



June 2021

Thank you for your interest in **Westminster Place**. 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 **2 bedroom units** may be downloaded from www.westminsterplace.commonbond.org beginning at **9AM June 25, 2021 until 4pm August 25, 2021**.
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 on or before **September 8, 2021**. Please mail applications to:

Westminster Place
1374 Westminster Street
St. Paul, MN 55130
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.
9. All applications received will be placed on the Waiting List in the order received.
10. All applications must be mail or hand-delivered **received on or before March 1, 2020**. Applications received after this date will not be placed on the Waiting List.

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:
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: ☐ 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="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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