Pre-Application for Housing: Donner Lofts

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 **(Donner Lofts)** 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 *
				Head of Household			
First MI	MI Last			Spouse, Child, 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:.	#b *		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 *			Relat	ion to Head	of Household *
First	MI	Last	Spous	e, Child, Other	
			·		
Ethnicity *	Disabili	ty Status *	Date of Birth *		SSN/ITIN (Last 4)
Hispanic, Non-Hispanic	Disabled,	Not Disabled			
Race * □ American Indian or A	laska Native	Asian Detail □ Asian India			slander Detail e Hawaiian
☐ Asian		☐ Chinese		□ Guam	anian or Chamorro
☐ Black or African Ame	rican	☐ Filipino		□ Samo	an
☐ Native Hawaiian or O	ther Pacific	□ Japanese		☐ Other	Pacific Islander
Islander		□ Korean			
☐ White		□ Vietnamese			
☐ Other		☐ Other Asian			
Primary Language * Household Membe	er 3		Secondary La	nguage	
Primary Language * Household Membershame *	er 3				of Household *
Household Membe		Last	Relat		
Household Members	MI	Last ty Status *	Relat	ion to Head e, Child, Other	
Household Memberships * Name * First Ethnicity *	MI Disabili	ty Status *	Relat	ion to Head e, Child, Other	
Household Memberships * Name * First Ethnicity *	MI Disabili		Relat	ion to Head e, Child, Other	
Household Membershirst	MI Disabili Disabled,	ty Status *	Relat	ion to Head e, Child, Other Pacific I	
Household Members Name * First Ethnicity * Hispanic, Non-Hispanic Race * □ American Indian or A	MI Disabili Disabled,	ty Status * Not Disabled Asian Detail	Relat	ion to Head e, Child, Other Pacific I □ Native	SSN/ITIN (Last 4)
Household Members Name * First Ethnicity * Hispanic, Non-Hispanic Race * American Indian or A	MI Disabili Disabled,	ty Status * Not Disabled Asian Detail Asian India	Relat	ion to Head e, Child, Other Pacific I □ Native	SSN/ITIN (Last 4) slander Detail e Hawaiian hanian or Chamorro
Household Member Name * First Ethnicity * Hispanic, Non-Hispanic Race * □ American Indian or A □ Asian □ Black or African Ame □ Native Hawaiian or O	MI Disabili Disabled, laska Native	Not Disabled Asian Detail Asian India Chinese	Relat	ion to Head e, Child, Other Pacific I □ Native □ Guam □ Samo	SSN/ITIN (Last 4) slander Detail e Hawaiian hanian or Chamorro
Household Member Name * First Ethnicity * Hispanic, Non-Hispanic Race * American Indian or A Asian Black or African Ame Native Hawaiian or O Islander	MI Disabili Disabled, laska Native	Not Disabled Asian Detail Asian India Chinese Filipino	Relat	ion to Head e, Child, Other Pacific I □ Native □ Guam □ Samo	SSN/ITIN (Last 4) slander Detail e Hawaiian nanian or Chamorro
Household Members Name * First Ethnicity * Hispanic, Non-Hispanic Race *	MI Disabili Disabled, laska Native	ty Status * Not Disabled Asian Detail Asian India Chinese Filipino Japanese	Relat	ion to Head e, Child, Other Pacific I □ Native □ Guam □ Samo	SSN/ITIN (Last 4) slander Detail e Hawaiian nanian or Chamorro

rimary Language *	S	econdary Language	

partment Choice 1 *	Apartment Choice 2	
vailable choices for Preferr		
Household Incomist total combined gross inconnual (yearly) basis.	ne and Assets come received from all sources by all members of the hou	usehold. Show amount on
COMBINED HOUSEHOLD NCOME FOR ALL IOUSEHOLD MEMBERS	ALL SOURCES (Include all sources of employment (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).	Annual Amount *

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
Are you currently homeless or at risk of homelessness? * O Yes O No
Do you own a personal vehicle? * 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 **Donner Lofts**. 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.

