Pre-Application for Housing: Willow Greenridge

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 (**Willow Greenridge**) 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 Ho	busehold
First	MI Last		Spouse, Child	l, Other
Email *	Contact Pho	one # * Alterna	ate Phone #	Preferred Contact Method *
				Phone, E-Mail, Postal Mail
Address *				
City	State		Zip	Code
If we we have a loss				

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			slander Detail Hawaiian
□ Asian		□ Chinese		□ Guam	anian or Chamorro
Black or African American	l	🗆 Filipino		□ Samoa	an
□ Native Hawaiian or Other Pacific		□ Japanese		□ Other	Pacific Islander
Islander	ander				
□ White		□ Vietnamese			
☐ Other		□ Other Asian			
Applicant Decline Acknowledgement □ I do not wish to furnish information regarding ethnicity, race, disability or other household composition.					
Primary Language *			Secondary Lang	uage	

Household Member 2						
Name *			Rela	tion to Heac	l of Household *	
First	MIL	.ast	Spour	se, Child, Othe	r	
				•		
Ethnicity	Disabilit	y Status	Date of Birth	•	SSN/ITIN *	
Hispanic, Non-Hispanic	Disabled, I	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 American	ı	🗆 Filipino		□ Samo	ban	
□ Native Hawaiian or Other	Pacific	□ Japanese		□ Othe	Pacific Islander	
Islander		□ Korean				
□ White		□ Vietnamese				
□ Other		□ Other Asian				
Applicant Decline Acknow			v, race, disability	or other hou	usehold composition.	
Primary Language *			Secondary La	nguage		
Primary Language *			Secondary La	inguage		
			Secondary La	nguage		
Household Member 3	,				of Housebold *	
					l of Household *	
Household Member 3		ast	Rela			
Household Member 3 Name * First	MI L		Rela	tion to Heac	r	
Household Member 3 Name *			Rela	tion to Heac		
Household Member 3 Name * First	MI L		Rela	tion to Heac	r	
Household Member 3 Name * First Ethnicity	MI L Disability Disabled, I	y Status	Rela	tion to Head se, Child, Othe Pacific	r	
Household Member 3 Name * First Ethnicity Hispanic, Non-Hispanic Race *	MI L Disability Disabled, I	y Status Not Disabled Asian Detail	Rela	tion to Head se, Child, Othe Pacific □ Nativ	r SSN/ITIN * Islander Detail	
Household Member 3 Name * First Ethnicity Hispanic, Non-Hispanic Race * C American Indian or Alaska	MI L Disabilit Disabled, I	y Status Not Disabled Asian Detail Asian India	Rela	tion to Head se, Child, Othe 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 Asian Black or African American Native Hawaiian or Other	MI L Disability Disabled, I a Native	y Status Not Disabled Asian Detail Asian India Chinese Filipino Japanese	Rela	tion to Head se, Child, Othe 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 Islander	MI L Disability Disabled, I a Native	y Status Not Disabled Asian Detail Asian India Chinese Filipino	Rela	tion to Head se, Child, Othe 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 L Disability Disabled, I a Native	y Status Not Disabled Asian Detail Asian India Chinese Filipino Japanese	Rela	tion to Head se, Child, Othe Pacific □ Nativ □ Guan □ Samo	r SSN/ITIN * Islander Detail e Hawaiian nanian or Chamorro pan	
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 L Disability Disabled, I a Native	y Status Not Disabled Asian Detail Asian India Chinese Filipino Japanese Korean	Rela	tion to Head se, Child, Othe Pacific □ Nativ □ Guan □ Samo	r SSN/ITIN * Islander Detail e Hawaiian nanian or Chamorro pan	
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 L Disability Disabled, I a Native Pacific	y Status Not Disabled Asian Detail Asian India Chinese Filipino Japanese Korean Vietnamese Other Asian	Rela Spour	tion to Head se, Child, Othe 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						
Name *			Relation to	Head of Household *		
First	MIL	aet	Spouse, Child	d Other		
	MI Last		•			
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	= -	acific Islander Detail Native Hawaiian		
□ Asian		□ Chinese		Guamanian or Chamorro		
Black or African American	1	🗆 Filipino		Samoan		
□ Native Hawaiian or Other	Pacific	□ Japanese		Other Pacific Islander		
Islander		□ Korean				
□ White		□ Vietnamese				
□ Other		Other Asian				
Applicant Decline Acknowl			γ, race, disability or oth	er household composition.		
Primary Language *			Secondary Languag	ge		
Primary Language * Household Member 5 Name *				ge 9 Head of Household *		
Household Member 5		act	Relation to	• Head of Household *		
Household Member 5 Name * First	MI L	_ast	Relation to Spouse, Child	• Head of Household * d, Other		
Household Member 5	MI L	_ast t y Status	Relation to	• Head of Household *		
Household Member 5 Name * First	MI I Disabilit		Relation to Spouse, Child	• Head of Household * d, Other		
Household Member 5 Name * First Ethnicity	MI I Disabilit Disabled,	ty Status	Relation to Spouse, Child Date of Birth *	• Head of Household * d, Other		
Household Member 5 Name * First Ethnicity Hispanic, Non-Hispanic Race *	MI I Disabilit Disabled,	ty Status Not Disabled Asian Detail	Relation to Spouse, Child Date of Birth *	b Head of Household * d, Other SSN/ITIN *		
Household Member 5 Name * First Ethnicity Hispanic, Non-Hispanic Race * C American Indian or Alaska	MI Disabilit Disabled,	ty Status Not Disabled Asian Detail □ Asian India	Relation to Spouse, Child Date of Birth *	b Head of Household * d, Other SSN/ITIN *		
Household Member 5 Name * First Ethnicity Hispanic, Non-Hispanic Race * American Indian or Alaska	MI I Disabilit Disabled,	ty Status Not Disabled Asian Detail Asian India Chinese Filipino Japanese	Relation to Spouse, Child Date of Birth *	b Head of Household * d, Other SSN/ITIN * acific Islander Detail I Native Hawaiian I Guamanian or Chamorro		
Household Member 5 Name * First Ethnicity Hispanic, Non-Hispanic Race * American Indian or Alaska Asian Black or African American Native Hawaiian or Other	MI I Disabilit Disabled,	ty Status Not Disabled Asian Detail Asian India Chinese Filipino Japanese Korean	Relation to Spouse, Child Date of Birth *	b Head of Household * d, Other SSN/ITIN *		
Household Member 5 Name * First Ethnicity Hispanic, Non-Hispanic Race * American Indian or Alaska Asian Black or African American Native Hawaiian or Other Islander	MI I Disabilit Disabled,	ty Status Not Disabled Asian Detail Asian India Chinese Filipino Japanese Korean Vietnamese	Relation to Spouse, Child Date of Birth *	b Head of Household * d, Other SSN/ITIN *		
Household Member 5 Name * First Ethnicity Hispanic, Non-Hispanic Race * American Indian or Alaska Asian Black or African American Native Hawaiian or Other Islander White	MI I Disabilit Disabled,	ty Status Not Disabled Asian Detail Asian India Chinese Filipino Japanese Korean	Relation to Spouse, Child Date of Birth *	b Head of Household * d, Other SSN/ITIN *		
Household Member 5 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	Relation to Spouse, Child Date of Birth *	b Head of Household * d, Other SSN/ITIN * acific Islander Detail Native Hawaiian Guamanian or Chamorro Samoan Other Pacific Islander		
Household Member 5 Name * First Ethnicity Hispanic, Non-Hispanic Race * American Indian or Alaska Asian Black or African American Asian Native Hawaiian or Other Islander White Other Applicant Decline Acknowl	MI Disabilit Disabled, a Native Pacific	ty Status Not Disabled Asian Detail Asian India Chinese Filipino Japanese Korean Vietnamese Other Asian	Relation to Spouse, Child Date of Birth *	b Head of Household * d, Other SSN/ITIN * acific Islander Detail Native Hawaiian Guamanian or Chamorro Samoan Other Pacific Islander Her household composition.		

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	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

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 **Willow Greenridge**. 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