Pre-Application for Housing: Homestead Park

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 **(Homestead Park)** and is not considered a full or final application. Fill in all required fields (indicated by a red ^{1*}). 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							
Name *		Relation to Head of Household *					
			Head of Ho	Head of Household Spouse, Child, Other			
First	MI	Last	Spouse, Child				
Email *	C	ontact Phone # *	Alternate Phone #	Preferred Contact Method			
				Phone, E-Mail, Postal Mail			
Address *							
City		State	Zip	o Code			
If you are homeless, pleas	e provide a	mailing address wh					
address, please select the							
Ethnicity,	Diachi	lity Status	Data of Dirth *				
Ethnicity	Disabi	lity Status	Date of Birth *	SSN/ITIN *			
		d, Not Disabled	Date of Birth *	SSN/ITIN *			
Hispanic, Non-Hispanic	Disable	d, Not Disabled Asian Detail	Pa	acific Islander Detail			
Hispanic, Non-Hispanic	Disable	d, Not Disabled Asian Detail	Pa				
Hispanic, Non-Hispanic Race * □ American Indian or Ala	Disable	d, Not Disabled Asian Detail	Pa	acific Islander Detail			
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Name *			Relatio	n to Head	l of Household *
First	MIL	ast	Spouse,	Child, Othe	r
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			Islander Detail e Hawaiian
🗆 Asian		□ Chinese		🗆 Guan	nanian or Chamorro
Black or African American		🗆 Filipino		□ Samo	ban
□ Native Hawaiian or Other F	Pacific	□ Japanese		□ Other	Pacific Islander
Islander		🗆 Korean			
□ White		□ Vietnamese			
□ Other		□ Other Asian			
Applicant Decline Acknowle			y, race, disability or	other hou	sehold composition
Primary Language *			Secondary Lang	uage	
Household Member 3			Relatio	n to Head	of Housebold *
Household Member 3			Relatio	n to Head	l of Household *
Household Member 3 Name *	MI L	_ast		n to Head Child, Othe	
Household Member 3 Name *		.ast y Status			
Household Member 3 Name *			Spouse,		r
Household Member 3 Name * First Ethnicity	Disabilit		Spouse,		r
Household Member 3 Name * First Ethnicity	Disabilit Disabled, I	y Status	Spouse,	Child, Othe	r
Household Member 3 Name * First Ethnicity Hispanic, Non-Hispanic	Disabilit Disabled, I	y Status Not Disabled Asian Detail	Spouse,	Child, Othe Pacific □ Native	SSN/ITIN *
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Household Member 4	Ļ				
Name *			R	elation to Hea	ad of Household *
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First	MI	Last	Sp	oouse, Child, Oth	ler
Ethnicity	Disabil	ity Status	Date of Bir	th *	SSN/ITIN *
Hispanic, Non-Hispanic	Disabled	, Not Disabled			
Race *		Asian Detail			c Islander Detail
☐ American Indian or Alaska	a Native				ve Hawaiian
⊐ Asian		□ Chinese			manian or Chamorro
☐ Black or African Americar	ר	🗆 Filipino		□ San	noan
Native Hawaiian or Other slander	Pacific	□ Japanese		□ Oth	er Pacific Islander
⊐ White		□ Korean			
		□ Vietnamese			
 ☐ Other Applicant Decline Acknow ☐ I do not wish to furnish inf Primary Language * 	-		y, race, disabi Secondary	-	ousehold composition
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Primary Language *			Second	ary Langua	ge		
Household Member 6 Name *	;			Relation to	o Head	l of Hous	ehold *
First	MI L	Last		Spouse, Chil	ld, Othe	r	
Ethnicity	Disabilit	ty Status	Date of	Birth *		SSN/ITI	N *
Hispanic, Non-Hispanic	Disabled,	Not Disabled					
Race * □ American Indian or Alaska	a Native	Asian Detail □ Asian India				Islander e Hawaiia	
□ Asian		□ Chinese] Guan	nanian or	Chamorro
Black or African American	า	🗆 Filipino] Samo	ban	
□ Native Hawaiian or Other Islander	Pacific	□ Japanese □ Korean] Other	Pacific Is	slander
□ White		□ Vietnamese					
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Applicant Decline Acknowledgement □ I do not wish to furnish information regarding ethnicity, race, disability or other household composition.

Primary Language *		Secondary Langua	ge
Household Membe	er 8		
Name *		Relation to	Head of Household *
First	MI Last	Spouse, Chil	d Other
Ethnicity	Disability Status	Date of Birth *	SSN/ITIN *
Hispanic, Non-Hispanic	Disabled, Not Disabled		
Race * □ American Indian or A	Asian Detail laska Native		acific Islander Detail I Native Hawaiian
🗆 Asian	□ Chinese		l Guamanian or Chamorro
Black or African Ame	rican 🛛 Filipino		l Samoan
□ Native Hawaiian or O	ther Pacific D Japanese		Other Pacific Islander
Islander	□ Korean		
□ White	Vietnamese		
□ Other	Other Asian		
Applicant Decline Ack □ I do not wish to furnis	nowledgement h information regarding ethnic	city, race, disability or oth	ner household composition.
Primary Language *		Secondary Langua	ge
Household Membe	er 9		
Name *		Relation to	Head of Household *
First	MI Last	Spouse, Chil	d, Other
		Date of Birth *	SSN/ITIN *
Ethnicity	Disability Status		

Race *	Asian Detail □ Asian India	Pacific Islander Detail
□ Asian	□ Chinese	Guamanian or Chamorro
Black or African American	🗆 Filipino	□ Samoan
□ Native Hawaiian or Other Pacific	□ Japanese	Other Pacific Islander
Islander	🗆 Korean	
□ White	□ Vietnamese	
□ Other	□ Other Asian	
Applicant Decline Acknowledgeme	nt	

□ 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 *

Apartment Choice 2

Apartment Choice 3

Available choices for Preferred Apartment Size are: Studio, 1 Bedroom, 2 Bedroom, 3 Bedroom, 4 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? * \bigcirc Yes \bigcirc 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

Have you been displaced by natural disaster, construction, other public action, or other government certified causes? * 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 **Homestead Park**. 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