

Thank you for your interest in **Bassett Creek Commons** for adults 62 years or better. Rent is based on income for qualified applicants. To help ensure that your application can be accepted to be placed on the Waiting List, please read the following carefully:

- 1. Applications for **one-bedroom units** may be downloaded from www.bassetcreek.commonbond.org.
- 2. The application must be filled out NEATLY and COMPLETELY. Please list all names, addresses, birth dates, and social security numbers of ALL members who will be living in the household. Please be sure to answer all questions on the application.
- 3. Any household member 18 years of age and older must include all their information on the application and sign/date the application.
- 4. Completed applications must be received by mail or hand delivered. Please mail applications to:

Bassett Creek Commons 10505 8th Ave. N Plymouth, MN 55441

- 5. If your application is received incomplete, we cannot accept it and it will be denied.
- 6. You will receive a letter indicating if your application has been accepted or denied. Your placement on the Waiting List will be determined by the time and date it is received in the office.
- 7. Once your application is placed on the Waiting List, it will be your responsibility to notify management in writing of any change in your information that is listed on your original application (such as your address or telephone number).
- 8. We cannot accept phone calls regarding the status of your application. If you have questions regarding the status of your application, or any changes to report, please put them in writing and mail them to the site office.

CommonBond Communities supports Equal Housing Opportunity



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



## **Pre-Housing Application**

Return To: Bassett Creek Commons 10505 8th Ave. N			Time & Dat	e Received Office	ce Use Only	
Plymouth, MN 55441						
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	e you or will you be a student:	Yes	□ No		
<b>Disability.</b> It is not necessary to give us details about	out your disability.					
Do you claim a disability?	□ No	No Do you need an accommodation to help you complete the application process?			□ No	
If yes, do you need an accommodation in housing	□ No	What accommodation do you request?				
Household Information					- "	
Total Gross Monthly Income – Include income. from all family members \$	Include b	Family Assets – bank accounts, ts, real estate \$	Do You Have a Housing Vouche	I I Voc	□ No	
Bedroom Size Wanted		How many people total will be living in the unit you are applying for?		How did you hear about us?		
□ 1 Bedroom						
List others who will live with you. Include	de unborn children	and live-in aides.				
Member Full Name	Relatio	on to HOH Bir	rthdate	Student Y/N	Disabled Y/N	
1						
2						
3						
4						
5						
					-	
I hereby certify that the information I have information will result in the application be rise to the top of the waiting list, I will	ing canceled or de be required to ve	enied or in the termination of m	y housing assistance, vided here. I accept	. I understand that	at the time I	
Signature of head of household. May be typed	Date	e Signature of s	pouse or co-head. Ma	ry be typed	Date	



(FOR OFFICE USE ONLY)	
SITE NAME:	
RHR ACCT #:	

## **Personal Information:**

## **General Consent Form**

l,	ast Name	First	Middle	Maiden	have mad
			<b>.</b>		
application with	C	ompany Name	for	State Pu	rpose
Current Address			City	State	Zip Code
Previous Address			City	State	Zip Code
	Sex Soc	cial Security Number	Driver's License	State	() Home Phone
following: credit report, detainer/eviction invest references. The source former employers, fede relates to the applicant obotocopy or facsimile receive information per the credit granter federation (1) year. Notice to credit report or tenant set the application fee as east of this agreement, or billowing investigation of the second of	verification of employment of the information may ral or state records incluse eligibility, non-eligibility copy of this form will set taining to this report if I/A all and state records of ene (1) year unless limite applications applying forcreen report is not orde wither 1) mail, 2) destroy reach thereof, shall be set	ent and income, criminal ox offender search, terror come from, but is not linding state employment by and/or benefit amounts we as authorization. I/W We are not accepted bas in mployment and income of by state law, in which or a community in Minneared, you are entitled to a it, or 3) hold for retrievatettled by arbitration admits a community in Minneared, you are entitled to a or 3) hold for retrievatettled by arbitration admits.	record search, rental historism search, check writing nited to: credit bureaus, basecurity agency records, cos received by the tenant, or a understand that I/We has sed upon information containstory, including state emprass, the authorization corapolis and St. Paul only: If refund of the application for all upon one business-days ninistered by the American		PHA), unlawful ews with all provided stitutions, current and ds, county agencies as it It is understood that a request within 30 days to thorize RHR to produce to ecords. This authorization imum period not to exceed attion fee but a consumer erred method for return of r claim arising out of or rela
Applicant Signatur				Date	
	OUT-OF	-STATE CRIN	MINAL RECOR	DS SEARCH	
	City / County	State	_	City / County	State
	City / County	State	_	City / County	State