



Application for Admission

Assumption Court
615 First Street North
Cold Spring, MN 56320

PH: 320.348.2350 FAX: 320.685.3401 TTY/TTD Users Dial: 711

Name _____ Date _____
Mailing Address _____
City _____ State _____ Zip Code _____
Phone _____
Email Address _____

Senior LinkAge Line Long-term Options Counseling Verification Number _____

FAMILY COMPOSITION: Please list all household members who will live in the unit.

Name; First, MI, Last	Relationship to head of household.	Sex	Birthdate	Social Security #
1.(Head)				
2.				
3.				

1. How did you hear about Assumption Court? _____

2. Size of unit desired: _____ **One Bedroom** _____ **One Bedroom w/Den** _____ **Two Bedroom**

3. Do you or another family member need Health Services? _____ **Yes** _____ **No**

4. Desired date of occupancy: _____

5. Additional requests:

BACKGROUND

1. Please list the following information on dwellings you have rented during the past five years.

Address of unit

Owner or Managers name and address

2. Have you ever been evicted from a rental dwelling? **Yes**_____ **No**_____

3. Have you ever been convicted of a misdemeanor or felony offense? **Yes**_____ **No**_____

If yes, please list the nature, date and location of the offense.



4. Are you currently subject to a registration requirement as a sex offender? **Yes** _____ **No** _____
5. Do you currently use illegal drugs or abuse alcohol? **Yes** _____ **No** _____
6. Do you now, or have you ever used any aliases? **Yes** _____ **No** _____
7. Please list any County and State you have resided in during the past 10 years. _____
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8. Please list the name and address of two credit references: _____

REASONABLE ACCOMODATION REQUEST:

If you are disabled, please request any reasonable accommodations you wish to be made that may help you access or use Assumption Court’s housing programs or services.

RESPONSIBLE PARTY AGREEMENT:

I, _____ am the Responsible Party for _____ (applicant). By agreeing to serve in this capacity, I understand that I have the following responsibilities
 1.) Make payment for rent and fees to Assumption Court on or before the first day of each month. 2.) Make advance arrangements, with the Landlord, if there is to be any delay in making payment. I understand that if the tenant becomes unable to fulfill the requirements of tenancy as set forth in the lease agreement of Assumption Court, I will make arrangements to either secure professional services for the tenant so that he or she can comply with the requirements of tenancy or arrange for an appropriate transfer to other housing within the time frame stated in the lease. If the tenant’s condition constitutes an emergency, I will make these arrangements within 24 hours.

Responsible Party Signature _____ **Date** _____

Responsible Party Address and Phone _____

CERTIFICATION:

The information supplied in this application is complete, true and correct to the best of my (our) knowledge.

Applicant Signature _____ **Date** _____

By _____

Applicant Signature _____ **Date** _____

By _____

This is a preliminary application and is not binding. You will be notified as soon as possible about the availability of an apartment. You will need to attend a personal interview and provide verification of identity and age. Reference checks are made and Assumption Community reserves the right to reject applicants solely on negative references. Telephone, Cable TV, and Electricity are not included in the rent. Meal program and Health Services costs are separate charges payable with the rent each month. Assumption Community is proud to be a smoke-free facility.

