

**VALID ONLY FOR GREY GOOSE TOWNHOMES**  
**From 05/13/2024 to 05/28/2024**



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**  
**(GREY GOOSE Townhomes)**

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.

Name of complexes applying for: Grey Goose Townhomes 5499 Grey Goose Gulch Carmel, CA 93923

Unit size:  3 BDR \*4 People minimum  4 BDR \*6 People minimum

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

For Accommodation Purposes- Do you claim the following:

Mobility Impairment  Hearing Impairment  Sight Impairment

Do you or any member of your household need special features in a rental unit (for example wheelchair access)?  Yes  No

If yes, what features do you need? \_\_\_\_\_

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

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

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

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

Email Address: \_\_\_\_\_ Name Linked to Email: \_\_\_\_\_

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

**Household Composition:** List all persons who will be living in the home.

Full Legal Name	Date of Birth	Relationship to Head of Household	Student Status?
1		Head of Household	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-time <input type="checkbox"/> N/A
2			<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-time <input type="checkbox"/> N/A
3			<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-time <input type="checkbox"/> N/A
4			<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-time <input type="checkbox"/> N/A
5			<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-time <input type="checkbox"/> N/A
6			<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-time <input type="checkbox"/> N/A
7			<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-time <input type="checkbox"/> N/A



**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 applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of adult applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of adult applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of adult applicant

\_\_\_\_\_  
Date