

# Pre-Application for Housing: Page Mill Court

**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 (**Page Mill Court**) 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 \***

First

MI

Last

**Relation to Head of Household \***

Spouse, Child, Other

**Email \***

**Contact Phone # \***

**Alternate Phone #**

**Preferred Contact Method \***

Phone, E-Mail, Postal Mail

**Address \***

City

State

Zip Code

*If you are homeless, please provide a mailing address where you receive mail. If you do not have a mailing address, please select the appropriate contact method below.*

**Ethnicity \***

Hispanic, Non-Hispanic

**Disability Status \***

Disabled, Not Disabled

**Date of Birth \***

**SSN/ITIN (Last 4) \***

**Race \***

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Other

**Asian Detail**

- Asian India
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian

**Pacific Islander Detail**

- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander

**Primary Language \***

**Secondary Language**

## Household Member 2

Name \*

First

MI

Last

Relation to Head of Household \*

Spouse, Child, Other

Ethnicity \*

Hispanic, Non-Hispanic

Disability Status \*

Disabled, Not Disabled

Date of Birth \*

SSN/ITIN (Last 4) \*

Race \*

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Other

Asian Detail

- Asian India
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian

Pacific Islander Detail

- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander

Primary Language \*

Secondary Language

## Household Member 3

Name \*

First

MI

Last

Relation to Head of Household \*

Spouse, Child, Other

Ethnicity \*

Hispanic, Non-Hispanic

Disability Status \*

Disabled, Not Disabled

Date of Birth \*

SSN/ITIN (Last 4) \*

Race \*

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Other

Asian Detail

- Asian India
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian

Pacific Islander Detail

- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander

**Primary Language \*****Secondary Language****Household Member 4****Name \***

First

MI

Last

**Relation to Head of Household \***

Spouse, Child, Other

**Ethnicity \***

Hispanic, Non-Hispanic

**Disability Status \***

Disabled, Not Disabled

**Date of Birth \*****SSN/ITIN (Last 4) \*****Race \***

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Other

**Asian Detail**

- Asian India
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian

**Pacific Islander Detail**

- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander

**Primary Language \*****Secondary Language****Household Member 5****Name \***

First

MI

Last

**Relation to Head of Household \***

Spouse, Child, Other

**Ethnicity \***

Hispanic, Non-Hispanic

**Disability Status \***

Disabled, Not Disabled

**Date of Birth \*****SSN/ITIN (Last 4) \*****Race \***

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Other

**Asian Detail**

- Asian India
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian

**Pacific Islander Detail**

- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander

**Primary Language \***

**Secondary Language**

## Preferred Apartment Size

Apartment Choice 1 \*

Apartment Choice 2

Available choices for Preferred Apartment Size are: **1 Bedroom, 2 Bedroom**

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## 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.*

**COMBINED HOUSEHOLD  
INCOME FOR ALL  
HOUSEHOLD 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.*

**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

**Is one member of the household developmentally disabled? \***

Yes  No

**This project receives Federal Funding and therefore requires a response to the following questions:**

**Please list all states where you are registered.**

# Optional Contact Information

OMB Control # 2502-0581  
Exp. (02/28/2019)

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

## SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

**Applicant Name:**

**Mailing Address:**

**Telephone No:**

**Cell Phone No:**

**Name of Additional Contact Person or Organization:**

**Address:**

**Telephone No:**

**Cell Phone No:**

**Relationship to Applicant:**

**E-Mail Address (if applicable):**

**Reason for Contact:**

- |   |  |
|---|--|
| <input type="checkbox"/> Emergency                        | <input type="checkbox"/> Assist with recertification process |
| <input type="checkbox"/> Unable to contact you            | <input type="checkbox"/> Change in lease terms               |
| <input type="checkbox"/> Termination of rental assistance | <input type="checkbox"/> Change in house rules               |
| <input type="checkbox"/> Eviction from unit               | <input type="checkbox"/> Late payment of rent                |

*(Check all that apply)*

**Commitment of Housing Authority or Owner:** If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.

**Confidentiality Statement:** The information provided on this form is confidential and will not be disclosed to anyone

except as permitted by the applicant or applicable law.

**Legal Notification:** Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.

Check this box if you choose not to provide the contact information

**Signature of Applicant: \***

**Date \***

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The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

Form HUD- 92006 (05/09)

# Race and Ethnic Data Reporting Form

U.S. Department of Housing and Urban Development  
Office of Housing

OMB Approval No. 2502-0204  
(Exp 06/30/2017)

**Name of Property**

Page Mill Court

**Project**

**Address of Property**

2700 Ash, Palo Alto, California 94306-2048

**Name of Owner/Managing Agent**

MidPen Property Management Corp

**Type of assistance or Program Title**

Section 8 NC

**Name of Head of Household**

**Name of Household Member**

**Date**

7/31/2025

**Ethnic Categories**

Hispanic or Latino

Not-Hispanic or Latino

*Select one*

**Racial Categories**

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

Other

Select all that apply

Definition for these categories may be found in the instructions document.

**There is no penalty for persons who do not complete the form.**

**Signature \***

**Date \***

**Public reporting burden** for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provide and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does no require any special protection.

Form HUD-27061-H (9/2003)

## 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 **Page Mill Court**. 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.

