## Pre-Application for Housing: Firehouse 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 **(Firehouse 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.

|   |                          |  | Relation          | to Head of Household *  |  |  |
|---|--------------------------|--|-------------------|---|--|--|
|   |                          |  | Head of           | Household   |  |  |
| First   | MI                       | MI Last  |                   | Spouse, Child, Other  |  |  |
| Email *   | Co                       | ntact Phone # *  | Alternate Phone # | Preferred Contact Method  |  |  |
|   |                          |  |                   | Phone, E-Mail, Postal Mail  |  |  |
| Address *   |                          |  |                   |   |  |  |
|   |                          |  |                   |   |  |  |
|   |                          |  |                   |   |  |  |
| City  |                          | State  |                   | Zip Code  |  |  |
|   |                          |  |                   |   |  |  |
| Ethnicity * Hispanic, Non-Hispanic  |                          | ty Status *  Not Disabled  | Date of Birth *   | SSN/ITIN (Last 4) *   |  |  |
| ·   | Disabled,                | Not Disabled  Asian Detail   |                   | SSN/ITIN (Last 4) *  Pacific Islander Detail  Native Hawaiian                 |  |  |
| Hispanic, Non-Hispanic  | Disabled,                | Not Disabled  Asian Detail   |                   | Pacific Islander Detail   |  |  |
| Hispanic, Non-Hispanic<br>Race *<br>□ American Indian or Ala  | Disabled,<br>aska Native | Not Disabled  Asian Detail  Asian India                              |                   | Pacific Islander Detail  ☐ Native Hawaiian                                    |  |  |
| Hispanic, Non-Hispanic  Race *  □ American Indian or Ala  □ Asian  □ Black or African Ameri  □ Native Hawaiian or Oth | Disabled,<br>aska Native | Not Disabled  Asian Detail  Asian India  Chinese                     |                   | Pacific Islander Detail  ☐ Native Hawaiian  ☐ Guamanian or Chamorro           |  |  |
| Hispanic, Non-Hispanic<br><b>Race *</b><br>□ American Indian or Ala<br>□ Asian  | Disabled,<br>aska Native | Not Disabled  Asian Detail  Asian India  Chinese  Filipino           |                   | Pacific Islander Detail  ☐ Native Hawaiian  ☐ Guamanian or Chamorro  ☐ Samoan |  |  |
| Hispanic, Non-Hispanic  Race *  □ American Indian or Ala  □ Asian  □ Black or African Ameri  □ Native Hawaiian or Oth | Disabled,<br>aska Native | Not Disabled  Asian Detail  Asian India  Chinese  Filipino  Japanese |                   | Pacific Islander Detail  ☐ Native Hawaiian  ☐ Guamanian or Chamorro  ☐ Samoan |  |  |

| Household Member  | r 2                                 |   |         |                     |   |   |
|---|-------------------------------------|---|---------|---------------------|---|---|
| Name *  |                                     |   |         | Relation            | to Head   | l of Household *  |
| First   | MI                                  | Last  |         | Spouse, Ch          | aild Otha   | ·   |
|   |                                     |   |         |                     | ilia, Otrie   |   |
| Ethnicity *   | Disabili                            | ty Status *   | Date of | Birth *             |   | SSN/ITIN (Last 4)   |
| Hispanic, Non-Hispanic  | Disabled,                           | Not Disabled  |         |                     |   |   |
| <b>Race *</b><br>⊐ American Indian or Ala   | ska Native                          | <b>Asian Detail</b><br>□ Asian India  |         |                     |   | <b>Islander Detail</b><br>e Hawaiian                                  |
| □ Asian   |                                     | ☐ Chinese   |         |                     | □ Guan  | nanian or Chamorro  |
| ☐ Black or African Americ   | can                                 | ☐ Filipino  |         | I                   | □ Samo  | oan   |
| ☐ Native Hawaiian or Oth  | ner Pacific                         | □ Japanese  |         | 1                   | □ Othei   | Pacific Islander  |
| Islander  |                                     | □ Korean  |         |                     |   |   |
| ☐ White   |                                     | □ Vietnamese  |         |                     |   |   |
| □ Other   |                                     | ☐ Other Asian   |         |                     |   |   |
| Primary Language *  |                                     | Li Ottici / Islani  | Seconda | ary Langu           | age   |   |
| Household Member  | r 3                                 | Li Ottici / Islani  | Seconda |                     |   |   |
| Household Member  | r 3                                 |   | Seconda |                     |   | l of Household *  |
| Household Member  |                                     | Last  | Seconda |                     | to Head   |   |
| Household Member Name *   | MI                                  | Last  | Second: | Relation Spouse, Ch | to Head   | r   |
| Household Member Name *   | MI                                  |   |         | Relation Spouse, Ch | to Head   |   |
| Primary Language *  Household Member Name *  First  Ethnicity *  Hispanic, Non-Hispanic   | MI<br>Disabili                      | Last  |         | Relation Spouse, Ch | to Head   | r   |
| Household Member Name *  First  Ethnicity *  Hispanic, Non-Hispanic  Race *   | MI  Disabili  Disabled,             | Last ty Status *  Not Disabled  Asian Detail  |         | Relation Spouse, Ch | to Head   | SSN/ITIN (Last 4)   |
| Household Member Name *  First  Ethnicity *  Hispanic, Non-Hispanic  Race *  □ American Indian or Ala                                     | MI  Disabili  Disabled,             | Last  ty Status *  Not Disabled  Asian Detail  Asian India                              |         | Relation Spouse, Ch | to Head   | r<br>SSN/ITIN (Last 4)<br>Islander Detail<br>e Hawaiian               |
| Household Member Name *  First  Ethnicity *  Hispanic, Non-Hispanic  Race *  □ American Indian or Ala  □ Asian                            | MI  Disabili  Disabled,             | Last  ty Status *  Not Disabled  Asian Detail  Asian India  Chinese                     |         | Relation Spouse, Ch | to Head   | r<br>SSN/ITIN (Last 4)  Islander Detail e Hawaiian nanian or Chamorro |
| Household Member Name *  First  Ethnicity *  Hispanic, Non-Hispanic  Race *  □ American Indian or Ala  □ Asian  □ Black or African Americ | MI  Disabili  Disabled,  ska Native | Last  ty Status *  Not Disabled  Asian Detail  Asian India  Chinese  Filipino           |         | Relation Spouse, Cr | to Head<br>nild, Othe<br>Pacific<br>□ Nativ<br>□ Guan | r SSN/ITIN (Last 4) Islander Detail e Hawaiian nanian or Chamorro     |
| Household Member Name *  First  Ethnicity *  Hispanic, Non-Hispanic  Race *   | MI  Disabili  Disabled,  ska Native | Last  ty Status *  Not Disabled  Asian Detail  Asian India  Chinese  Filipino  Japanese |         | Relation Spouse, Cr | to Head<br>nild, Othe<br>Pacific<br>□ Nativ<br>□ Guan | r<br>SSN/ITIN (Last 4)  Islander Detail e Hawaiian nanian or Chamorro |
| Household Member Name *  First  Ethnicity *  Hispanic, Non-Hispanic  Race *   | MI  Disabili  Disabled,  ska Native | Last  ty Status *  Not Disabled  Asian Detail  Asian India  Chinese  Filipino           |         | Relation Spouse, Cr | to Head<br>nild, Othe<br>Pacific<br>□ Nativ<br>□ Guan | r SSN/ITIN (Last 4) Islander Detail e Hawaiian nanian or Chamorro     |

| Household Member   | r <b>4</b>  |  |  |                             |
|--|-------------|--|--|-----------------------------|
| Name *   |             |  | Relation to                                    | Head of Household *         |
| First  | MI          | Last   | Spouse, Child                                  | d. Other                    |
| Ethnicity *  |             | ty Status *                                    | Date of Birth *                                | SSN/ITIN (Last 4) *         |
| Limitity   | Disabili    | ty Otatus                                      | Date of Birtin                                 | OON/ITIN (Last 4)           |
| Hispanic, Non-Hispanic   | Disabled,   | Not Disabled                                   |  |                             |
| Race *   |             | Asian Detail                                   |  | acific Islander Detail      |
| ☐ American Indian or Ala   | ska Native  |  |  | Native Hawaiian             |
| ⊐ Asian  |             | ☐ Chinese                                      |  | Guamanian or Chamorro       |
| J Diaglaga African Amagric   |             |  |  | l Samoan                    |
|  |             | ☐ Filipino                                     |  | Other Decific Islander      |
| ☐ Native Hawaiian or Oth   |             | □ Japanese                                     |  | Other Pacific Islander      |
| □ Native Hawaiian or Oth<br>slander  |             | □ Japanese<br>□ Korean                         |  | Other Pacific Islander      |
| ⊐ Native Hawaiian or Oth<br>slander<br>⊐ White   |             | □ Japanese                                     |  | Other Pacific Islander      |
| □ Native Hawaiian or Oth<br>slander<br>□ White<br>□ Other  |             | ☐ Japanese<br>☐ Korean<br>☐ Vietnamese         |  |                             |
| □ Native Hawaiian or Oth<br>slander<br>□ White<br>□ Other  |             | ☐ Japanese<br>☐ Korean<br>☐ Vietnamese         |  |                             |
| □ Native Hawaiian or Oth<br>slander<br>□ White<br>□ Other  | ner Pacific | ☐ Japanese<br>☐ Korean<br>☐ Vietnamese         |  |                             |
| □ Black or African Americ □ Native Hawaiian or Oth Islander □ White □ Other  Primary Language *  Household Member Name * | ner Pacific | ☐ Japanese<br>☐ Korean<br>☐ Vietnamese         | Secondary Languaç                              |                             |
| □ Native Hawaiian or Oth Islander □ White □ Other  Primary Language *  Household Member                                  | ner Pacific | ☐ Japanese<br>☐ Korean<br>☐ Vietnamese         | Secondary Languaç                              | ge<br>• Head of Household * |
| □ Native Hawaiian or Oth Islander □ White □ Other  Primary Language *  Household Member Name *                           | r 5         | □ Japanese □ Korean □ Vietnamese □ Other Asian | Secondary Language  Relation to  Spouse, Child | o Head of Household *       |
| ☐ Native Hawaiian or Oth slander ☐ White ☐ Other  Primary Language *  Household Member lame *                            | r 5         | □ Japanese □ Korean □ Vietnamese □ Other Asian | Secondary Languaç                              | ge<br>• Head of Household * |

| Race * □ American Indian or Alaska Nativ □ Asian □ Black or African American □ Native Hawaiian or Other Pacific Islander □ White □ Other | □ Chinese □ Filipino                            | ]<br>]<br>]      | Pacific Islander Detail ☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Islander |
|--|---|------------------|---|
| Primary Language *   |   | Secondary Langua | age   |
| Household Member 6   |   |                  |   |
| Name *   |   | Relation t       | to Head of Household *  |
|  |   |                  | 71.00   |
| First MI   | Last  | Spouse, Ch       |   |
| Ethnicity * Disab  | ility Status *                                  | Date of Birth *  | SSN/ITIN (Last 4) *   |
| Hispanic, Non-Hispanic Disable   | ed, Not Disabled                                |                  |   |
| Race * □ American Indian or Alaska Nativ   | Asian Detail<br>e □ Asian India                 |                  | Pacific Islander Detail<br>⊐ Native Hawaiian  |
| ☐ Asian  | ☐ Chinese                                       | [                | ☐ Guamanian or Chamorro   |
| ☐ Black or African American  | ☐ Filipino                                      |                  | □ Samoan  |
| ☐ Native Hawaiian or Other Pacific Islander  | •   | [                | □ Other Pacific Islander  |
| ☐ White  | <ul><li>☐ Korean</li><li>☐ Vietnamese</li></ul> |                  |   |
| ☐ Other  | ☐ Other Asian                                   |                  |   |
| Primary Language *   |   | Secondary Langua | age   |
| Household Member 7   |   |                  |   |
| Name *   |   | Relation t       | to Head of Household *  |
| First A41  | Loot  | Sparrage Ola     | ild Othor   |
| First MI   | Last  | Spouse, Ch       |   |
| Ethnicity * Disab  | ility Status *                                  | Date of Birth *  | SSN/ITIN (Last 4) *   |

| Hispanic, Non-Hispanic Disabled,  | Not Disabled   |   |
|---|--|---|
| Race *  ☐ American Indian or Alaska Native  | <b>Asian Detail</b> ☐ Asian India  | Pacific Islander Detail ☐ Native Hawaiian |
| ☐ Asian   | ☐ Chinese  | ☐ Guamanian or Chamorro                   |
| ☐ Black or African American   | ☐ Filipino   | □ Samoan                                  |
| <ul><li>□ Native Hawaiian or Other Pacific Islander</li><li>□ White</li><li>□ Other</li></ul> | <ul><li>□ Japanese</li><li>□ Korean</li><li>□ Vietnamese</li><li>□ Other Asian</li></ul> | □ Other Pacific Islander                  |
| Primary Language *  |  | Secondary Language                        |

| Preferred Apartm  | ent Size |  |  |  |
|---|----------|--|--|--|
| Apartment Choice 1 *  |          |  |  |  |
| Available choices for Preferred Apartment Size are: 3 Bedroom  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. |          |  |  |  |
|   |          |  |  |  |
|   |          |  |  |  |
|   |          |  |  |  |
|   |          |  |  |  |
|   |          |  |  |  |
|   |          |  |  |  |
|   |          |  |  |  |
|   |          |  |  |  |
|   |          |  |  |  |
|   |          |  |  |  |

| Community Resident Selection Pre This community may participate in programs requiring resprior 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 San Mateo? * ○ 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 San Mateo? *  O Yes O 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 or any member of your household been displaced by a "no fault" eviction in San Mateo County in the past 3 years, or been displaced by any City activity or by public projects implemented by the city of Belmont within 3 years of date of this application? *  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 **Firehouse 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.

