

VALID ONLY FOR MARKET STREET TOWNHOMES
4 Bedrooms only
10/11/2024 through 11/01/2024



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
(MARKET STREET TOWNHOMES
4 BEDROOM ONLY)

****Please note: Some units at this property require someone in the household to work or be retired from agriculture.**

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: Market Street Townhomes 110 Market Street Soledad, CA 93960

Unit size: 4 BDR *6 People Minimum *9 People Maximum

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

Are you or someone in your household who is applying for housing currently working in Agriculture? Yes No

Did you or someone in your household who is applying for housing retire from working in Agriculture? Yes No

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 #: _____

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
8			<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-time <input type="checkbox"/> N/A
9			<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