



Fill out the application completely. If anything is left blank it may be rejected.



### Pre Housing Application

**Return To:**  
Stonehouse Square  
215 Broadway St NE  
Minneapolis, MN 55413

Time & Date Received *Office Use Only*

#### Head of Household Information:

Full Name of Head of Household (HOH) \_\_\_\_\_

Mailing Address \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Current Address (if different from above) \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_ Email: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Are you or will you be a Student:  Yes  No

#### Disability. *It is not necessary to give us details about your disability.*

Do you claim a disability?  Yes  No      Do you need an accommodation to help you complete the application process?  Yes  No

If yes, do you need an accommodation in housing features as a result?  Yes  No      What accommodation do you request? \_\_\_\_\_

#### Household Information

Total Gross Monthly Income – Include income from all family members \$ \_\_\_\_\_

Value of Family Assets – Include bank accounts, investments, real estate... \$ \_\_\_\_\_

Do You Have a Housing Voucher?  Yes  No

Bedroom Size Wanted  
 1 Bdrm  2 Bdrm

How many people total will be living in the unit you are applying for? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

#### List others who will live with you. *Include unborn children and live-in aides.*

	Member Full Name	Relation to HOH	Birthdate	Student Y/N	Disabled Y/N
1	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
5	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

I hereby certify that the information I have provided in this pre-application is true and accurate. I understand that my having provided any false information will result in the application being canceled or denied or in the termination of my housing assistance. I understand that at the time I rise to the top of the waiting list, I will be required to verify the information I have provided here. I accept responsibility for keeping CommonBond informed of my current address.

Signature of head of household. *May be typed* \_\_\_\_\_ Date \_\_\_\_\_      Signature of spouse or co-head. *May be typed* \_\_\_\_\_ Date \_\_\_\_\_



(FOR OFFICE USE ONLY)

SITE NAME: \_\_\_\_\_  
RHR ACCT #: \_\_\_\_\_

**Personal Information:**

**General Consent Form**

I, \_\_\_\_\_ have made  
Last Name First Middle Maiden

application with \_\_\_\_\_ for \_\_\_\_\_  
Company Name State Purpose

Current Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Previous Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Sex \_\_\_\_\_ Social Security Number \_\_\_\_\_ Driver's License \_\_\_\_\_ State \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Date of Birth Home Phone

**Release:**

I/We authorize Rental History Reports (RHR) and/or the above named company to do a complete investigation of all information provided in my application for residency. I/We have personally filled in and/or reviewed all information contained within the application. I/We understand failure to complete these documents completely and truthfully may result in denial and/or forfeit of deposit. A complete investigation may include any or all of the following: credit report, verification of employment and income, criminal record search, rental history references (including MPHA), unlawful detainer/eviction investigation, identity trace, sex offender search, terrorism search, check writing history and personal interviews with all provided references. The source of the information may come from, but is not limited to: credit bureaus, banks and other depository institutions, current and former employers, federal or state records including state employment security agency records, county or state criminal records, county agencies as it relates to the applicant's eligibility, non-eligibility and/or benefit amounts received by the tenant, or other sources as required. It is understood that a photocopy or facsimile copy of this form will serve as authorization. I/We understand that I/We have a right to make a written request within 30 days to receive information pertaining to this report if I/We are not accepted based upon information contained in the report. I/We authorize RHR to produce to the credit granter federal and state records of employment and income history, including state employment security agency records. This authorization continues in effect for one (1) year unless limited by state law, in which case, the authorization continues in effect for the maximum period not to exceed one (1) year. Notice to applications applying for a community in Minneapolis and St. Paul only: If you are charged an application fee but a consumer credit report or tenant screen report is not ordered, you are entitled to a refund of the application fee. Please circle your preferred method for return of the application fee as either 1) mail, 2) destroy it, or 3) hold for retrieval upon one business-days' notice. Any controversy or claim arising out of or relating to this agreement, or breach thereof, shall be settled by arbitration administered by the American Arbitration Association in accordance with its Commercial Arbitration Rules, and judgment on the award rendered by the arbitrator(s) may be entered in any court having jurisdiction thereof.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**OUT-OF-STATE CRIMINAL RECORDS SEARCH**

_____ City / County _____ State _____	_____ City / County _____ State _____
_____ City / County _____ State _____	_____ City / County _____ State _____