



295 Main St Suite  
Salinas, CA 93901

Phone: 831-757-6254 Fax: 831-757-8025

TDD Line: 831-758-9481 email: [info@chispahousing.org](mailto:info@chispahousing.org)

**NOTICE: Please note that all correspondence will be sent to the most up-to-date address on file. Therefore, it is important to submit any changes, such as a new address, telephone number, or other important information, to the office in writing.**

## **GENERAL INFORMATION AND PRE-APPLICATION**

### How to get on the Waiting List:

1. Complete the attached application in full to be placed on the waiting list for your selected property/properties.
2. Submit the completed application to either the main office (at the address listed above) or directly to the property you are applying for.
3. If you submit the application at the property, the manager will forward it to the main office to be added to the waiting list.

### What happens when a unit becomes available?

1. A CHISPA Housing Management Resident Manager will call you to the telephone number provided. If you cannot be reached by phone a Unit Available Letter informing you of a future vacancy will be sent to your address on file. The letter will state that you must call the property to schedule an appointment for processing.
2. You will be scheduled for a processing appointment with the Resident Manager at the property you applied for.
3. Applicants that do not show up for their appointments or do not contact the property to schedule an appointment will be removed from the wait list.
4. Prior to your appointment the Resident Manager will provide you with a list of documents to bring into your appointment.
5. All sources of income and assets will be third party verified by CHISPA Housing Management.
6. All adult applicants must pay a screening fee of either \$25 or \$40 per adult, depending on the property applied for, to cover the cost of a credit and criminal background check. Screening fees are not refundable if an applicant is denied for not meeting the criteria.
7. A credit report will be conducted for all adult household members. Application may be denied if there are unresolved credit issues, state or federal liens exceeding \$500, or bankruptcy within the past five years.
8. Criminal Background Check will be completed on all adult household members – Some reasons that may constitute grounds for denying the application include:
  - a. A felony conviction within the last five years.
  - b. A felony conviction involving crime that would endanger people or property including but not limited to murder, sexual assault, arson, etc.
  - c. Drug convictions including drug manufacturing/sales within the last five years.
  - d. Drug convictions for the use of drugs within the past five years in which the applicant cannot verify that he/she successfully completed a drug rehabilitation program and is not a current drug user.
  - e. Is registered as a sex offender



9. CHISPA Housing Management will review your rental history for the past five years. Any judgment(s) and/or any unmet obligation against an applicant obtained by the current or previous landlord or any adverse previous and/or current landlord reference might result in the denial of housing.
10. Your household must meet the Program's Funding Regulations, for the specific property you are being processed for, such as the income limits and any other program regulation which may apply.
11. Other Selection Criteria may apply.
12. Your file will be reviewed once all documents have been received.
13. Multiple applications for the available unit are being processed at the same time your application is being processed.
14. Only completed applications are considered, and processed on a first-come, first-qualified, first-granted basis.
15. The first applicant who meets CHISPA Housing Management and Program Funding regulations will be offered the unit.



**VALID ONLY FOR MARKET STREET TOWNHOMES  
4 Bedrooms only 03/25/2025 thru 04/08/2025**



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**Preliminary Application for Waiting List  
(MARKET STREET TOWNHOMES 4 BEDROOM 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.

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: \_\_\_\_\_  
 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

