Pre-Application for Housing:
Kiku Crossing

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 **(Kiku Crossing)** 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 *

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

Household Member 6

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 7

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

Asian Detail

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

Pacific Islander Detail

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

☐ Other ☐ Other Asian

Primary Language *

Secondary Language

Preferred Apartment Size

Apartment Choice 1 *

Apartment Choice 2

Apartment Choice 3

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

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.

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 or any member of your household currently employed by the City or County of San Mateo, State of California or Federal Government? *
○ Yes ○ No

Has your household been displaced by an activity by the City of San Mateo, the City's Code enforcement activities or as provided in Health and Safety code Section 33411.3? *
○ Yes ○ No

Does the household currently receive any housing assistance program OTHER than Section 8? *
○ Yes ○ No

Are all household members full-time students? *
○ Yes ○ No

Do you or any member of your household currently live in the City of San Mateo? *
○ Yes ○ No

Do you or any member of your household currently work in the City of San Mateo? *
○ 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 **Kiku Crossing**. 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.



