



Return To:  
**Greenvale Place**  
 211 Greenvale Avenue  
 Northfield, MN 55057

# Pre Housing Application

Time and Date Received:  
 For Office Use Only  
 210



All fields are required. If you fill this page in by hand, print neatly and use ink.

<b>1. Personal Information</b>  Social Security number _____  Birthdate (mm/dd/yy) _____ <input type="radio"/> Yes <input type="radio"/> No Student? _____  Phone number 1 (include area code) _____  Phone number 2 (include area code) _____	<b>2. Name and address of head of household</b>  Full Name (last, first, middle initial) _____  Mailing Address _____ Apartment Number _____ City _____ State _____ Zip _____  Address where you are currently living (if different from address above) City _____ State _____ Zip _____
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<b>3. Sex</b> <input type="radio"/> Male <input type="radio"/> Female	<b>4. Ethnicity</b> <input type="radio"/> Hispanic <input type="radio"/> Non-Hispanic	<b>5. Race</b> <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Other	<b>6a. What language do you speak at home?</b> _____ <b>6b. Do you need an interpreter?</b> <input type="radio"/> Yes <input type="radio"/> No
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**7. Disability.** It is not necessary to give us details about your disability unless you are requesting an accommodation.

<b>7a. Do you claim a disability?</b> <input type="radio"/> Yes <input type="radio"/> No	<b>7b. Do you need an accommodation to help you complete the application process?</b> <input type="radio"/> Yes <input type="radio"/> No	<b>7c. Do you need an accommodation in housing features as a result of your disability?</b> <input type="radio"/> Yes <input type="radio"/> No
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**7d. If "yes" to 7b or 7c, what accommodation do you request?**  
 \_\_\_\_\_

**8. Current living situation**  
 Check all that apply. See instructions on the opposite page for definitions.

<input type="checkbox"/> I own my home	<input type="checkbox"/> My household is homeless	<input type="checkbox"/> I have a housing voucher
<input type="checkbox"/> I am currently renting	<input type="checkbox"/> My household is long-term homeless	<input type="checkbox"/> Other

**9. Assets and income.** Provide gross, not net, amounts for all questions

<b>9a. Value of family assets</b> Assets include bank accounts, investments, and real estate. \$ _____	<b>9b. Total monthly income</b> Include income from all family members. You may estimate. \$ _____	<b>9c. Income source(s)</b> Check all that apply <input type="checkbox"/> Wages <input type="checkbox"/> SSA <input type="checkbox"/> SSI <input type="checkbox"/> Pension <input type="checkbox"/> Child support <input type="checkbox"/> TANF <input type="checkbox"/> Interest/annuity income <input type="checkbox"/> Workers Compensation <input type="checkbox"/> Other
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Property <b>Greenvale Place</b>	<b>10. BDR Size Wanted</b> <input type="checkbox"/> 1 BDR <input type="checkbox"/> 2 BDR <input type="checkbox"/> 3 BDR	<b>10a. How did you hear about us?</b> _____
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**11. List others who will live with you.** Include unborn children and live-in aides. If you have more than 5 people living with you, write them in on the next page.

	Relation	Last Name	First Name	Sex (M/F)	Birthdate	Disabled (Y/N)	Student (Y/N)
1							
2							
3							
4							
5							

How many people total will be living in the apartment or townhome you are applying for?	Are you or any member of your family subject to lifetime registration under the state sex offender program? <input type="radio"/> Yes <input type="radio"/> No	Has your housing assistance ever been terminated for fraud, non-payment, failure to cooperate with recertification, or for any other reason? <input type="radio"/> Yes <input type="radio"/> No	Have you or any member of your household ever been convicted of a felony or misdemeanor other than a traffic violation? <input type="radio"/> Yes <input type="radio"/> No	Have you or any member of your household ever been convicted of the illegal distribution or manufacture of an illegal drug or other illegal controlled substance? <input type="radio"/> Yes <input type="radio"/> No
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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 a 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. <i>May be typed</i> _____	Date _____	Signature of spouse or co-head. <i>May be typed</i> _____	Date _____
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