



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



Pre Housing Application

Return To:
 Falls Meadowridge Townhomes
 775 Buck Lane
 Little Falls, MN 56345

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

If yes, do you need an accommodation in housing features as a result? Yes No

Do you need an accommodation to help you complete the application process? Yes No

What accommodation do you request? _____

Household Information

Total Gross Monthly Income – Include income from all family members. \$ _____

Value of Family Assets – Assets include bank accounts, investments, and real estate. \$ _____

Bedroom Size Wanted
 2 Bdrm 3 Bdrm
 4 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