

ATTENTION: CIP Housing Specialist - Jolie McKenna

Thank you for choosing to apply at CIP Individualized Housing

	First	Last	Birth Date	SSN #
Applicant name				
Minor child name				
Minor child name				

Contact Phone: _____

Cell Phone: _____

E-Mail Address _____

Do you have any of the following available rental subsidies?

Section 8 Voucher? / Hennepin County GRH? / Bridges Voucher / No housing voucher

Our Mission at Community Involvement Programs

As listeners, learners, and leaders, we will stand with and support people who have disabilities in their communities as they pursue their personal dreams and goals.

The Vision We Share with the People We Support

Each individual will experience a quality of life defined by personal preferences, cultural identity and informed choices.

Individuals will participate as citizens, contributing to the life of their neighborhoods and communities by the work they do, the relationships they develop, and the interests they share.

People will be known for their talents, abilities, and interests rather than their deficits, disability, or difficulties.

Each person's network of relationships will include family, friends, and others who care about the person.

Goals for CIP Individual Unit Housing:

Using best practices, provide quality, affordable, safe housing for people experiencing documented barriers to positive community adjustment due to mental or emotional illness, reduced income and family challenges.

The tenant selection process for subsidized housing is complex and long. It may take up to several months to gather all the necessary documentation for an applicant to be determined as eligible.

It is not recommended that applicants give notice or otherwise jeopardize present living arrangements prior to signing a lease and being assigned a move in date.

Please complete the entire application before returning it to CIP. Incomplete applications will not be considered for our waiting list. If the application is incomplete, applicants are responsible to complete the application within 30 days or it will be rejected without additional notice.

Applicants accepted to the waiting list will be placed according to the date and time the application is originally received by CIP. Priority is given to individuals who are homeless.

Acceptance to the waiting list does not guarantee placement in our Housing.

When there is an opening, applicants will be contacted sequentially based on the date of their waiting list placement.

The referral agency and/or the applicant may be contacted to schedule an interview. The applicant is responsible for notifying CIP if any contact information changes (i.e. address, phone number, etc.). The applicant should also notify CIP if they have found alternative housing and are no longer interested in CIP Housing. Applicants who cannot be located will be removed from the waiting list without further notice from CIP.

- The interview with an applicant is part of the screening process. It is not a guarantee of placement in our housing.
- If it is determined that the applicant meets the criteria for CIP housing options and unit availability, a tour of the unit may be scheduled.
- The applicant may get to meet the current residents during this tour.
- Only after the tour will an applicant be advised whether they have been accepted for placement in CIP housing options.
- Acceptance is contingent upon the results of a required background check, income qualification and verification of program eligibility.
- CIP reserves the right to reject an applicant based on the information received during a background check or the process of income certification.

Housing Application Questionnaire
Equal Housing Opportunity

HOUSEHOLD COMPOSITION

Complete in your own handwriting. List the Head of Household and all other persons who are living in the unit. Give the relationship of each member to the head. Each household member 18 years and older must sign the certification.

Members full name (First, Middle, Last)	Relationship	Date of Birth	Age	Sex	Student Y / N	Social Security #
	HEAD					

ETHNICITY AND RACIAL DATA

Race (please circle all that apply)	White	Black or African American	Asian	American Indian or Alaska Native	Native Hawaiian or Pacific Islander
Ethnicity (Please circle one)	Hispanic or Latino		Not Hispanic or Latino		

HOUSEHOLD INCOME INFORMATION

For each household member age 18 or older (including family member temporarily absent), list current and anticipated income for the twelve-month period commencing on anticipated Certification. Include all full time, part time, sporadic, and/or seasonal income. If a household member has more than one source use a separate line for each source.

Do you Receive or Expect to Receive:	YES	NO	Gross Monthly Amount
Wages, salaries (includes overtime, tips, bonuses, commissions, self-employment)?			\$
Does any member work for someone who pays them cash?			\$
Regular pay for the armed forces?			\$
Welfare or disability benefits (MFIP, GA, MSA)?			\$
Social Security payments? (SS, SSI, RSDI)			\$
Workers Compensation and/or Unemployment benefits or severance pay?			\$
Continued...	YES	NO	Gross Monthly Amount

Alimony and/or Child support?			\$
Education Grants, scholarships or VA student Benefits?			\$
Pensions (PERA, railroad, etc.)?			\$
Retirement Benefits?			\$
Death Benefits?			\$
Annuities or life insurance dividends?			\$
Lump sum payments?			\$
Net income from rental property?			\$
Other? (Please list)			\$
Do you anticipate an increase(s) in your income in the next twelve months?			\$

HOUSEHOLD ASSETS

Do you have money held in :	YES	NO	Current Balance/Value
Checking Accounts?			
Savings Accounts			
Stocks?			
Certificates of Deposits?			
Bonds? (savings bonds, etc.)			
Trusts? Securities? Capital Investments?			
IRA/KEOGH Accounts?			
Pension / retirement funds or accounts?			
Money Market funds? Treasury Bills?			
Insurance Settlements?			
Other? (list)			
Do you currently own Real Estate or hold a contract for deed?			
If yes, please list the location(s), number of acres owned, any expenses incurred (i.e. taxes, insurance) and any income received.			
Do you have any coin collection, antique cars, gems/jewelry, stamps or any other items held for investment purposes (do not consider wedding rings and personal jewelry)			
Are any assets held in jointly with another person?			
If yes, please list the person's name and the asses(s) held jointly:			

HOUSEHOLD ALLOWANCE INFORMATION

Do you expect to incur any of the following expenses :	YES	NO	Monthly Cost \$
Child Care which enables you or another household member to work, go to school or seek employment?			\$
Attendant care?			\$
Medical Premiums?			\$
Other medical insurance premiums?			\$
Prescriptions paid for out-of-pocket?			
Other? (list) _____			\$
Do you anticipate an increase(s) in your expense(s) in the next twelve months?			
If yes, please list the anticipated amount and approximated date of the increase(s):			

SIGNATURES

I/We understand the information in this questionnaire will be used to determine eligibility.

I/We certify that the information provided is true and complete to the best of my/our knowledge.

I/We know that I/we am/are required to cooperate in supplying all information needed to determine eligibility, level of benefits or verify true circumstances. Cooperation includes attending pre-scheduled meetings and completing and signing needed forms. I/we understand that failure or refusal to do so may result in delays, termination of assistance or eviction.

I/We authorize landlord / agency/management to make any and all inquiries to verify this information, directly or through information exchange now or later which may be released to appropriate Federal, state and local agencies.

I/We understand that any false information may make me/us/ ineligible for housing/assistance. Full source verification forms will be required to complete this certification. I/We understand that false or incomplete information can result in a fine, imprisonment, and loss of housing/assistance.

I/We certify that only those persons listed on this application will occupy the residence, and that this will be my/our only residence, and that there are no other persons for whom I/We have or expect to have, responsibility to provide housing. I/We agree to immediately notify agency/management in writing at any time during my/our occupancy of changes in my/our income, assets, household composition household address, or telephone numbers.

I/we certify that this will be my/our only residence and that I/we will not obtain duplicate Federal housing assistance while I/we am/are in this current program. I/we will not live anywhere else without notifying the landlord immediately. I/we will not sublease my assisted residence.

ALL HOUSEHOLD MEMBERS AGE 18 OR OLDER MUST SIGN BELOW:

APPLICANT'S SIGNATURE _____ DATE

APPLICANT'S SIGNATURE _____ DATE

I/We certify that all of the information given in this application is true, complete and accurate.

WARNING: SECTION 1001 OF TITLE 18 OF THE UNITED STATES CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENT OR MISREPRESENTATION OF ANY MATERIAL FACT INVOLVING THE USE OF OR OBTAINING OF FEDERAL FUNDS.

All income and assets reported on pages above must be verified in writing before your application is considered complete.

The following are acceptable verifications. **PLEASE NOTE:** income verifications are acceptable only if they are *less than 60 days old*.

Item Needed	Acceptable Form(s) of Verification
Employment	Check stubs (most recent 12 weeks), or discharge papers (if you are no longer employed).
Social Security, SSI, RSDI, SSDI	Printout from the Social Security Administration (call or go to SSA to request it) or Annual Statement from the Social Security Administration We cannot accept bank statements per HUD regulation for SSI/RSDI income.
Economic Assistance (MFIP, MSA, GA, other)	Printout (request to have it sent to you) or most recent monthly statement from the department of economic assistance.
Disability income, unemployment, worker's comp, reemployment insurance, pension, veteran's benefits or retirement benefits	Copy of a benefits letter showing the date it started (if it ended, the date it ended needs to be on the statement).
Child Support	Copies of three stubs or a letter or printout of child support of "last year" date range.
Asset	Copy of a bank statement or printout from your bank for each account that indicates the bank, type of account, current balance and interest rate for the most recent 6 months for all accounts.
Child Care	Letter from child care provider or copy of a bill and copy of a cancelled check or receipt if the bill does not show a payment made.
Medical expenses	Bill or annual printout (from a pharmacy) showing what you paid (if it does not show what you paid, also need a copy of a cancelled check or receipt); If you get over the counter drugs – statement from your doctor recommending what you should take and how often and then attach receipts for each item you use.

Submit these documents with your application or ask CIP staff for help in obtaining these documents.

SELECTION PRIORITY:

CIP places households in units based on the date and time the completed application is received and the household's eligibility for preference. Please indicate if you qualify for any of the following preferences:

- Homeless
- Have a diagnosed severe mental illness, from a mental health professional or physician, which impacts the applicant's ability to live independently, is 18 years of age or older and a resident of Hennepin County.

Do you or anyone else in your household qualify for housing because of a handicap or disability?

- Yes No If yes, please explain: _____

Do you have sole legal and physical custody of your children?

- Yes No Not Applicable (N/A)

If yes or no, please explain custody agreement: _____

Are you or any member of your household, including minors, subject to a lifetime registration under the State sex offender registration program?

- YES NO

If yes, please explain:

Has your housing assistance ever been terminated for fraud, non-payment of rent or utilities, failure to cooperate with recertification procedures, or for any other reason?

- YES NO

If yes, please explain:

Have you or any member of your household ever been convicted of a crime?

- YES NO

If yes, please explain:

Have you or any member of your household ever used different names from the names given in this application?

- YES NO

If yes, please explain:

Have you or any member of your household ever used social security numbers different from those listed in this application?

- YES NO

If yes, please explain:

Have you or any member of your household ever lived in any other state?

- YES NO

If yes, which states?

UNIT PREFERENCE: We will take your unit preferences/ requirements into consideration. If you request a unit size different from our occupancy standard, we are required to verify the need for a larger or smaller unit in accordance with HUD Handbook 4350.33 Revision 3.

Please indicate unit size preference below. If you require special unit features, we must verify the need for those features in accordance with HUD Handbook 4350.3 Revision 1. Please indicate the special features below.

Unit Size	Special Features
<input type="checkbox"/> SRO - 1 Adult per bedroom in 3 bedroom house and a shared common area with 2 roommates <input type="checkbox"/> Efficiency – One Adult per unit (<i>must have a personal transportation</i>) <input type="checkbox"/> 1 Bedroom – One Adult per apartment <input type="checkbox"/> 2 Bedroom – Maximum 2 Adults and 2 Children. <i>The head of household must have the serious mental illness diagnosis. The head of household must also have full-time legal custody of the children. According to HUD regulations, two same sex children can share a bedroom indefinitely, while two opposite sex children can share a bedroom until the oldest becomes 6 years old.</i> <input type="checkbox"/> Anything Available	<input type="checkbox"/> Mobility Accessible Unit <input type="checkbox"/> Communication Accessible Unit (<i>Hearing</i>) <input type="checkbox"/> Communication Accessible Unit (<i>Visual</i>) <input type="checkbox"/> 1 st Floor Unit <input type="checkbox"/> Unit within _____ feet of an exit/ elevator <input type="checkbox"/> Special Features: Provide Items Below <hr/> <hr/> <hr/> <hr/>

Applicant’s Housing Preferences:

1. Do you object to the sharing of common areas with roommates? Yes No No Preference
2. Do you object to sharing a bathroom with other people? Yes No No Preference
3. Are you able to prepare your own food? Yes No No Preference
4. Are you able to do your own house cleaning? (e.g. *bedroom & common space*) Yes No No Preference
5. Are you willing to live in housing that requires you to receive support services? Yes No No Preference
6. Do you have any objection to live in housing that require you to meet with staff and housemate on a regular basis? Yes No No Preference
7. If recommended, are you willing to receive Home Health services for medication management? Yes No No Preference
8. Do you need assistance with: ADL’s Transportation Keeping Room Clean Laundry
9. Do you object to living in housing that restricts adults overnight visitors to 3 overnights in a 30-days period? Yes No No Preference
10. Do you object to living housing that does not allow minor children to stay overnight? Yes No No Preference

CRIMINAL RECORD SEARCH CONSENT FORM

I hereby give my permission to Community Involvement Programs (CIP) to obtain information relating to my entire criminal history record and to obtain any or all of the following: credit report, verification of employment and income, rental history references, unlawful detainer/eviction investigation, identity trace, sex offender search, terrorism search, check writing history and personal interviews with all provided references. A criminal history record, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudications and delinquent conduct committed as a juvenile.

I understand that this information will be used as part of the screening process for CIP Supportive/Shared Housing.

I, the undersigned, do, for myself, my heirs, executors and administrators, hereby remise, release and forever discharge and agree to indemnify CIP, and each of their officers, directors, employees, and agents and hold them harmless from and against any and all causes and actions, suits, liabilities, costs, debts and sums of money, claims and demands whatsoever (including claims for negligence, gross negligence, and/or strict liability of CIP) and any and all related attorneys’ fees, court costs and other expenses resulting from the investigation of my background in connection with my application for CIP Supportive/Shared Housing. I acknowledge that a photographic copy or telephone facsimile copy of this authorization shall be valid as the original.

Personal Information:

First name	MI	Last Name
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Current Address	City	State	Zip Code
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Previous Address	City	State	Zip Code
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____/____/____ _____ ____/____/____ _____

Date of Birth	Gender	Social Security Number	Driver’s License or State ID Number
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(____) _____ (____) _____ _____

Home Phone	Alternate Phone Number	E-Mail Address
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I have been evicted by a court order before. I have not been evicted by a court order before.

Applicant Signature	Date
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OUT-OF-STATE ADDRESS HISTORY

If you have resided in any states other than the one(s) provided in the address history above within the past 15 years please complete the additional information below.

_____ _____ _____ _____

City / County	State	City / County	State
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LANDLORD STATEMENT:

This form should be completed by the owner, manger or caretaker at your current living site. Your current living situation can be used, and of you are living in a treatment program or facility, you can get a reference from them.

If you are currently homeless check here: if you are homeless, you do not need to fill out this page

General Information:

Tenant Name Date Move –In Type of Dwelling

Tenant Address Apt# City State Zip Code

Rental Information:

Rent amount per month: \$_____

Is Current Rent Paid? Yes No If no, how much is owned? \$_____

Other Expenses:

\$___ Phone \$___ Electric \$___ Water \$___ Heat \$___ Other \$___ Damage Deposit

Did tenant pay rent on time? Yes No

Did tenant maintain dwelling in good condition Yes No

Would you rent to this tenant again? Yes No

Owner Data:

Name of Owner/ Caretaker Phone Number

Street Address Apt# City State Zip

I certify that the above information is complete, true and correct.

Signature of Owner/ Caretaker

Date

Owner’s email address is: _____

Eligibility Verification of Long-Term Homelessness (LTH)

Instructions:

This form is required to verify LTH eligibility. Complete one to three years of housing history below, starting with the most recent. **Attach all third party homeless verification forms to this form.**

Print Applicant Name: _____

Type of Living Situation*	Address City, State Name of facility (if app)	Start/End dates (approximate)	Reason for Leaving	Verified? (attach docs)	Episode counts toward LTH?
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

*Type of Living Situation: Choose from emergency shelter, transitional housing, psychiatric facility, substance abuse treatment, hospital, jail/prison, staying with friends/family, rental housing, other (please specify).

For program eligibility purposes, the definition of long-term homelessness is:

Households experiencing long-term homelessness: Means persons including individuals, unaccompanied youth and families with children lacking a permanent place to live continuously for a year or more or at least four times in the past three years. Any period of institutionalization, incarceration, or transitional housing shall be excluded when determining the length of time a household has been homeless.

Verification Form A: Statement of Mental Illness

A clinician who is licensed to diagnose and treat the identified disability/disabilities must complete this verification form. Return this form with your application.

Name of Applicant: _____ DOB: _____

A. Please indicate whether or not the following conditions apply to the applicant:

Yes No

- 1. A diagnosed serious mental illness, which is expected to be of long-continued and indefinite duration; substantially impedes his or her ability to live independently; and is of such nature that such ability could be improved by more suitable housing conditions.
- 2. A permanent physical functioning limitation which impacts the applicant's ability to live independently.
- 3. A sensory impairment which impacts the applicant's ability to live independently

B. How many days was the applicant hospitalized for psychiatric reasons the last calendar year? _____

C. Please describe the applicant's disability or illness: (Include Diagnosis and ICD-9 Code)

D. List medications, therapies and/or other treatment this applicant is receiving:

E. Please describe the kind of supportive services you feel would enable this applicant to live independently in the community:

F. Date that you last examined this applicant: _____

I certify that I have the medical information to document the above statements and will provide such documentation to Community Involvement Programs at the request of the applicant.

Name of Professional

Signature of Professional

Profession

MN License #

Office Address

Date

Applicant's Providers:

List Applicant's current treatment providers, including: medical, psychiatric, case manager, day treatment, and substance abuse programs.

Agency/ Program Name

Name of Provider/ Contact	Phone #	E-mail
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Psychiatrist: _____

Therapist: _____

Case Manager: _____

Other Provider: _____

Other Provider: _____

Release of Information statement: I agree to permit 2 way communication between CIP Housing and the above identified agent(s) / agencies in the referring agency information provided for the purpose of continuity of care and establishing eligibility for subsidized housing. This release expires one year from the date of my signature here:

I, the applicant verify that to the best of my knowledge the information provided in the application is accurate and complete.

Signature: _____ Date: _____

Per HUD regulations: We need copies of one from each column to be attached to this application:

<p>1. One Acceptable Age Verification:</p>	<p>2. One Acceptable Social Security Number Verification:</p>
<ul style="list-style-type: none"> • Picture ID from the state OR • Baptismal Certificate • Military Discharge papers • Valid Passport • Census document showing age • Naturalization certificate • Social Security Administration Benefits printout 	<ul style="list-style-type: none"> • Original Social Security card* OR • ID card issued by a federal, state, or local agency, a Medical Insurance provider, or an employer or trade union. • Earnings statements on payroll stubs • Bank statement • Form 1099 • Benefit award letter • Retirement benefit letter • Life insurance policy • Court records

*We temporarily accept a copy of your Request Receipt for your replacement Social Security Card.

For tracking purposes, all housing inquiries are funneled to one of three intake gateways; phone calls to 612 362 4460 – email to housing@cipmn.org, or paper applications that have been mailed, hand-delivered or faxed to the Housing Specialist.

Every person who inquires about housing opportunities at CIP will be offered an application free of charge.

An inquiry list will be maintained by housing staff listing the name of each person asking for information about housing with their contact information, and whether or not they were sent an application. This way the number of people who inquire can be compared with the number who submit applications.

Applications can be obtained by calling: 612.362.4460. Applications can also be obtained by emailing a request to housing@cipmn.org. We also welcome walk-ins to obtain an application in person at our offices, 1600 Broadway Street NE, Minneapolis, MN 55413. (In the near future applications will be available for download from the website.)

Completed applications can be submitted by fax at: 612 362 4479

Completed applications can be mailed to: Community Involvement Programs, 1600 Broadway Street NE, Minneapolis, MN 55413

Scanned Applications can be emailed to: housing@cipmn.org