



295 Main St Suite 100  
Salinas, Ca 93901  
831-757-6254

TDD Line 831-758-9481 Fax 831-757-8025

FOR OFFICE USE ONLY

Date \_\_\_\_\_

Time \_\_\_\_\_

App # \_\_\_\_\_

Note: This preliminary application expires one (1) year from the date it is received. Please read the "Application Procedure" for further information.

## Preliminary Application for Waiting List

### Applicant Information

CHISPA Housing Management, Inc. is an equal housing opportunity provider and does not discriminate in housing based on race, color, national origin, religion, gender, sexual orientation, age, mental or physical disability, familial status, marital status, source of income or any other characteristic protected by Federal, State or local laws.

**CREDIT AND BACKGROUND CHECKS:** CHISPA Housing Management, Inc. will obtain confidential reports on your credit history and background (criminal) history at the time of application. Your application may be denied as a result of these reports.

**To the applicant:** Please fill out this form completely. Any incomplete forms will not be processed. This is a preliminary application and gives no lease or rental rights. If there is a vacancy in the complex for which you applied, you will be required to complete an application and submit additional information necessary to be considered for the vacancy.

**NOTICE:** You are required to notify CHISPA Housing Management in writing of any changes of address. If we cannot contact you at the listed address, your name will be removed from the waiting list.

Name of complexes applying for: \_\_\_\_\_

Please check the box of unit size(s) you would like to be considered for:  1BDR  2 BDR  3 BD R  4 BDR

### PART I. Household Information:

Are you related to any CHISPA/CHMI employee? (Circle one) Yes No

Do any members of your household have mobility impairment and would like to be housed in an accessible unit?  
Yes No

Name of Head of Household: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
First Middle Last  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone#: \_\_\_\_\_ Message Phone#: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

### Part II. Household Composition: List all persons who will be and are currently living in the home.

Full Legal Name	Date of Birth	Relationship to Head of Household	Full time Student?
1		Head of Household	Yes No
2			Yes No
3			Yes No
4			Yes No
5			Yes No
6			Yes No
7			Yes No
8			Yes No
9			Yes No



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**VOLUNTARY RACE AND ETHNIC DATA QUESTIONNAIRE**

The following information will help ensure our compliance with Federal Fair Housing regulations; this portion of the application is **optional**:

<b>Ethnic Categories*</b>	<b>Select One</b>
Hispanic or Latino	
Non-Hispanic or Latino	
<b>Racial Categories*</b>	<b>Select All that Apply</b>
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
2 or more races	

Decline to state: \_\_\_\_\_

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All adult members of the household must sign this preliminary application.

\_\_\_\_\_  
Signature of adult resident

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of adult resident

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of adult resident

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of adult resident

\_\_\_\_\_  
Date