language * Household Member 9 Name * First Ethnicity * Hispanic, Non-Hispanic Race * □ American Indian or Alask □ Asian	☐ Vietnamese ☐ Other Asian MI Last Disability Status * Disabled, Not Disabled Asian Detail	Relation to Spouse, Child Date of Birth *	Head of Household *
□ White □ Other Primary Language * Household Member 9 Name * First Ethnicity * Hispanic, Non-Hispanic Race * □ American Indian or Alask	☐ Vietnamese ☐ Other Asian Other Asian Disability Status * Disabled, Not Disabled Asian Detail ☐ Asian India ☐ Chinese	Relation to Spouse, Child Date of Birth *	Head of Household * d, Other SSN/ITIN (Last 4) * acific Islander Detail Native Hawaiian

Islander ☐ White ☐ Other	☐ Korean ☐ Vietnamese ☐ Other Asian	
Primary Language *		Secondary Language

Apartment Choice 1 *	Apartment Choice 2	Apartment Choice 3
Available choices for Preferr	red Apartment Size are: Studio, 1 Bed i	room, 2 Bedroom, 3 Bedroom, 4 Bedroom
Household Incom ist total combined gross inc annual (yearly) basis.		nembers of the household. Show amount on
COMBINED HOUSEHOLD NCOME FOR ALL HOUSEHOLD MEMBERS	ALL SOURCES (Include all sources of (gross) except self-employment (net), SSI, pensions, interest and dividends, unemployment, gift income, alimony a on an annual (yearly basis).	Social Security, , disability,

Community Resident Selection Pre	
This community may participate in programs requiring reprior to housing being offered.	sidency preferences. Preference eligibility will be verified
Do you currently hold a Housing Choice Voucher? * ○ Yes ○ No	Do you or any member of your household currently live in the City of East Palo Alto? * ○ Yes ○ No
Does any member of your household require a unit accessible to those living with specific disabilities?	Do you or any member of your household currently work in the City of East Palo Alto? *
O Yes O No	O Yes O No
Examples of features of an accessible unit include widened doorways, lowered countertops, shower seats and additional grab bars, additional visual alerts for emergencies, and multiple audible alerts for alarms	
Please check all that apply * □ Mobility □ Vision □ Hearing	
Does any household member require a live-in attendant? * ○ Yes ○ 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 **Colibri Commons**. 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.

