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.

Name *		Polation to	Head of Household *	
Ivanie	Head of He			
First MI	Last	Spouse, Child		
Email *	Contact Phone # *	one # * Alternate Phone # Preferred Contact		
			Phone, E-Mail, Postal Mail	
Address *				
	State		Codo	
City		·	Code	
lf you are homeless, please provio address, please select the approp			ou do not nave a mailing	
Ethnicity Dio	ability Status	Data of Pirth *	CCN/ITIN *	
Ethnicity Dis	sability Status	Date of Birth *	SSN/ITIN *	
	sability Status abled, Not Disabled	Date of Birth *	SSN/ITIN *	
Hispanic, Non-Hispanic Disa	abled, Not Disabled			
Hispanic, Non-Hispanic Disa	abled, Not Disabled Asian Detail	Pa	SSN/ITIN * acific Islander Detail Native Hawaiian	
Hispanic, Non-Hispanic Disa Race * □ American Indian or Alaska Na	abled, Not Disabled Asian Detail	Pa	ncific Islander Detail	
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Name *			Polation	to Head of Household *
Ivaille			Relation	I to nead of nouseffold
First	MI	Last	Spouse, 0	Child, Other
Ethnicity	city Disability Status		Date of Birth * SSN/ITIN *	
Limitory	Dioabiii	iy Otatus		CONTIN
Hispanic, Non-Hispanic	Disabled,	Not Disabled		
Race * □ American Indian or Alasl	ka Native	Asian Detail □ Asian India		Pacific Islander Detail ☐ Native Hawaiian
□ Asian		☐ Chinese		☐ Guamanian or Chamorro
□ Black or African America	an	☐ Filipino		□ Samoan
☐ Native Hawaiian or Othe	er Pacific	□ Japanese		☐ Other Pacific Islander
Islander		□ Korean		
□ White		□ Vietnamese		
□ Other		□ Other Asian		
Applicant Decline Acknow ☐ I do not wish to furnish ir			y, race, disability or	other household composition
Primary Language *				
i illilary Lariguage			Secondary Lang	uage
Timary Language			Secondary Lang	uage
Household Member	3			uage n to Head of Household *
Household Member	3		Relation	n to Head of Household *
Household Member		Last	Relation	
Household Member :	MI	Last ty Status	Relation	n to Head of Household *
Household Member : Name * First Ethnicity	MI Disabili	ty Status	Relation Spouse, 0	n to Head of Household *
Household Member : Name * First Ethnicity Hispanic, Non-Hispanic	MI Disabili	ty Status Not Disabled	Relation Spouse, 0	to Head of Household * Child, Other SSN/ITIN *
Household Member 3 Name * First Ethnicity Hispanic, Non-Hispanic Race *	MI Disabilit Disabled,	ty Status	Relation Spouse, 0	n to Head of Household *
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Household Member : Name * First Ethnicity Hispanic, Non-Hispanic Race * American Indian or Alasl Asian Black or African America Native Hawaiian or Othe Islander White Other Applicant Decline Acknow	MI Disabilit Disabled, ka Native an er Pacific	Not Disabled Asian Detail Asian India Chinese Filipino Japanese Korean Vietnamese Other Asian	Relation Spouse, C Date of Birth *	n to Head of Household * Child, Other SSN/ITIN * Pacific Islander Detail Native Hawaiian Guamanian or Chamorro Samoan Other Pacific Islander

Available choices for Preferr	red Apartment Size are: 1 Bedroom	rtment Size are: 1 Bedroom		
Household Inform	nation			
Do you anticipate any housemonths? * O Yes O No Anticipated changes may not of	sehold changes in the next 12 qualify at move-in.	By how many?		
annual (yearly) basis.	ne and Assets some received from all sources by all ALL SOURCES (Include all source		usehold. Show amount Annual Amount *	
INCOME FOR ALL HOUSEHOLD MEMBERS	(gross) except self-employment (ne SSI, pensions, interest and dividen unemployment, gift income, alimon on an annual (yearly basis).	et), Social Security, ds, disability,	Amadi Amadii	

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.

