

Normandale House TRANSITIONAL HOUSING APPLICATION

Tennessee Warning

Before you fill out this application, we would like to inform you that the information you are being asked to provide is generally private. You are not required to answer the questions asked, but we may not be able to help you if you choose not to provide us with some information. You have the right to copies of information we have about you. The information that you provide may be shared with other staff members whose jobs require access to this information. The information will not be shared with those outside of the agency without a release of information from you. The exceptions are some law enforcement agencies, the MN Department of Human Services, and the U.S. Department of Housing and Urban Development, and when otherwise required by law. We will also use the information to compile statistics, which do not identify individual persons.

PERSONAL INFORMATION

Last Name: _____ First Name: _____ M.I.: _____ Date: _____

Social Security Number: _____ Marital Status: _____

Date of birth: _____ Age: _____ Gender: _____ Race: _____

_____ Ethnicity (please check one): _____ Hispanic _____ Non-Hispanic

Are you a veteran? _____ If so, what conflict? _____ Were you in combat? _____

Please list any physical or mental health diagnosis:

Do you have a current driver's license? _____ Do you own a vehicle? _____

License number: _____ Color, make and model: _____

How did you find out about Normandale House?

How can we contact you?

FAMILY INFORMATION

NAMES (first and last)	BIRTHDATE	AGE

HOUSING HISTORY

Are you currently homeless? _____ How long have you been homeless?

Why are you homeless?

Why are you looking for transitional housing?

Have you ever been homeless before? _____ If so, how many times?

Did you experience homelessness as a youth? _____ Were you a foster child _____

Where are you currently staying?

List your last two addresses and why you left.

1. _____ Why did you leave there?

2. _____ Why did you leave there?

Where did you live one year ago (city and state)?

How long have you lived in Minnesota?

Where did you live before that?

Have you ever been evicted? _____ If so, how many times?

Why were you evicted?

What obstacles do you have finding housing?

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What do you need to obtain independent housing?

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What goals do you have to maintain stable housing?

EMPLOYMENT/INCOME HISTORY

What is your current source(s) of income?

Name of Employer (Start with current employer)	Start Date	End Date	Rate of Pay	Hours worked per week	Reason for leaving

Are you collecting any kind of financial assistance? _____ If so, what type?

How much per month? _____ How long have you been receiving assistance? _____

If you have a representative payee, please list name & phone number _____

HEALTH HISTORY

When was the last time you used drugs or alcohol?

What is/was your drug of choice?

How long have you been clean and sober?

Have you ever been diagnosed with a mental illness? _____ If so, when?

What was the diagnosis?

What medications are you taking?

Do you have any physical disabilities that may require reasonable accommodations?

If so, what are they?

Do you have any other physical health concerns that may require medical attention?

If so, what are they?

EDUCATION

What is your level of education?

What educational goals do you have?

What goals do you have to improve your skills?

CRIMINAL HISTORY

Have you ever been convicted of a felony or misdemeanor charge? _____

If yes, please list the charges and explain:

REFERENCES

List two references who **are not** members of your family, the best sources of information would be employers, landlords or representatives of an agency you have worked with.

NAME

PHONE

1. _____

2.

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Each adult applicant should complete and sign an Authorization for Release of Information form.
Return the Authorization form and this Application to:

Valerie Pruitt, Program Manager
2219 Chicago Avenue South
Minneapolis, MN 55404
Phone: 612-872-4021