Pre-Application for Housing: Maryce Freelen Place

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 **(Maryce Freelen Place)** 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 to	Head of Household *
	Head of H			Head of Ho	ousehold
First	MI	Last Spouse, Child, Other			d, Other
Email *	Co	ntact Phone # *	Alternat	e Phone #	Preferred Contact Method *
					Phone, E-Mail, Postal Mail
Address *					
City		State		Zip	Code
address, please select the appearance select	•	ty Status *	Date of I	Birth *	SSN/ITIN (Last 4) *
Hispanic, Non-Hispanic	Disabled,	Not Disabled			
Race * □ American Indian or Alaska	a Native	Asian Detail ☐ Asian India		_	acific Islander Detail Native Hawaiian
☐ Asian		☐ Chinese			Guamanian or Chamorro
☐ Black or African American	1	☐ Filipino			Samoan
☐ Native Hawaiian or Other	Pacific	□ Japanese			Other Pacific Islander
Islander		☐ Korean			
□ White		□ Vietnamese			
☐ Other		☐ Other Asian			
Primary Language *			Seconda	ary Languag	ge

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				
Race * ⊐ American Indian or Ala	ska Native	Asian Detail □ Asian India				Islander Detail 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 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 SSN/ITIN (Last 4) Islander Detail 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 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 nild, Othe Pacific □ Nativ □ 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 nild, Othe Pacific □ Nativ □ 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		Relation Spouse, Cr	to Head nild, Othe Pacific □ Nativ □ Guan	r SSN/ITIN (Last 4) Islander Detail e Hawaiian nanian or Chamorro

First MI Last Spouse, Child, Other	ousehold *		
First MI Last Spouse, Child, Other	ousehold *		
	Relation to Head of Household *		
	Spouse, Child, Other		
disability Status Date of Birtin 33N	/ITIN (Last 4) *		
	/ITIN (Last 4)		
spanic, Non-Hispanic Disabled, Not Disabled			
Asian Detail Pacific Island American Indian or Alaska Native □ Asian India □ Native Haw			
l Asian ☐ Chinese ☐ Guamaniar	or Chamorro		
Black or African American ☐ Filipino ☐ Samoan			
Native Hawaiian or Other Pacific □ Japanese □ Other Pacif	ic Islander		
lander ☐ Korean			
□ Vietnamese			
Other Other Asian			
⊔ Otner Asian			
⊔ Otner Asian			
rimary Language * Secondary Language			
	ousehold *		
rimary Language * Secondary Language lousehold Member 5 ame * Relation to Head of He	ousehold *		
Other Asian Fimary Language * Secondary Language Ousehold Member 5 ame * Relation to Head of House to the secondary Language Spouse, Child, Other			
rimary Language * Secondary Language lousehold Member 5 ame * Relation to Head of H	ousehold * //ITIN (Last 4) *		

Race * □ American Indian or Alaska Nativ □ Asian □ Black or African American □ Native Hawaiian or Other Pacific Islander □ White □ Other	□ Chinese □ Filipino]]]	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 e □ Asian India		Pacific Islander Detail ⊐ Native Hawaiian
☐ Asian	☐ Chinese	[☐ Guamanian or Chamorro
☐ Black or African American	☐ Filipino		□ Samoan
☐ Native Hawaiian or Other Pacific Islander	•	[□ Other Pacific Islander
☐ White	☐ Korean☐ Vietnamese		
☐ 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) *

Race * □ American Indian or Alaska Native	Asian Detail ☐ Asian India	Pacific Islander Detail ☐ Native Hawaiian
□ Asian	☐ Chinese	☐ Guamanian or Chamorro
□ Black or African American	☐ Filipino	□ Samoan
□ Native Hawaiian or Other Pacific Islander □ White □ Other	☐ Japanese ☐ Korean ☐ Vietnamese ☐ Other Asian	□ Other Pacific Islander
Primary Language *		Secondary Language

partment Choice 1 *		
vailable choices for Preferre	ed Apartment Size are: 3 Bedroom	
lousehold Incom ist total combined gross inc nnual (yearly) basis.	e and Assets ome received from all sources by all members of the hou	sehold. Show amount on
	ALL SOURCES (Include all sources of employment	Annual Amount *
OUSEHOLD 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	
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 City of Mountain View? *
Does any member of your household require a unit accessible to those living with specific disabilities (Mobility, Hearing, Vision)? * ○ Yes ○ No	O Yes ○ No Do you or any member of your household currently work in the City of Mountain View? * ○ 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 **Maryce Freelen**Place. 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.

