Pre-Application for Housing: Ira D Hall Square

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 (**Ira D Hall Square**) 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 t	o Head of Household *
					Household
First	MI Last			Spouse, Child, Other	
Email *	Cor	ntact Phone # *	Alternat	e Phone #	Preferred Contact Method
Address *					Phone, E-Mail, Postal Mail
City		State		Z	Zip Code
	isabilit	ty Status *	Date of	Birth *	SSN/ITIN (Last 4) *
Hispanic, Non-Hispanic Di	isabled,	Not Disabled			
Race * ☐ American Indian or Alaska N	Native	Asian Detail ☐ Asian India			Pacific Islander Detail ⊐ Native Hawaiian
☐ Asian		☐ Chinese		Γ	☐ Guamanian or Chamorro
☐ Black or African American		☐ Filipino		Γ	⊒ Samoan
☐ Native Hawaiian or Other Pa	acific	□ Japanese		Γ	☐ Other Pacific Islander
Islander		□ Korean			
☐ White		□ Vietnamese			
☐ Other		☐ Other Asian			
Primary Language *			Second	ary Langua	age

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)
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		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 *
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Primary Language *		Secondary Language
Household Member	r 6	
Name *		Relation to Head of Household *
First	MI Last	Spouse, Child, Other
Ethnicity *	Disability Status *	Date of Birth * SSN/ITIN (Last 4) *
Hispanic, Non-Hispanic	Disabled, Not Disabled	
Race * ⊐ American Indian or Ala	Asian Detail	
□ Asian	☐ Chinese	☐ Guamanian or Chamorro
☐ Black or African Ameri	can □ Filipino	□ Samoan
□ Native Hawaiian or Oth	ner Pacific □ Japanese	☐ Other Pacific Islander
Islander	☐ Korean	
□ White	□ Vietnames	e
⊒ Otnei	□ Other Asia	n
	□ Other Asia	
	□ Other Asia	Secondary Language
□ Other Primary Language * Household Membe		
Primary Language *		
Primary Language * Household Member Name *	r 7	Secondary Language Relation to Head of Household *
Primary Language * Household Member Name *	r 7	Secondary Language Relation to Head of Household * Spouse, Child, Other
Primary Language * Household Member Name *	r 7	Secondary Language Relation to Head of Household *
Primary Language * Household Member Name * First Ethnicity *	r 7	Secondary Language Relation to Head of Household * Spouse, Child, Other
Primary Language * Household Member Name * First Ethnicity * Hispanic, Non-Hispanic Race *	MI Last Disability Status * Disabled, Not Disabled Asian Detail	Relation to Head of Household * Spouse, Child, Other Date of Birth * SSN/ITIN (Last 4) *
Primary Language * Household Member Name * First Ethnicity * Hispanic, Non-Hispanic Race * American Indian or Ala	MI Last Disability Status * Disabled, Not Disabled Asian Detail	Relation to Head of Household * Spouse, Child, Other Date of Birth * SSN/ITIN (Last 4) *
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Primary Language * Household Member Name * First Ethnicity * Hispanic, Non-Hispanic Race * American Indian or Ala Asian Black or African Americ	n 7 MI Last Disability Status * Disabled, Not Disabled Asian Detail aska Native	Relation to Head of Household * Spouse, Child, Other Date of Birth * Pacific Islander Detail Native Hawaiian Guamanian or Chamorro Samoan

□ Other	□ 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 Bedro	oom, 2 Bedroom, 3 Bedroom
Household Incom List total combined gross ind annual (yearly) basis.		embers of the household. Show amount or
	ALL SOURCES (Include all sources of (gross) except self-employment (net), SSI, pensions, interest and dividends, unemployment, gift income, alimony aron 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 Sunnyvale? * ○ Yes ○ No
Does any member of your household require a unit accessible to those living with specific disabilities (Mobility, Hearing, Vision)? * ○ Yes ○ No	Do you or any member of your household currently work in the City of Sunnyvale? * ○ Yes ○ 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 **Ira D Hall Square**. 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.

