



Please complete and return to:
Nicollet Towers
1350 Nicollet Mall
Minneapolis, MN 55403

<i>For Office Use Only</i>		
Date Received: _____	(mm/dd/yyyy)	
Time Received: _____	am/pm (hh:mm)	

Pre-application for Rental Housing

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

1. Personal Information of Head of Household _____ Social Security Number _____ Student? Birthdate (mm/dd/yy) <input type="checkbox"/> Yes <input type="checkbox"/> No (_____) _____ Area Code Telephone Number	2. Name and address of Head of Household _____ Full Name (Last, First, Middle Initial) _____ Mailing Address City State Zip Would you like to receive communications via Email? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide email address: _____
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3a. Do you claim a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	3b. Do you need an accommodation to help you complete the application process? <input type="checkbox"/> Yes <input type="checkbox"/> No	3c. Do you need an accommodation in housing features as a result of your disability? <input type="checkbox"/> Yes <input type="checkbox"/> No
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3d. If "yes" to 3b or 3c, what accommodation do you request?

4. Income and assets *Provide gross (before any deductions) amounts for all questions*

4a. Total monthly income Include income from ALL household members. You may estimate. \$ _____	4b. Value of household assets Assets include bank accounts, retirement funds, real estate \$ _____	4c. Sources of income <i>Check all that apply</i> <input type="checkbox"/> Wages <input type="checkbox"/> SSA/SSI <input type="checkbox"/> Unemployment <input type="checkbox"/> Pension <input type="checkbox"/> Child support <input type="checkbox"/> Worker's Comp <input type="checkbox"/> Annuity <input type="checkbox"/> TANF <input type="checkbox"/> Other
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5. List all members of the household *Include unborn children and live-in aides.*

Relation	Last Name	First Name	Optional Form HUD-27061-H Race & Ethnicity Data C=completed OR R=Rejected	Veteran? (Y/N)	Social Security number	Birthdate (mm/dd/yy)	(Optional Disclosure) Disability? (Y/N)	Student? (Y/N)
Head			<input type="checkbox"/> C <input type="checkbox"/> R	<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> C <input type="checkbox"/> R	<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> C <input type="checkbox"/> R	<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> C <input type="checkbox"/> R	<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

Are you or any member of your household subject to lifetime registration under any states' sex offender program? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has your housing assistance ever been terminated for fraud, non-payment, failure to recertify or for any other reason? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you or any member of your household ever been convicted of a felony or misdemeanor other than a traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> 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="checkbox"/> Yes <input type="checkbox"/> 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 the waiting list, I will be required to verify the information I have provided here. I accept responsibility for keeping Volunteers of America informed of my current address, and I understand that my application may be canceled if I fail to do so.

_____ Signature of Head of Household	_____ Date	_____ Signature of Spouse or Co-head of Household	_____ Date
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