Pre-Application for Housing: Arbor 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 **(Arbor Park)** 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 *			Head of Household *	
		Head of Ho		
First MI	MI Last		Spouse, Child, Other	
Email *	Contact Phone # *	Alternate Phone #	Preferred Contact Method	
			Phone, E-Mail, Postal Mail	
Address *				
City	State	Zij	o Code	
If you are homeless, please provide	a mailing address whe	ere vou receive mail. If v	you do not have a mailing	
address, please select the appropria			3	
Ethnicity * Disab	oility Status *	Date of Birth *	SSN/ITIN (Last 4) *	
Etimicity	mily Status	Date of Birth	SSIN/ITIN (Last 4)	
Hispanic, Non-Hispanic Disable	ed, Not Disabled			
Race *	Asian Detail	D	acific Islander Detail	
☐ American Indian or Alaska Nativ			Native Hawaiian	
☐ 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			
Primary Language *		Secondary Language	ge	

Name *			Relat	ion to Head	d of Household *
First	MI	Last	Spous	e, Child, Othe	er
Ethnicity *	Disabili	ty Status *	Date of Birth *		SSN/ITIN (Last 4)
Hispanic, Non-Hispanic	Disabled	Not Disabled			
	Disabled,				
Race * □ American Indian or Ala	aska Native	Asian Detail □ Asian India			Islander Detail /e Hawaiian
☐ Asian		☐ Chinese		☐ Guar	manian or Chamorro
☐ Black or African Ameri	can	☐ Filipino		□ Sam	oan
☐ Native Hawaiian or Oth	her Pacific	□ Japanese		☐ Othe	r Pacific Islander
Islander		□ Korean			
☐ White		□ Vietnamese			
☐ Other		☐ Other Asian			
	r 3		Secondary La	nguage	
Primary Language * Household Membe Name *	r 3	Last	Relat		d of Household *
Household Membe Name *	MI		Relat	ion to Head	er
Household Membe Name *	MI	Last ty Status *	Relat	ion to Head	
Household Membe	MI Disabili		Relat	ion to Head	er
Household Membe Name * First Ethnicity *	MI Disabili Disabled,	ty Status *	Relat	ion to Heade e, Child, Othe Pacific	er
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Primary Language *			ge
Household Member	4		
Name *		Relation to	o Head of Household *
First	MI Last	Spouse, Chil	ld, 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 Othe	er Pacific □ Japanese		Other Pacific Islander
Islander	□ Korean		
□ White	☐ Vietnamese		
□ Other	☐ Other Asian		
Primary I anguago *	L Guiei / Idaii	Socondary Langua	an.
Primary Language *	L Guiei / Idaii	Secondary Langua	ge
		Secondary Langua	ge
Household Member			
			ge o Head of Household *
Household Member			o Head of Household *
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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 aska Native ☐ 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	□ Vietnames	e
□ Other	□ Other Asia	n
Primary Language * Household Member		Secondary Language
Primary Language *		
Primary Language * Household Member Name *	r 7	Secondary Language Relation to Head of Household *
Primary Language * Household Membe		Secondary Language
Primary Language * Household Member Name *	r 7	Secondary Language Relation to Head of Household * Spouse, Child, Other
Primary Language * Household Member Name * First Ethnicity *	r 7 MI Last Disability Status *	Secondary Language Relation to Head of Household * Spouse, Child, Other
Primary Language * Household Member Name * First Ethnicity * Hispanic, Non-Hispanic	MI Last Disability Status * Disabled, Not Disabled	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 *	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) * Pacific Islander Detail
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Primary Language * Household Member Name *	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: 1 Bedroom, 2 B	edroom, 3 Bedroom
Household Incom List total combined gross ind annual (yearly) basis.		mbers of the household. Show amount on
COMBINED HOUSEHOLD NCOME FOR ALL HOUSEHOLD MEMBERS	ALL SOURCES (Include all sources of (gross) except self-employment (net), SSI, pensions, interest and dividends, unemployment, gift income, alimony an on an annual (yearly basis).	Social Security, disability,
	,	

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 (Mobility, Hearing, Vision)? * ○ 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
Have you been displaced by a natural disaster? * ○ 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 **Arbor 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 *	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.

