Thank you for your interest in **Mount Carmel Manor** for adults 62 years or better and qualified individuals with disabilities. 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.mountcarmel.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:

     Mount Carmel Manor
     1560 Bellows Street
     West Saint Paul, MN 55118

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.

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

Pre-Housing Application

Return To:
Mount Carmel Manor
1560 Bellows Street
West Saint Paul, MN 55118

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 Bedroom**

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					
2					
3					
4					
5					

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**