

Pre-Application for Housing: Saratoga Court

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 (**Saratoga Court**) 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 *

First

MI

Last

Relation to Head of Household *

Head of Household

Spouse, Child, Other

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

Hispanic, Non-Hispanic

Disability Status

Disabled, Not Disabled

Date of Birth *

SSN/ITIN *

Race *

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Other

Asian Detail

- ☐ Asian India
- ☐ Chinese
- ☐ Filipino
- ☐ Japanese
- ☐ Korean
- ☐ Vietnamese
- ☐ Other Asian

Pacific Islander Detail

- ☐ Native Hawaiian
- ☐ Guamanian or Chamorro
- ☐ Samoan
- ☐ Other Pacific Islander

Applicant Decline Acknowledgement

- ☐ I do not wish to furnish information regarding ethnicity, race, disability or other household composition.

Primary Language *

Secondary Language

Household Member 2

Name *

First

MI

Last

Relation to Head of Household *

Spouse, Child, Other

Ethnicity

Hispanic, Non-Hispanic

Disability Status

Disabled, Not Disabled

Date of Birth *

SSN/ITIN *

Race *

☐ American Indian or Alaska Native

☐ Asian

☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander

☐ White

☐ Other

Asian Detail

☐ Asian India

☐ Chinese

☐ Filipino

☐ Japanese

☐ Korean

☐ Vietnamese

☐ Other Asian

Pacific Islander Detail

☐ Native Hawaiian

☐ Guamanian or Chamorro

☐ Samoan

☐ Other Pacific Islander

Applicant Decline Acknowledgement

☐ I do not wish to furnish information regarding ethnicity, race, disability or other household composition.

Primary Language *

Secondary Language

Household Member 3

Name *

First

MI

Last

Relation to Head of Household *

Spouse, Child, Other

Ethnicity

Hispanic, Non-Hispanic

Disability Status

Disabled, Not Disabled

Date of Birth *

SSN/ITIN *

Race *

☐ American Indian or Alaska Native

☐ Asian

☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander

☐ White

☐ Other

Asian Detail

☐ Asian India

☐ Chinese

☐ Filipino

☐ Japanese

☐ Korean

☐ Vietnamese

☐ Other Asian

Pacific Islander Detail

☐ Native Hawaiian

☐ Guamanian or Chamorro

☐ Samoan

☐ Other Pacific Islander

Applicant Decline Acknowledgement

☐ I do not wish to furnish information regarding ethnicity, race, disability or other household composition.

Primary Language *

Secondary Language

Preferred Apartment Size

Apartment Choice 1 *

Available choices for Preferred Apartment Size are: **1 Bedroom**

Household Information

Do you anticipate any household changes in the next 12 months? *

☐ Yes ☐ No

Anticipated changes may not qualify at move-in.

By how many?

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.

Does any member of your household require a unit accessible to those living with specific disabilities?

*

☐ Yes ☐ No

Please check all that apply *

☐ Mobility ☐ Vision ☐ Hearing

Does any household member require a live-in attendant? *

☐ Yes ☐ No

Is the Head of Household, Spouse or co-head (if applicable) 62 years of age or older? *

☐ Yes ☐ No

Is one member of the household disabled or handicapped? *

☐ Yes ☐ No

This project receives Federal Funding and therefore requires a response to the following questions:

Are you a Citizen of the United States of America? *

☐ Yes ☐ No

Includes a citizen or national of the United States or an eligible non-citizen as defined by HUD (24CFR part 5, subpart E)

Are you not contending eligible immigration status? *

☐ Yes ☐ No

Are you a Non-Citizen with eligible immigration status with one of the following: Form I-551, I-94, I-688, 688B, I-151 or receipt issued by DHS? *

☐ Yes ☐ No

Are you subject to a lifetime Sex Offender registration program in any State? *

☐ Yes ☐ No

Please list all states where you are registered.

Optional Contact Information

OMB Control # 2502-0581
Exp. (02/28/2019)

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:

Mailing Address:

Telephone No:

Cell Phone No:

Name of Additonal Contact Person or Organization:

Address:

Telephone No:

Cell Phone No:

Relationship to Applicant:

E-Mail Address (if applicable):

Reason for Contact:

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Termination of rental assistance
- ☐ Eviction from unit

- ☐ Assist with recertification process
- ☐ Change in lease terms
- ☐ Change in house rules
- ☐ Late payment of rent

☐

(Check all the apply)

Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.

Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.

Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.

☐ Check this box if you choose not to provide the contact information

Signature of Applicant: *

Date *

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

Form **HUD- 92006** (05/09)

Race and Ethnic Data Reporting Form

U.S. Department of Housing and Urban Development
Office of Housing

OMB Approval No. 2502-0204
(Exp 06/30/2017)

Name of Property
Saratoga Court

Project

Address of Property
18855 Cox Avenue, Saratoga, California 95070-4159

Name of Owner/Managing Agent
MidPen Property Management Corp

Type of assistance or Program Title
Section 8 NC

Name of Head of Household

Name of Household Member

Date
6/3/2025

Ethnic Categories
☐ Hispanic or Latino
☐ Not-Hispanic or Latino
Select one

Racial Categories
☐ American Indian or Alaska Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ White
☐ Other
Select all that apply

Definition for these categories may be found in the instructions document.

There is no penalty for persons who do not complete the form.

Signature *

Date *

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provide and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does no require any special protection.

Form HUD-27061-H (9/2003)

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 **Saratoga Court**. 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.

