

Kottinger Gardens Phase1 Apartments

PRE-APPLICATION FOR HOUSING

FILL IN ALL SECTIONS AND FIELDS; IF NOT APPLICABLE INSERT 'N/A'. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

A. Household Contact Information

Name: _____

_____ *Last* _____ *First* _____ *MI* _____ *Relationship to Household*

Address _____ Email Address _____

Contact Phone # () - Preferred Apartment Sizes *(can choose more than 1, contact management for unit sizes specific to the property you are applying)* Alternate Phone # () -
 First Choice : 1BR

B. Household Composition

Please see Resident Selection Criteria for Occupancy Standards

Please be sure to include your HOH information (from above) if applicable in this section, Member #1 - HOH

All persons who will reside in unit	Relationship to Head of Household	Name Last, First MI	Social Security Number	Date of Birth (mm/dd/yyyy)	Full-Time Student Y/N
Member #1	Head of Household				
Member #2					
Member #3					

Do you anticipate any household changes within the next twelve months? YES NO

If Yes, Expected # of Additions _____ or Reductions _____

Anticipated changes may not qualify you at move-in

Race and Ethnic Data Reporting

Member #	Household Member Name	Select All that Apply: (Fill out both Ethnicity AND Race sections for each household member.)			
Member #1		ETHNICITY: Hispanic or Latino Decline to Report	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	RACE CONTINUED: Black or African American Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
		RACE: American Indian or Native American Asian	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	White Other Decline to Report	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
Member #2		ETHNICITY: Hispanic or Latino Decline to Report	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	RACE CONTINUED: Black or African American Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
		RACE: American Indian or Native American Asian	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	White Other Decline to Report	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
Member #3		ETHNICITY: Hispanic or Latino Decline to Report	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	RACE CONTINUED: Black or African American Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
		RACE: American Indian or Native American Asian	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	White Other Decline to Report	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO

Member #	Household Member Name	Select All that Apply: (Fill out both Ethnicity AND Race sections for each household member.)					
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C. Community Resident Selection Preferences

This community may participate in programs requiring residency preferences, please check with management prior to completing this section Preference eligibility will be verified prior to housing being offered

Do you have a transferable Housing Choice Voucher?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	NA <input type="checkbox"/>	Does any household member require a live-in attendant?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	NA <input type="checkbox"/>
Does any member of your household require a unit accessible to those living with specific disabilities? Please check if applies Mobility <input type="checkbox"/> Vision <input type="checkbox"/> Hearing <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	NA <input type="checkbox"/>	Are any household members military veterans?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	NA <input type="checkbox"/>
Were you or any member of your household listed above displaced by natural causes, redevelopment or agency?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	NA <input type="checkbox"/>	Are you currently homeless?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	NA <input type="checkbox"/>
Do you or any member qualify for any local live/work preference (confirm with management)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	NA <input type="checkbox"/>	Do you or any member qualify for other property preferences (confirm with management)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	NA <input type="checkbox"/>

To be completed if the Federal Funding box is checked If not, please check N/A

Federal Funding YES NO

Are you a National Citizen of the United States of America?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you not contending eligible immigration status?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
Are you subject to a lifetime Sex Offender registration program in any state?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you a Non-Citizen with eligible immigration status with one of the following Form I-551, I-94, I-688, 688B, I-151 or receipt issued by DHS	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>

D. Income & Assets

List below 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 \$ _____
COMBINED HOUSEHOLD ASSETS FOR ALL HOUSEHOLD MEMBERS	ALL SOURCES (Include NET liquid assets such as Checking and Savings account balances, Life Insurance value, 401K, Real Estate Equity, Stocks, Bonds, Mutual Funds, etc)	Value or Balance \$ _____

E. Signature & 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 Kottinger Gardens Phase 1 and 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.

**PLEASE REVIEW THE PRE-APPLICATION TO ENSURE ALL ITEMS HAVE BEEN FILLED OUT.
ALL MEMBERS AGED 18 OR OVER MUST SIGN AND DATE THIS APPLICATION.**

APPLICANT Signature: _____ DATE: _____

APPLICANT Signature: _____ DATE: _____

APPLICANT Signature: _____ DATE: _____

The undersigned agent certifies that the information sought herein is for the purpose of evaluation of the applicant's tenancy and for no other purpose.

_____	_____	_____
Community Manager Signature	Printed Name	Date

RETURN COMPLETED PRE-APPLICATION BY 4:00 pm on 8/27/2021 TO:
Kottinger Gardens Phase 1 Leasing Office in person or by mail to:
240 Kottinger Drive, Pleasanton CA 94566
Leasing Office Phone #: 925-574-1701

MidPen Housing Management Company 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.