

Application for Commonwealth Terrace Cooperative, Inc.

University of Minnesota Family Student Partnered Housing

Please **PRINT OR TYPE** clearly.

A \$40.00 non-refundable application fee (US funds only, check or money order) must accompany this application to activate it.

Please list the names of all family members who will be residing at Commonwealth Terrace Cooperative.

RESIDENT NAME: _____ CHILD NAME #2: _____
(last) (first) (gender) (last) (first) (gender) (age)
RESIDENT NAME: _____ CHILD NAME #3: _____
(last) (first) (gender) (last) (first) (gender) (age)
CHILD NAME #1: _____ CHILD NAME #4: _____
(last) (first) (gender) (age) (last) (first) (gender) (age)

If your family/roommates are not currently living with you, when will they arrive? _____

CURRENT ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____ EMAIL _____

**** We will mainly be updating the waiting list through e-mail contact, please make sure your email address is correct.**

Have you ever lived at Commonwealth Terrace Cooperative before? YES NO DATE: _____

Have you ever lived at Como Student Community Cooperative before? YES NO DATE: _____

Are you currently enrolled at the University of Minnesota? YES NO Which College: _____

If not, what is your expected enrollment? _____

Degree-seeking Type: Undergraduate Graduate Other (please specify) _____

YOU MAY APPLY FOR ONE APARTMENT ONLY – YOU DO NOT HAVE A CHOICE OF LOCATION

After first checking the eligibility guidelines, please indicate your choice below.

ONE BEDROOM _____ **TWO BEDROOM** _____ **THREE BEDROOM** _____

DESIRED MOVE IN DATE: _____ All applicants will be given a 30-day notice of apartment availability. The 30-day notice may be *ANYTIME DURING THE MONTH*; we rent apartments throughout the month not just on the first. Security deposit will be required within 5 working days of acceptance of an apartment.

I have read the information brochure for Commonwealth Terrace Cooperative and understand the eligibility requirements described therein. I understand that these requirements may change without notice to me, and I agree to comply with all rules, regulations and policies of Commonwealth Terrace. I hereby affirm that the information contained herein is true to the best of my knowledge. I understand that it is my responsibility to inform CTC of ANY CHANGES IN ADDRESS OR FAMILY status, and that failure to do so may result in the cancellation of my application.

SIGNATURE _____ DATE _____

Please make checks payable to: CTC
1250 Fifield Ave, St. Paul, MN 55108
651-646-7526 ctc@umn.edu