Pre-Application for Housing: Schapiro Knolls

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 **(Schapiro Knolls)** 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 *							lead of Household *
					lead of		
First MI	MI Last			Spouse, Child, Other			Other
Email *	Con	tact Phone # *	Alterna	ite F	Phone	#	Preferred Contact Method
							Phone, E-Mail, Postal Mail
Address *							
City		State				Zip C	Code
If you are homeless, please provide	e a m	ailing address whe	ere vou red	ceiv	e mail.	If vou	ı do not have a mailing
address, please select the appropri							3
Ethnicity * Dice	hilit	v Statue *	Doto of	: D:.	#h *		CCN/ITIN /Loot 4) *
Ethnicity * Disa	ibility	y Status *	Date of	ЫІ	rtn "		SSN/ITIN (Last 4) *
Hispanic, Non-Hispanic Disab	oled. N	Not Disabled					
Race *		Asian Detail				Doo	ific Islander Detail
☐ American Indian or Alaska Nati		☐ Asian India					ative Hawaiian
☐ Asian		☐ Chinese				□G	uamanian or Chamorro
☐ Black or African American		☐ Filipino				□S	amoan
☐ Native Hawaiian or Other Pacif		 □ Japanese				□0	ther Pacific Islander
Islander		□ Korean					
☐ White		□ Vietnamese					
☐ Other		☐ Other Asian					
Primary Language *			Second	dary	/ Langı	uage	

Name *			Relation	on to Head of Household *
First	MI	Last	Spouse	Child, Other
Ethnicity *	DISABIII	ty Status *	Date of Birth *	SSN/ITIN (Last 4)
Hispanic, Non-Hispanic	Disabled,	Not Disabled		
Race * □ American Indian or Ala	ska Native	Asian Detail □ Asian India		Pacific Islander Detail ☐ Native Hawaiian
□ 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		□ Vietnamese		
□ Other		☐ Other Asian		
Household Member	r 3		Secondary Lan	
Primary Language * Household Member Name *	r 3	Last	Relatio	guage on to Head of Household * Child, Other
Household Member	MI	Last ty Status *	Relatio	on to Head of Household *
Household Member Name *	MI Disabili		Relation Spouse,	on to Head of Household * Child, Other
Household Member Name * First Ethnicity *	MI Disabili Disabled,	ty Status *	Relation Spouse,	on to Head of Household * Child, Other
Household Member Name * First Ethnicity * Hispanic, Non-Hispanic Race *	MI Disabili Disabled,	ty Status * Not Disabled Asian Detail	Relation Spouse,	on to Head of Household * Child, Other SSN/ITIN (Last 4) Pacific Islander Detail
Household Member Name * First Ethnicity * Hispanic, Non-Hispanic Race * □ American Indian or Ala	MI Disabili Disabled,	ty Status * Not Disabled Asian Detail Asian India	Relation Spouse,	on to Head of Household * Child, Other SSN/ITIN (Last 4) Pacific Islander Detail Native Hawaiian
Household Member Name * First Ethnicity * Hispanic, Non-Hispanic Race * American Indian or Ala Asian Black or African Americ Native Hawaiian or Oth	MI Disabili Disabled, ska Native	Not Disabled Asian Detail Asian India Chinese	Relation Spouse,	on to Head of Household * Child, Other SSN/ITIN (Last 4) Pacific Islander Detail Native Hawaiian Guamanian or Chamorro
Household Member Name * First Ethnicity * Hispanic, Non-Hispanic Race * American Indian or Ala Asian Black or African American Native Hawaiian or Otherslander	MI Disabili Disabled, ska Native	ty Status * Not Disabled Asian Detail Asian India Chinese Filipino	Relation Spouse,	Child, Other SSN/ITIN (Last 4) Pacific Islander Detail Native Hawaiian Guamanian or Chamorro Samoan
Household Member Name * First Ethnicity * Hispanic, Non-Hispanic Race * □ American Indian or Ala	MI Disabili Disabled, ska Native	ty Status * Not Disabled Asian Detail Asian India Chinese Filipino Japanese	Relation Spouse,	Child, Other SSN/ITIN (Last 4) Pacific Islander Detail Native Hawaiian Guamanian or Chamorro Samoan

Household Membe	r 4				
Name *			Relation t	o Head of Hous	ehold *
First	MI Last		Spouse, Ch	ild, Other	
Ethnicity *	Disability State	us * Date	e of Birth *	SSN/ITI	N (Last 4)
Hispanic, Non-Hispanic	Disabled, Not Disa	abled			
Race * □ American Indian or Ala		n Detail ian India		Pacific Islander I □ Native Hawaiia	
□ Asian	□ Chi	inese	С	☐ Guamanian or	Chamorro
□ Black or African Ameri	ican □ Fili _l	pino		⊒ Samoan	
□ Native Hawaiian or Ot	her Pacific □ Jap	oanese		☐ Other Pacific Is	lander
Islander	□ Kor	rean			
□ White	□ Vie	etnamese			
□ Other					
Primary Language *	⊔ O(r	ner Asian Sec	ondary Langua	nge	
Primary Language *			ondary Langua	nge	
Primary Language * Household Membe			ondary Langua	nge	
				nge o Head of Hous	ehold *
Household Membe					ehold *
Household Membe				o Head of Hous	ehold *
Household Membe Name *	r 5	Sec	Relation t	o Head of House	
Household Membe Name * First Ethnicity *	r 5 MI Last Disability State	us * Date	Relation t	o Head of House	
Household Membe Name * First Ethnicity * Hispanic, Non-Hispanic	MI Last Disability State Disabled, Not Disabled	us * Date	Relation t Spouse, Ch	o Head of House	N (Last 4) ⁻
Household Membe Name * First Ethnicity *	MI Last Disability State Disabled, Not Disa Asian	us * Date	Relation t Spouse, Ch e of Birth *	o Head of House	N (Last 4)
Household Membe Name * First Ethnicity * Hispanic, Non-Hispanic Race *	MI Last Disability State Disabled, Not Disa Asian	us * Date abled n Detail ian India	Relation t Spouse, Ch e of Birth *	o Head of House	N (Last 4) Detail n
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Household Membe Name * First Ethnicity * Hispanic, Non-Hispanic Race * □ American Indian or Ala □ Asian □ Black or African Ameri □ Native Hawaiian or Ot	Disability State Disabled, Not	us * Date abled n Detail ian India inese	Relation t Spouse, Ch e of Birth *	o Head of House ild, Other SSN/ITI Pacific Islander I Native Hawaiia Guamanian or	N (Last 4) Detail n Chamorro
Household Membe Name * First Ethnicity * Hispanic, Non-Hispanic Race * American Indian or Ala Asian Black or African Ameri Native Hawaiian or Ottlslander	Disability State Disabled, Not	us * Date abled n Detail ian India inese pino panese	Relation t Spouse, Ch e of Birth *	o Head of House ild, Other SSN/ITI Pacific Islander I Native Hawaiia Guamanian or Samoan	N (Last 4) Detail n Chamorro
Household Membe Name * First Ethnicity * Hispanic, Non-Hispanic Race * □ American Indian or Ala □ Asian □ Black or African Ameri □ Native Hawaiian or Ot	Disability State Disabled, Not	us * Date abled n Detail ian India inese pino panese	Relation t Spouse, Ch e of Birth *	o Head of House ild, Other SSN/ITI Pacific Islander I Native Hawaiia Guamanian or Samoan	N (Last 4) Detail n Chamorro

Primary Language *	Secondary Language

Apartment Choice 1 *	Apartment Choice 2		
vailable choices for Preferr	ed Apartment Size are: 1 Bedroom, 2 Bedroom		
Household Incom ist total combined gross inc annual (yearly) basis.	ne and Assets come received from all sources by all members of the hou	usehold. Show amount on	
COMBINED HOUSEHOLD	ALL SOURCES (Include all sources of employment	Annual Amount *	
NCOME FOR ALL HOUSEHOLD MEMBERS	(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).		

Community Resident Selection Pre This community may participate in programs requiring re- prior to housing being offered.					
Do you currently hold a Housing Choice Voucher? * ○ Yes ○ No	* Do you or any member of your household currently live in the County of Santa Cruz? * ○ 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 County of Santa Cruz? * ○ 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 **Schapiro Knolls**. 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.

