



because we all
deserve a **place**

welcometoplace.org • (612) 309-3889

Via Sol: live healthy, connected, and inspired. <https://www.vialiving.org>

PRE-APPLICATION FOR WAITING LIST

This form is a pre-application strictly indicating an applicant's interest in housing at Via Sol. It does not guarantee that an apartment is available at this time. It will be used to place the applicant on a "waiting list" to be contacted later for eligibility and openings.

Date/Time Application Received: _____
(For Office Use Only)

DUE TO SAFETY AND COVID-19 PRECAUTIONS, DO NOT DELIVER ANYTHING IN PERSON TO THE CONSTRUCTION SITE OR PLACE OFFICES, PLEASE FOLLOW THE INSTRUCTIONS AT THE END OF THIS FORM. THANKS!

Bedroom size requested:

Studio _____ 1 BDRM _____ 2 BDRM _____ 3 BDRM _____ 4 BDRM _____

Preferred Move-in date:

Construction to be completed in Summer 2022

Affordability: Income-Restricted _____ Market Rate _____

Housing Type: Apartment _____ Live/Work (creatives/artists/makers) _____
The live/work apartments include an additional selection process for applicants

If you are a creative/artist/maker, please briefly describe your work:

HOUSEHOLD COMPOSITION

List the Head of Household and all other persons who will be living in your dwelling. Give the relationship of each household member to the Head of Household.

| Member Full Name | Relationship | DOB | Age | Sex | Student Y or N |
|------------------|--------------|-----|-----|-----|----------------|
| | HEAD | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Current Address: _____ **City:** _____ **State:** ____ **Zip Code:** _____

Tel #: _____ **Cell #:** _____

Email Address: _____



This institution is an equal opportunity provider and employer



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Do you or anyone in your household have needs that might be better served by an apartment at Via Sol designed for persons with mobility and/or hearing impairments? Yes No

Do you anticipate any change in your household composition (will anyone be moving in or out) during the next twelve months? Yes No

If Yes, please explain: _____

Have you or anyone in your household ever been evicted or violated your lease? Yes No

If so, please explain (include dates): _____

Will there be any pets in your household? Yes No

If yes, please describe each (type/weight, if dog): _____

Via Sol is a unique community designed to offer healthy, sustainable living.

With multiple bus routes, LRT station, regional bike trail, and car/bike sharing, are you interested in receiving Car-Free Living Perks and not having a car at Via Sol? Yes No

Will you participate in the organics (food scraps) collection and generate electricity for Via? Yes No

Would you like to join the program to buy discounted organic produce grown at Via? Yes No

Are you interested in participating in healthy, sustainable (green) living? Yes No

What features of Via Sol most interest you?

For each household member age 18 or older, list current and anticipated income. Include all full-time, part-time, and seasonal employment. If a household member has more than one source of income, use a separate line for each source.

PLEASE PROVIDE CURRENT PAYSTUB OR PROOF OF INCOME

| INCOME SOURCE | Household Member | Monthly Gross Income |
|---------------|------------------|----------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

How did you hear about Via Sol?

- Word of Mouth
- PLACE Website
- Information Session
- Drive By (Banner)
- Facebook
- Other Social Media _____
- PLACE Newsletter



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APPLICANT'S STATEMENT: I/We understand the information in this pre-application will be used to determine eligibility for housing. I/We understand that any false information may make me/us ineligible for an apartment and certify that all information given in this application is true, complete, and accurate.

I/We agree to notify management in writing regarding any changes in household address, telephone numbers, email address, income, or household composition.

My/Our signature(s), as indicated below, acknowledge that I/we have read and completed each section of this rental pre-application, as applicable.

Signature of Head _____ Date: _____

Signature of Co-Resident: _____ Date: _____

Signature of Co-Resident: _____ Date: _____

Signature of Co-Resident: _____ Date: _____

Signature of Co-Resident: _____ Date: _____

Signature of Management Representative: _____ Date: _____

PLEASE RETURN THIS COMPLETED, SIGNED FORM

by email to info@welcometoplace.org

OR

by US Mail to

Via Sol c/o PLACE, 729 N. Washington Avenue, Sixth Floor, Minneapolis, MN 55401

Thank you for your interest!

