

## APPLICATION FOR HOUSING San Veron Park

						4		
	A. Head	of Househol	d (HO	i) Info	orm	ation		
Loct	Eirot		N // I		Cooled Coought #		Data	of Pirth
dditional Names Used:								
	Proformed Apartme	ont Sizos (see list many than 1		amant far unit	-i=			
e #: -				How did you	near about the property?			
	Please see F	Resident Selection C	riteria for	Occupan	cy Sta			
Please	be sure to include	your HOH information	(from abo	ve) in this	sectio	n, Member #1	- НОН	T
Relationship to			Gender	Marital	Cosial	Coourity Number	Date of Birth	Student
	LdSt	, FIISU IVII	IVI/F	Status	SOCIAL	security Number	(ппп/аа/уууу)	Y/N
нон								
·	-	If Yes, Expected # of: Additions:	0	Reduction	ns:			
ive months?						mum	eccupancy a	
_	C. Nesid							
Street Address:				care i			Zip C	ode
Street Address:		Unit #:	City	Garo		State	Zip C	ode
_	tgage Company	Unit #:	City	n (MM/YY)			Zip C	
Landlord:		Unit #:	City	n (MM/YY)		State To (MM/YY)		
Landlord: ☐ Mort Name:		Unit #:	City Fron Select	n (MM/YY)	from th	State To (MM/YY) nis application of	Monthly Payment currently residing at 5 □ #6 □ #7	residence:
Landlord: ☐ Mort Name:	ame and Phone #:	Unit #:	City Fron Select	n (MM/YY)	from th	State To (MM/YY) nis application of	Monthly Payment  currently residing at	residence:
Landlord: ☐ Mort Name: Landlord Contact Na Landlord Street Add	ame and Phone #:	Unit #:	City Fron Select	m (MM/YY) members #1	from th	State  To (MM/YY)  nis application of 3	Monthly Payment  currently residing at  5	residence:
Landlord:	ame and Phone #:  fress  ny Bedrooms were a	Unit #:	City  From  Select  City	members #1  #2	from the	State  To (MM/YY)  nis application of 3	Monthly Payment currently residing at 5	residence:  #8 #9  Zip Code
Landlord:	ame and Phone #:  fress  ny Bedrooms were a	Unit #:  Apartment  Other  out this residence?	City  From  Select  City	members #1  #2	from the	State  To (MM/YY)  nis application of the state of the st	Monthly Payment currently residing at 5	residence: #8 #9 Zip Code  Cost/Month
Landlord:	ame and Phone #:  Iress  ny Bedrooms were a  #0 #1 #2	Unit #:  Apartment    Other  It this residence?  Unit #:	City  From  Select  City  He  City	members #1  #2  Utilitie  til Elec	from the #	State  To (MM/YY)  nis application of 3	Monthly Payment  currently residing at 5	residence:  #8  #9  Zip Code  Cost/Month
Landlord:	ame and Phone #:  Iress  ny Bedrooms were a  #0 #1 #2	Unit #:  Apartment    Other  It this residence?  The state of the stat	City  From  Select  City  He  City	members #1  #2	from the #	State  To (MM/YY)  nis application of 3	Monthly Payment currently residing at 5	residence:  #8  #9  Zip Code  Cost/Month
Landlord:	ame and Phone #:  Iress  ny Bedrooms were a  #0  #1  #2  rtgage Company [	Unit #:  Apartment    Other  It this residence?  Unit #:	City  From  Select City  The  Select of Select	the (MM/YY)  The members  #1	from the	State  To (MM/YY)  nis application of 3	Monthly Payment  surrently residing at 5	residence: #8 #9 Zip Code Cost/Month de
Landlord:	ame and Phone #:  Iress  By Bedrooms were a # # # # # # # # # # # # # # # # # #	Unit #:  Apartment    Other  It this residence?  Unit #:	City  From  Select City  City  Select	the (MM/YY)  The members  #1	from the	State  To (MM/YY)  nis application of 3	Monthly Payment  currently residing at 5	residence: #8  #9 Zip Code Cost/Month de :: esidence: #8  #9
Landlord:	ame and Phone #:  Iress  By Bedrooms were a # # # # # # # # # # # # # # # # # #	Unit #:  Apartment    Other  It this residence?  Unit #:	City  From  Select City  The  Select of Select	the (MM/YY)  The members  #1	from the	State  To (MM/YY)  nis application of 3	Monthly Payment.  Surrently residing at 5	residence: #8 #9 Zip Code Cost/Month de
	Please Relationship to HOH HOH	Last First  mes Used:  #: Preferred Apartme specific to the property of SRO/SLS  Please be sure to include  Relationship to HOH Last  HOH  pate any household changes within ve months? YES NO	Last First mes Used:  Preferred Apartment Sizes (can list more than 1, specific to the property you are applying)  SRO/SLS OBR OBR B. HOUSEhold Please see Resident Selection C  Please be sure to include your HOH information  Relationship to Name HOH Last, First MI  HOH  HOH  B. HOH  If Yes, Expected # of: Additions:	Last First MI  nes Used:  Preferred Apartment Sizes (can list more than 1, contact manage specific to the property you are applying) SRO/SLS	Last First MI Series Used:    Preferred Apartment Sizes (can list more than 1, contact management for unit specific to the property you are applying)	Last First MI Social 3 mes Used:  Preferred Apartment Sizes(can list more than 1, contact management for unit sizes specific to the property you are applying)  SRO/SLS DBR BB BB BB BB BBR BBR BBROSE	Last First MI Social Security #  Email Contact:  #: Preferred Apartment Sizes(can list more than 1, contact management for unit sizes specific to the property you are applying)  SRO/SLS	Last First MI Social Security # Date of Email Contact:  #: Preferred Apartment Sizes (can list more than 1, contact management for unit sizes specific to the property you are applying)    SRO/SLS

	Street Address:			Unit	#:	City	State	Zip Code	
Current Prior	Landlord: ☐ Mortgage Company Name:	ПАр	artment	i 🗆 (	Other	From (MM/YY)	To (MM/YY)	Monthly Payment:	
│	Landlord Contact Name and Phone	#:			Select members from this current application who resided at this residence:				
Own 🗌							□#3 □#4 □#5	5   #6   #7   #8   #9	
Rent	Landlord Street Address					City		State Zip Code	
Other	How Many Bedrooms were at this residence?						s Paid	Avg Cost/Month	
	☐ SRO/SLS ☐ #0 ☐ #1 ☐			] 5+	☐ Heat ☐ Elect	ric 🗌 Water 🔲 O	_		
D. Community Preferences									
This community may participate in required preferences, please  This community may participate in required preferences, please  Does this community have preferences: If Yes, Applicants need to complete									
	th management prior to completing thi					ommunity have p o, select "Not App			
	y member of your household above lousing Authority Waitlist?	YES	NO	N/A	If yes	, for how long? #	Months #	Years Member #: From Above	
Do you or any have a Certific	member of your household above cation as Homeless?	YES	NO	N/A	If yes	, for how long? #	Months #	Years Member #:	
,	ny member of your household ed by Redevelopment?	YES	NO	N/A	If yes	, please confirm with	Management and e	xplain:	
	member qualify for any local erence (confirm with management)?	YES	NO	N/A	If yes	, please list all that a	pply:		
	member qualify for other property confirm with management)?	YES	NO	N/A	If yes	, please list all that a	pply:		
E. Household Personal Information									
	ny member of your household above d of a Felony or Other Crime	YES	NO				e date(s) and Memb		
	ny member of your household above cted from a rental?	YES	NO				e date(s) and Memb		
	ny member of your household above d by MidPen Housing?	YES	NO	If yes	, pleas	e list when, which de	epartment/supervisor	and Member #(from above):	
	member of your household have a atly employed by MidPen Housing?	YES	NO		is for ir proce		es only. We are com	mitted to maintaining the integrity	
	member of your household above	YES	МО	Pleas	se prov	ride the name & add	ress of your County of	or City Housing Authority:	
currently poss Certificate?	ess a current Section 8 Voucher or		Ш	Nam			Phone: (	) -	
				Stree	et Addro	ess:	City, State	& Zip:	
If Yes, Is the \	/oucher/Certificate transferable?	YES	NO	Whi	ch hous	sehold member(s) po	osses the Voucher/C	rertificate: #(s):	
Have you or a ever filed for E	ny member of your household above Bankruptcy?	YES	NO	If yes	s, pleas	se list member # and	provide date(s) of ba	ankruptcy:	
,	member of your household above ets in the unit?	YES	NO			se explain pet details			
require specia	member of your household above all accommodations?	YES	NO	If yes	s, pleas	se list member # and	explain what accom	modations you require:	
	member of your household above arrangement of any child(ren) listed	YES	NO	If yes	s, pleas	se list member # and	explain custody arra	angements?	
	member of your household above ment community money?	YES	NO	If yes	s, pleas	se list member # and	explain:		

Full Time Student Information								
(This apartment is governed by Federal and/or State Housing Program(s) that restrict full-time students. We must determine your household student status prior to eligibility and, if such eligibility is granted, each subsequent year you remain in the unit.)  If unsure of Full-Time status, inquire with Management for determination of "Full-Time" prior to completing the following section.								
Are you or any member of your household above (including minors) currently a Full-Time Student?  YES NO Do you or any member of your household above (including minors) anticipate becoming a Full-Time Student?								
If Yes to the above two questions, complete the following:								
Any of the Full-Time Student(s) married and filing a joint tax return?	YES	NO	Any of the Full-Time Student(s) enrolled in a Job Training Program receiving assistance under the Job Training Partnership Act?	YES	NO			
Any Full-Time Student(s) a single parent living w/ his/her minor child who is not claimed on another's Tax Return?	YES	NO	Any of the Full-Time Student(s) a TANF or Title IV recipient?	YES	NO			
			Any Full-Time Student(s) under the age of 24, who has exited the Foster Care System within the last 6 years?	YES	NO			
Other Federal Requirements								
This community may receive federal funding, please check with management prior to completing this section.  FOR STAFF USE ONLY:  Does this community receive federal funding: If Yes, Applicants need to complete below. If No, select "Not Applicable" YES NO or N/A								
To be completed only by applicants for properties with Federal Funding.  I am/we are:  A National Citizen of the United States of America  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  Not contending eligible immigration status								
Subject to a lifetime Sex Offender registration program in any State.  I/We have resided in the following States:								

F. Income & Assets											
Describe all Household Members' (from above) income from employment and/or any other source, including assistance.											
□ N/A or □ Current Employer Name: Supervisor:									Phone:		
Address: Street Address City					State Zip Code				Household Member #  #1 #2 #3  #4 #5 #6  #7 #8 #9		
Job Title:	ob Title:  Salary:  Dollar Am				_		☐ Monthly	,	From (MM/YY)	To (MM/YY)	
HR Contact Name:  Average # Hours Worked Per W					eek:	HR Contac	t Phone Number:	(	)	-	
□ N/A or □ Current or Previo	ous Employer Name	:			Supervisor	r:			Phone:	-	
Address: Street Address			City		State	Zip C	rode		Househo	old Member #	
Job Title:		\$	ary:		Hourly	☐ Weekly	☐ Monthly		From (MM/YY)	To (MM/YY)	
HR Contact Name:  Average # Hours Worked Per Week:  HR Contact Phone Number							t Phone Number:	(	)	-	
□ N/A or □ Current or Previous Employer Name:					Supervisor:				Phone:	-	
Address: Street Address			City	State Zip Code				□ #1 □ □ #4 □	old Member #   #2		
Job Title:		Sal \$	ary: Dollar Amount	_	☐ Hourly ☐ Annually	☐ Weekly ☐ Bi-Wkly	☐ Monthly ☐ Bi-Mthly		From (MM/YY)	To (MM/YY)	
HR Contact Name:	A	verage	# Hours Worked Po	er W	eek:	HR Contac	t Phone Number:	(	)	-	
☐ N/A or ☐ Current or Previo	ous Employer Name	:			Supervisor:				Phone:		
Address: City					State Zip Code				Househo   #1       #4       #7		
Job Title:  Salary:  Dollar Amount				☐ Hourly ☐ Annually	☐ Weekly	☐ Monthly ☐ Bi-Mthly		From (MM/YY)	To (MM/YY)		
HR Contact Name:	A	verage	# Hours Worked Po	er W	eek:	HR Contac	t Phone Number:	(	)	-	
	☐ Zero Income		□ \$1 <b>–</b> \$12,500 □		\$12,501	_\$20,000	<b>\$20,001-\$2</b>	27,00	000		
Total Employment Income				0				65,50			

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Other Income Sources		Check if N/A	Source Name, Address & Telephone No.	Gross Monthly	Member(s) #				
Social Security (SS, SSI, AFDC)		□ N/A							
Social Security (SS, SSI, AFDC)		□ N/A							
Social Security (SS, SSI, AFDC)		□ N/A							
Pensions (VA, Retirement Plan, etc.)		□ N/A							
Pensions (VA, Retirement Plan, etc.)		□ N/A							
Financial Investments		□ N/A							
Financial Investments		□ N/A							
Financial Investments		□ N/A							
Gifts from Household		□ N/A							
Gifts from Household		□ N/A							
Other:		□ N/A							
Other:		□ N/A							
Other:		□ N/A							
Other:		□ N/A							
Other:		□ N/A							
Financial Investments		□ N/A							
TOTAL MONTHLY INCOME FROM OTHE	R SOURCES:				ALL				
			Zero Income Verification						
Are YOU or ANY ADULT member of your household claiming zero (\$0) income? YES NO Indicate which household member(s) here:									
Are YOU or ANY ADULT member of your	household cla	aiming zer							
Are YOU or ANY ADULT member of your	household cla	aiming zer	o (\$0) income? YES		□#8 □#9				
Are YOU or ANY ADULT member of your  Asset Source									
	Check if		□#1 □#2 □	#3   #4   #5   #6   #7	□#8 □#9 Member(s)				
Asset Source	Check if N/A		□#1 □#2 □	#3   #4   #5   #6   #7	□#8 □#9 Member(s)				
Asset Source  Checking or Credit Union Banking	Check if N/A		□#1 □#2 □	#3   #4   #5   #6   #7	□#8 □#9 Member(s)				
Asset Source  Checking or Credit Union Banking  Checking or Credit Union Banking	Check if N/A		□#1 □#2 □	#3   #4   #5   #6   #7	□#8 □#9 Member(s)				
Asset Source  Checking or Credit Union Banking  Checking or Credit Union Banking  Checking or Credit Union Banking	Check if N/A  N/A  N/A		□#1 □#2 □	#3   #4   #5   #6   #7	□#8 □#9 Member(s)				
Asset Source  Checking or Credit Union Banking  Checking or Credit Union Banking  Checking or Credit Union Banking  Savings	Check if N/A  N/A  N/A  N/A  N/A		□#1 □#2 □	#3   #4   #5   #6   #7	□#8 □#9 Member(s)				
Asset Source  Checking or Credit Union Banking  Checking or Credit Union Banking  Checking or Credit Union Banking  Savings  Savings	Check if N/A  N/A  N/A  N/A  N/A		□#1 □#2 □	#3   #4   #5   #6   #7	□#8 □#9 Member(s)				
Asset Source  Checking or Credit Union Banking  Checking or Credit Union Banking  Checking or Credit Union Banking  Savings  Savings  Whole Life Insurance	Check if N/A  N/A  N/A  N/A  N/A  N/A		□#1 □#2 □	#3   #4   #5   #6   #7	□#8 □#9 Member(s)				
Asset Source Checking or Credit Union Banking Checking or Credit Union Banking Checking or Credit Union Banking Savings Savings Whole Life Insurance Whole Life Insurance	Check if N/A		□#1 □#2 □	#3   #4   #5   #6   #7	□#8 □#9 Member(s)				
Asset Source  Checking or Credit Union Banking  Checking or Credit Union Banking  Checking or Credit Union Banking  Savings  Savings  Whole Life Insurance  Whole Life Insurance  Mutual Fund	Check if N/A  N/A  N/A  N/A  N/A  N/A  N/A  N/A		□#1 □#2 □	Value or Balance	□#8 □#9 Member(s)				
Asset Source  Checking or Credit Union Banking  Checking or Credit Union Banking  Checking or Credit Union Banking  Savings  Savings  Whole Life Insurance  Whole Life Insurance  Mutual Fund  Stocks	Check if N/A		□#1 □#2 □	Value or Balance  Cash Value:	□#8 □#9 Member(s)				
Asset Source  Checking or Credit Union Banking  Checking or Credit Union Banking  Checking or Credit Union Banking  Savings  Savings  Whole Life Insurance  Whole Life Insurance  Mutual Fund  Stocks  Bonds	Check if N/A		□#1 □#2 □	Value or Balance  Value or Balance  Cash Value:  Cash Value:	□#8 □#9 Member(s)				
Asset Source Checking or Credit Union Banking Checking or Credit Union Banking Checking or Credit Union Banking Savings Savings Whole Life Insurance Whole Life Insurance Mutual Fund Stocks Bonds Other: Other:	Check if N/A		□#1 □#2 □	Value or Balance  Value or Balance  Cash Value:  Cash Value:  Cash Value:	□#8 □#9 Member(s)				
Asset Source  Checking or Credit Union Banking  Checking or Credit Union Banking  Checking or Credit Union Banking  Savings  Savings  Whole Life Insurance  Whole Life Insurance  Mutual Fund  Stocks  Bonds  Other:	Check if N/A		Gource Name, Address & Telephone No.	Value or Balance  Value or Balance  Cash Value:  Cash Value:  Cash Value:  Cash Value:	□#8 □#9 Member(s)				
Asset Source  Checking or Credit Union Banking Checking or Credit Union Banking Checking or Credit Union Banking Savings Savings Whole Life Insurance Whole Life Insurance Mutual Fund Stocks Bonds Other: Other: Other:	Check if N/A	of Propert	Gource Name, Address & Telephone No.	Value or Balance  Value or Balance  Cash Value:  Cash Value:  Cash Value:  Cash Value:  Cash Value:  Cash Value:	□#8 □#9 Member(s)				
Asset Source  Checking or Credit Union Banking Checking or Credit Union Banking Checking or Credit Union Banking Savings Savings Whole Life Insurance Whole Life Insurance Mutual Fund Stocks Bonds Other: Other: Other:  Do you own any Real Estate Property?  YES NO Owned by Household Members:	Check if N/A  N/A  N/A  N/A  N/A  N/A  N/A  N/A	of Propert Outstand	Gource Name, Address & Telephone No.	Value or Balance  Value or Balance  Cash Value:  Cash Value:	Member(s) #  ears?				

G. Vehicle Information									
Vehicle #1	□ N/A	HH Mbr #	Make	Model	Color	License Plate #	State (License Plate)		
Vehicle #2	□ N/A	HH Mbr #	Make	Model	Color	License Plate #	State (License Plate)		
Vehicle #3	□ N/A	 HH Mbr #	Make	Model	Color	License Plate #	State (License Plate)		
	1			. Signature &	Consent				
rental ar understa deposit. of tenand I authori necessa and any meeting In accor informati personal informati	nd empland that I furthe by or su ze and ry information other in manage on I procharace on obtain that is the charace on obtain the districts of the charace	loyment his I will acquir understar bsequent e consent to mation inclusionment's resewith state ovided on eteristics, a ined from teclosure of	story as it deer re no rights to to deep that false, france viction. There a have landlord uding source nated required for experient selection of and federal law this application and mode of live the entities I ha	ms necessary to the above property udulent misleading re no other agreer verify the informations, addresses, editing this procestriteria and the apoves, I have been together with inving. I understand ve disclosed above	verify all information until I sign a region of the ments express ation contained and phone are ss. I understant plicable affordation as that I have been and, upon well an	mation set forth in ental agreement a sinformation may be or implied between d in this application d account numbered that my occupatible housing requires in investigation meto my character, the right to disponsivitten request, the	nd submit a security be grounds for denial on the parties. on. I will provide all ers where applicable ency is contingent on		
Applicant S	Signature (	HOH) #1		Printed Name		Date			
Applicant S	Signature (	Other Adult/Co-	Head) #2	Printed Name		Date			
Applicant S	Signature (	Other Adult) #3		Printed Name		Date			
Applicant S	Signature (	Other Adult) #4		Printed Name		Date			
						valuation of the applica	ant's tenancy and for no		

identification:

Community Manager Signature	Printed Name	Date

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, or national origin, 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.



