## Pre-Application for Housing: Palo Alto Gardens

**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 **(Palo Alto Gardens)** 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		
First	MI I	Last Spouse, Child		d, Other		
Email *	Cor	ntact Phone # *	Alternat	e Phone #	<b>Preferred Contact Method</b>	
					Phone, E-Mail, Postal Mail	
Address *						
City		State			Code	
	ovida a m					
If you are homeless, please pro address, please select the appr				eive maii. ir y	ou do not nave a mailing	
	,					
Ethnicity [	Disabili	ty Status	Date of	Birth *	SSN/ITIN *	
Hispanic, Non-Hispanic D	Disabled,	Not Disabled				
Race *		Asian Detail		Pa	aifia Ialandar Datail	
☐ American Indian or Alaska	Native	☐ Asian India			cific Islander Detail	
□ Asian					Native Hawaiian	
LI ASIAII		☐ Chinese				
		☐ Chinese ☐ Filipino			Native Hawaiian	
□ Black or African American	'acific				Native Hawaiian Guamanian or Chamorro	
□ Black or African American □ Native Hawaiian or Other P	'acific	☐ Filipino			Native Hawaiian Guamanian or Chamorro Samoan	
□ Black or African American □ Native Hawaiian or Other P Islander	'acific	□ Filipino □ Japanese			Native Hawaiian Guamanian or Chamorro Samoan	
□ Black or African American □ Native Hawaiian or Other P Islander □ White	'acific	<ul><li>☐ Filipino</li><li>☐ Japanese</li><li>☐ Korean</li><li>☐ Vietnamese</li></ul>			Native Hawaiian Guamanian or Chamorro Samoan	
<ul><li>□ Black or African American</li><li>□ Native Hawaiian or Other P</li><li>Islander</li><li>□ White</li><li>□ Other</li></ul>		☐ Filipino ☐ Japanese ☐ Korean ☐ Vietnamese ☐ Other Asian			Native Hawaiian Guamanian or Chamorro Samoan	
<ul><li>□ Black or African American</li><li>□ Native Hawaiian or Other Plalander</li><li>□ White</li><li>□ Other</li></ul> Applicant Decline Acknowle	edgeme	☐ Filipino ☐ Japanese ☐ Korean ☐ Vietnamese ☐ Other Asian			Native Hawaiian Guamanian or Chamorro Samoan Other Pacific Islander	
<ul><li>□ Black or African American</li><li>□ Native Hawaiian or Other P Islander</li><li>□ White</li><li>□ Other</li></ul>	edgeme	☐ Filipino ☐ Japanese ☐ Korean ☐ Vietnamese ☐ Other Asian	y, race, dis		Native Hawaiian Guamanian or Chamorro Samoan Other Pacific Islander	
<ul> <li>□ Black or African American</li> <li>□ Native Hawaiian or Other Plander</li> <li>□ White</li> <li>□ Other</li> </ul> Applicant Decline Acknowle	edgeme	☐ Filipino ☐ Japanese ☐ Korean ☐ Vietnamese ☐ Other Asian			Native Hawaiian Guamanian or Chamorro Samoan Other Pacific Islander er household composition.	

Name *			Dolation	to Head of Household *
Name			Relation	to nead of nouseffold
First	MI Last		Spouse, Cl	nild, Other
Ethnicity	Disability St	atus	Date of Birth *	SSN/ITIN *
Hispanic, Non-Hispanic	Disabled, Not D	Disabled		
Race * □ American Indian or Alask	_	an Detail Asian India		Pacific Islander Detail ☐ Native Hawaiian
☐ Asian		Chinese		☐ Guamanian or Chamorro
☐ Black or African America	n □ F	ilipino		□ Samoan
☐ Native Hawaiian or Other	r Pacific □ J	apanese		☐ Other Pacific Islander
Islander	□k	Corean		
□ White		/ietnamese		
□ Other		Other Asian		
Applicant Decline Acknow  ☐ I do not wish to furnish in		rding ethnicity	v, race, disability or o	ther household composition
Primary Language *			Secondary Langu	age
Household Member 3	3			
	3		Relation	to Head of Household *
Name *				
Name *	MI Last		Relation Spouse, Cl	
Name * First		atus		
Name * First  Ethnicity	MI Last		Spouse, Cl	nild, Other
Name *  First  Ethnicity  Hispanic, Non-Hispanic  Race *	MI Last  Disability St  Disabled, Not Disabled		Spouse, Cl  Date of Birth *	nild, Other
Name *  First  Ethnicity  Hispanic, Non-Hispanic  Race *  □ American Indian or Alask	MI Last  Disability St  Disabled, Not D  Asi  Asi  Asi  Asi  A Native	Disabled an Detail	Spouse, Cl  Date of Birth *	SSN/ITIN *  Pacific Islander Detail  Native Hawaiian
Name *  First  Ethnicity  Hispanic, Non-Hispanic  Race *  □ American Indian or Alask  □ Asian	Disability St  Disabled, Not D  Asi  Ka Native	oisabled  an Detail Asian India Chinese	Spouse, Cl  Date of Birth *	SSN/ITIN * Pacific Islander Detail
Name *  First  Ethnicity  Hispanic, Non-Hispanic  Race *  □ American Indian or Alask  □ Asian  □ Black or African American  □ Native Hawaiian or Other	Disability St  Disabled, Not Disabled and Di	an Detail Asian India Chinese Filipino Apanese	Spouse, Cl  Date of Birth *	SSN/ITIN *  Pacific Islander Detail □ Native Hawaiian □ Guamanian or Chamorro
Name *  First  Ethnicity  Hispanic, Non-Hispanic  Race * □ American Indian or Alask □ Asian □ Black or African American □ Native Hawaiian or Other Islander	Disability St Disabled, Not D  Asi Ka Native	an Detail Asian India Chinese Filipino apanese	Spouse, Cl  Date of Birth *	SSN/ITIN *  Pacific Islander Detail  Native Hawaiian  Guamanian or Chamorro  Samoan
Name *  First  Ethnicity  Hispanic, Non-Hispanic  Race *  American Indian or Alask  Asian  Black or African American  Native Hawaiian or Other Islander  White	Disability St  Disabled, Not D  Asi  Asi  A Native	an Detail Asian India Chinese Filipino apanese Corean Vietnamese	Spouse, Cl  Date of Birth *	SSN/ITIN *  Pacific Islander Detail  Native Hawaiian  Guamanian or Chamorro  Samoan
Name *  First  Ethnicity  Hispanic, Non-Hispanic  Race *  American Indian or Alask  Asian  Black or African American  Native Hawaiian or Other Islander  White	Disability St  Disabled, Not D  Asi  Asi  A Native	an Detail Asian India Chinese Filipino apanese	Spouse, Cl  Date of Birth *	SSN/ITIN *  Pacific Islander Detail  Native Hawaiian  Guamanian or Chamorro  Samoan
Household Member 3 Name *  First  Ethnicity  Hispanic, Non-Hispanic  Race *  American Indian or Alask  Asian  Black or African American  Native Hawaiian or Other Islander  White  Other  Applicant Decline Acknow  I do not wish to furnish in	Disability St  Disabled, Not D	Disabled  an Detail Asian India Chinese Cilipino apanese Corean Vietnamese Other Asian	Spouse, Cl  Date of Birth *	SSN/ITIN *  Pacific Islander Detail  Native Hawaiian  Guamanian or Chamorro  Samoan  Other Pacific Islander

Name *		Relation to	Head of Household *
First	MI Last	Spouse, Child	I, Other
Ethnicity [	Disability Status	Date of Birth *	SSN/ITIN *
Hispanic, Non-Hispanic E	Disabled, Not Disabled		
<b>Race *</b> □ American Indian or Alaska	Asian Detail Native □ Asian India	-	acific Islander Detail Native Hawaiian
□ Asian	☐ Chinese		Guamanian or Chamorro
☐ Black or African American	☐ Filipino		Samoan
□ Native Hawaiian or Other P Islander	Pacific □ Japanese □ Korean		Other Pacific Islander
□ White	□ Vietnamese		
□ Other	☐ Other Asian		
Applicant Decline Acknowle	edgement		
☐ I do not wish to furnish info		y, race, disability or oth	er household composition
Primary Language *		Secondary Languag	16
· · · · · · · · · · · · · · · · · · ·			
		_	
Household Member 5		Relation to	
		Relation to	Head of Household *
Household Member 5 Name *	MI Last	Relation to Spouse, Child	Head of Household *
Household Member 5 Name *	MI Last Disability Status		Head of Household *
Household Member 5 Name *  First  Ethnicity	Disability Status	Spouse, Child	Head of Household *
Household Member 5 Name *  First  Ethnicity		Spouse, Child	Head of Household *
Household Member 5 Name *  First  Ethnicity	Disability Status Disabled, Not Disabled  Asian Detail	Spouse, Child  Date of Birth *	Head of Household *
Household Member 5 Name * First Ethnicity Hispanic, Non-Hispanic	Disability Status Disabled, Not Disabled  Asian Detail	Spouse, Child  Date of Birth *	Head of Household *  I, Other  SSN/ITIN *  acific Islander Detail
Household Member 5 Name *  First  Ethnicity  Hispanic, Non-Hispanic  Race *  American Indian or Alaska	Disability Status  Disabled, Not Disabled  Asian Detail  Native   Asian India	Spouse, Child  Date of Birth *	Head of Household *  d, Other  SSN/ITIN *  acific Islander Detail Native Hawaiian
Household Member 5 Name *  First  Ethnicity  Hispanic, Non-Hispanic  Race *  American Indian or Alaska	Disability Status  Disabled, Not Disabled  Asian Detail Native	Spouse, Child  Date of Birth *  Pa	Head of Household *  I, Other  SSN/ITIN *  Acific Islander Detail Native Hawaiian 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 P	Disability Status  Disabled, Not Disabled  Asian Detail Native	Spouse, Child  Date of Birth *  Pa	Head of Household *  I, Other  SSN/ITIN *  Acific Islander Detail Native Hawaiian Guamanian or Chamorro Samoan
Household Member 5 Name *  First  Ethnicity  Hispanic, Non-Hispanic  Race *  American Indian or Alaska  Asian  Black or African American  Native Hawaiian or Other Plalander	Disability Status  Disabled, Not Disabled  Asian Detail Native	Spouse, Child  Date of Birth *  Pa	Head of Household *  I, Other  SSN/ITIN *  Acific Islander Detail Native Hawaiian Guamanian or Chamorro Samoan
Household Member 5 Name *  First  Ethnicity  Hispanic, Non-Hispanic  Race *  American Indian or Alaska  Asian  Black or African American  Native Hawaiian or Other Plslander  White  Other  Applicant Decline Acknowle	Disability Status  Disabled, Not Disabled  Asian Detail Native	Spouse, Child  Date of Birth *	Head of Household *  H, 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  Native Hawaiian or Other Plslander  White  Other	Disability Status  Disabled, Not Disabled  Asian Detail Native	Spouse, Child  Date of Birth *	Head of Household *  H, Other  SSN/ITIN *  Acific Islander Detail Native Hawaiian Guamanian or Chamorro Samoan Other Pacific Islander

Apartment Choice 1 *	Apartment Choice 2				
Available choices for Preferred Apartment Size are: 1 Bedroom, 2 Bedroom					
Household Inforn	nation				
months? * O Yes O No Anticipated changes may not	qualify at move-in.  The and Assets				
List total combined gross inc	come received from all sources by all members of the ho	usehold. Show amount o			
		usehold. Show amount o Annual Amount *			

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? * ○ 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? *  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 **Palo Alto Gardens**. 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.

