

VALID ONLY FOR 4 BEDROOMS ONLY



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

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

Preliminary Application for Waiting List
(4 bedrooms only)

FOR OFFICE USE ONLY

Date

Time

Applicant Information

CHISPA Housing Management, Inc. (CHMI) 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 to your contact information. If we CANNOT contact you, your name will be removed from the waiting list.

Which apartment are you applying for please check the box and unit size you like to be considered for: [X] 4* Bedrooms

[X] Market Street Townhomes 110 Market St. Soledad, CA 93960

*Occupancy Requirements: 6 People Minimum

PART I. Household Information:

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

Are you or any household member related to anyone currently residing in CHISPA Housing? Yes No

If so, who is that person? Relation? Location?

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

Have you or any household member been convicted of a crime (felony/misdemeanor), or entered a plea of guilty/no contest to a crime? Yes No If yes, state when, where, and the nature of such conviction:

How did you hear about us? [] Newspaper Advertisement [] Radio [] Web Search [] Relative or Friend [] Walk-In [] Other

Name of Head of Household: First Middle Last
Mailing Address: City: State: Zip:
Home Phone #: Work Phone#: Message Phone#:
Email Address: Name Linked to Email:
Emergency Contact Person: Phone #:

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

Table with 4 columns: Full Legal Name, Date of Birth, Relationship to Head of Household, Full time Student? (Yes/No). Rows 1-7.

8			Yes No
9			Yes No



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**:

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

Decline to state: _____

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