



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



Pre Housing Application

Return To:
Westminster Place
1374 Westminster Street
St. Paul, MN 55130

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: <input type="checkbox"/> Yes <input type="checkbox"/> No			

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

Do you claim a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you need an accommodation to help you complete the application process? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, do you need an accommodation in housing features as a result? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No
Bedroom Size Wanted <input type="checkbox"/> 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 style="width:250px; height:20px;" type="text"/>	<input style="width:150px; height:20px;" type="text"/>	<input style="width:100px; height:20px;" type="text"/>	<input style="width:40px; height:20px;" type="checkbox"/>	<input style="width:40px; height:20px;" type="checkbox"/>
2	<input style="width:250px; height:20px;" type="text"/>	<input style="width:150px; height:20px;" type="text"/>	<input style="width:100px; height:20px;" type="text"/>	<input style="width:40px; height:20px;" type="checkbox"/>	<input style="width:40px; height:20px;" type="checkbox"/>
3	<input style="width:250px; height:20px;" type="text"/>	<input style="width:150px; height:20px;" type="text"/>	<input style="width:100px; height:20px;" type="text"/>	<input style="width:40px; height:20px;" type="checkbox"/>	<input style="width:40px; height:20px;" type="checkbox"/>
4	<input style="width:250px; height:20px;" type="text"/>	<input style="width:150px; height:20px;" type="text"/>	<input style="width:100px; height:20px;" type="text"/>	<input style="width:40px; height:20px;" type="checkbox"/>	<input style="width:40px; height:20px;" type="checkbox"/>
5	<input style="width:250px; height:20px;" type="text"/>	<input style="width:150px; height:20px;" type="text"/>	<input style="width:100px; height:20px;" type="text"/>	<input style="width:40px; height:20px;" type="checkbox"/>	<input style="width:40px; height:20px;" 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 _____