

TENANT SELECTION PLAN FOR CIP INDIVIDUALIZED HOUSING

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.

CIP Individual Housing Units are open to individuals who have been previously approved for HUD Section 8, Bridges Funding, eligible state or county housing subsidies and those paying full market rate. CIP – Individualized Housing includes Bass Lake Road, Clear Spring Road, Westbrooke and Kelly apartment housing opportunities.

TENANT SELECTION

The purpose of this Plan is to outline how referrals are made, what policies and procedures are employed in determining eligibility, and acceptance, as well as the policies and procedures for the Waiting Lists. The CIP individualized housing program includes:

- One two bedroom apartment in Hopkins Minnesota (Westbrooke),
- 12 efficiency units with shared common space in Minnetonka, MN,(Clear Spring Road),
- One 2-bedroom family building comprised of 4 units in Crystal, MN (Bass Lake Road)
- One 1-bedroom adult only building comprised of 6 units in St. Louis Park, MN (Kelly Apartments)

Applicants for CIP individualized Housing may request to be placed on the *Waiting List* for Kelly Apartments(one bedroom apartments), Clear Spring Road(efficiency apartments), or applicants with children may request to be placed on the Family Building Waiting List,(two-bedroom family apartments) in Crystal MN or Hopkins.

Acceptance Guidelines

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.

A completed application for CIP - Housing and all other required information and documentation, must be submitted before an applicant will begin to be considered.

A completed application for CIP Individual Housing, including a recent Statement of Mental Illness from a mental health professional or physician and all other required information and documentation, must be submitted before an applicant will be considered. All applicants will be pre-screened to determine if they meet basic selection criteria. Additional information may be requested in order to determine eligibility and whether the applicant meets the guidelines for acceptance.

The following guidelines are used to determine if an applicant is acceptable for individual housing:

1. Personal Demographics

The applicant is eligible for CIP Individual Housing if he/she has a diagnosed mental illness, which impacts the applicant's ability to live independently or a history of homelessness and is 18 years of age or older.

2. Previous Rental History

Applicants who have had problems making rent or mortgage payments over long periods or who have done significant damage to previous properties may not be considered for Individual housing. However, the histories of these problems will need to be explored. If the problem(s) have been rectified or the individual is on a program to address the problem(s), the individual may be considered for tenancy.

3. Drug & Alcohol Dependency

Applicants with a history of drug and/or alcohol dependency are evaluated on an individual basis. It is recommended that an applicant be sober for a minimum of six months.

4. History of Violent or Disruptive Behavior

If the applicant has a recent history of violence against persons or property or any other behavior that would jeopardize the health, safety or welfare of other persons, he/she would be disqualified as a prospective tenant. An arrest and/or conviction is not required in order to determine an applicant has a history of violent or disruptive behavior.

5. Income

Individual must meet annual income limits set by HUD. Verification of individual income is required to be submitted with the housing application.

6 Homelessness Preference

Priority will be given to applicants who are homeless. Verification of homelessness must be provided prior to admission.

7 Occupancy Standards

Maximum occupancy standard for CIP Individual Housing is:

- One adult per one bedroom units;
- One adult per efficiency
- At least one parent and one child per 2 bedroom unit

Citizenship & Social Security Numbers

Applicants for CIP Shared Housing will be required to verify citizenship or qualifying legal status as mandated by HUD or other governmental regulations. CIP Individual Housing will verify Social Security Numbers for all applicants prior to admission to the program.

Potential Reasons for Rejection

- Applicant does not meet the occupancy standard;
- False or unverifiable information was supplied on the application;
- Income does not meet eligibility requirements;
- Record of non-payment of rents over long periods of time;
- Record of the applicant causing major damage to property;
- Recent history of criminal activity;
- Recent history of violent or disruptive behavior;
- Rude, uncooperative or disruptive behavior of applicant during the application process;
- Discriminatory behaviors towards any ethnic or cultural groups;
- Recent history of alcohol or drug dependency (less than 6 months);
- The individual requires accommodations that are not reasonable;

Outline of Application Process

Step One: Inquiry / Application

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.

Applications can be submitted by fax at: 612 547 0556

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

Applications can be emailed to: housing@cipmn.org

CIP Staff do not begin the selection process until all application materials including all required documentation are all marked received at the CIP - Housing office.

CIP conducts a criminal background check prior to admission into the program or signing of a lease. The Housing Specialist will conduct background checks. Refusal to consent to a criminal background check will result in automatic removal from consideration for housing. Current residents of CIP Individual Housing will have a criminal background check done prior to any relocation within CIP Individual Housing will have a criminal background check done prior to relocation with CIP.

Application Process Timeline:

Completed application received - including all required verifications of income and assets have been returned by applicant, the applicant's agent or other external entities as authorized by applicant. When all documentation has been physically received by CIP - Housing, the consideration timeline begins.

Determination of eligibility to be placed on waiting list within 5 business days of the beginning of timeline.

Notification of applicant name being added to waiting list will be mailed / emailed to applicant within 10 business days of beginning of timeline.

Potential tenants will be selected - in order by date and time - from the waiting list and invited to an apartment showing when apartment availability dictates.

Once potential tenants have chosen their apartment, a leasing appointment will be scheduled based on the apartment availability and ability of the prospective tenant to be present for the appointment.

At the leasing appointment all rents and security deposits are due. Staff may accept verified letters of intent from government entities in lieu of payments to be determined on a case by case basis.

Applicants must sign all required paperwork and comply with all HUD requirements before keys to any apartment can be provided.

Applicants who are determined not-eligible will be notified in writing at the address last updated by them during the application process within 20 business days of the beginning of the timeline.

Appeals & Reapplication

Applicants who have been rejected may appeal in writing within 10 days by emailing their appeal to housing@cipmn.org or mailing it to Community Involvement Programs, 1600 Broadway Street NE, Minneapolis, MN 55413.

The Housing Specialist has five business days to respond in writing with an appeal decision.

The applicant can request a final appeal of the housing specialist's decision in writing within 10 business days of the date on the denial letter by the housing coordinator.

Final appeals must be submitted in writing and mailed to: Housing Director, 1600 Broadway Street NE, Minneapolis, MN 55413. All decisions by the Housing Director are considered final.

Applicants may reapply at a later date unless they have been informed by CIP - Housing otherwise.

Anyone reapplying must submit a new and complete application along with all required documentation as determined by CIP Housing staff.

Waiting Lists

All eligible applicants as determined by CIP staff, will be placed on a waiting list for occupancy based on HUD standards and practices.

Waiting List Selection Process

A completed HUD rental application including a documented diagnosis of a severe Mental Illness from a mental health professional, and a signed residential history or history of homelessness and all other required information and documentation, must be submitted before an applicant will begin to be considered. It is the applicant's responsibility to provide all required documentation.

Accepted applicants are added to Waiting Lists based on the date and time of their application. Applicants who are rejected will be promptly notified by mail or e-mail with the reason for rejection noted.

Administration of Waiting Lists

Opening and Closing of Waiting Lists

In order to maintain a balanced application pool, CIP - Housing may, at its discretion, restrict taking new applications, suspend taking new applications, and/or close a Waiting List. CIP - Housing will also update the Waiting Lists by removing the names of those who are no longer interested in or no longer qualify for housing at least annually.

Decisions about closing the Waiting List will be based on the number of applications available, the number of applicants who are deemed eligible, and the ability of CIP to house an applicant on a Waiting List within a reasonable period of time. Generally, if the length of the Waiting Lists is such that an applicant would not be likely to be admitted within the next 6 months CIP may advise the applicant that no additional applications are being accepted for that reason.

Closing or opening the Waiting Lists will be publicly announced in the same or similar manner in which CIP - Housing historically announces and markets openings. During the period when a Waiting List is closed CIP - Housing will not maintain a list of individuals who wish to be notified when the waiting list is reopened.

A. Updating the Waiting Lists

Applicants have an affirmative duty to keep CIP - Housing advised of changes in interest and/or information (see below). CIP - Housing shall update the Waiting Lists at least annually to determine if applicants are still interested and eligible to remain on the waiting list.

CIP Housing shall, at the time of each annual update, obtain current applicant information on the following:

- Household characteristics; i.e., number of family members and composition;
- Addresses and phone numbers;
- Income and assets; and,
- Any other factors that may affect eligibility.

Updated information shall be obtained from the applicant in writing and certified by the applicant's dated signature that the information provided is true and correct. CIP Housing will notify each applicant by e-mail or mail requesting the above information and confirmation of its interest in remaining on a Waiting List at least annually. The applicant will be given a reasonable period in which the applicant is to respond; i.e. 15 days. If the applicant replies affirmatively, the applicant will retain his/her position on the Waiting List. If the reply is negative or the notification is return undeliverable, the applicant's name will be removed from the Waiting List. If no reply is received within the specified time frame, a final letter will be sent to the last known address stating that the applicant's name is being removed from the Waiting List on a specific date; i.e., 5 days from the date of the letter. (See Update Form Below)

B. Removal of Applicants From Waiting Lists

CIP - Housing will not remove an applicant's name from a Waiting List unless:

- The applicant requests that the name be removed;
- CIP - Housing has been advised by the referral source (i.e. agency, case manager, housing specialist) that the applicant is no longer interested, has other housing, whereabouts are unknown or is no longer eligible/does not meets required criteria;
- The applicant was clearly advised of the requirement to tell staff of his/her continued interest in housing by a particular time and failed to do so; or
- Staff made a reasonable effort to contact the applicant to determine if there is continued interest in housing but has been unsuccessful; and
- Staff have notified the applicant of our intention to remove the applicant's name
 - Notification of the referral source constitutes notice to the applicant;
 - Inability to contact the applicant or the referral source will be documented.

As soon as an opening becomes apparent and a possible move-in date is determined, CIP will immediately contact the first applicant on the applicable Waiting List based on date and time of applicant's completed application.

Should the applicant reject an intake/ certification appointment, they will be removed from the Waiting Lists.

An applicant may opt to be removed from consideration for an opening.

Fair Housing & Equal Opportunity Requirements and Statement of Non-Discrimination

It is the policy of CIP - Housing to promote equal opportunity and non-discrimination in compliance with, but not limited to, the federal and state constitutions and legislative enactments addressing discrimination in housing. Furthermore it is the policy of CIP - Housing to comply fully with Title VI of the Civil Rights Act of 1964, the Federal Fair Housing Act, Executive Order 11063, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, Title II of the Americans with Disabilities Act, the Minnesota Human Rights Act, and any legislation protecting the individual rights of residents, applicants or staff which may subsequently be enacted.

Under Federal Law it is illegal to discriminate against any person or group of persons because of race, color, religion, sex, handicap, familial status or national origin.

The Minnesota Human Rights Act prohibits discrimination because of race, color, creed, religion, national origin, sex, age, disability, and marital status, status with regard to public assistance, sexual orientation, or familial status. In addition, owners must comply with local fair housing and civil rights laws.

CIP Individual Housing units are not accessible for people who use wheelchairs or similar mobility devices. Reasonable accommodations for people with mobility issues will be made upon written request within the requirements of the Americans with Disabilities Act and other applicable federal/state/local regulations.

In reaching a reasonable accommodation with, or performing structural modifications for, otherwise qualified individuals with physical and or mobility challenges, CIP Housing is not required to:

- Make structural alterations that require the removal or altering of a load-bearing structural member;
- Provide an elevator in any multi-family housing property solely for the purpose of locating accessible units above or below the grade level;
- Provide support services that are not already part of its housing programs;
- Take any action that would result in a fundamental alteration in the nature of the program or service;
- Take any action that would result in an undue financial and administrative burden on CIP - Housing.

Housing Application
Equal Housing Opportunity

Property Address: _____ Unit # _____

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
<p>I/We understand the information in this questionnaire will be used to determine eligibility.</p> <p>I/We certify that the information provided is true and complete to the best of my/our knowledge.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>ALL HOUSEHOLD MEMBERS AGE 18 OR OLDER MUST SIGN BELOW:</p> <p>APPLICANT'S SIGNATURE _____ DATE _____</p> <p>_____</p> <p>APPLICANT'S SIGNATURE _____ DATE _____</p> <p>_____</p>

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.

DIVESTITURE OF ASSET VERIFICATION

APT.# _____

NAME:	SOCIAL SECURITY #:
NAME:	SOCIAL SECURITY #:

I/We hereby certify that I/we have have not sold or disposed of any assets **for less than Fair Market Value** during the two year (24 month) period preceding the effective date of my/our certification or recertification. Any assets sold or disposed of for less than Fair Market Value are identified below, (i.e. sold home, closed accounts, sold stock).

A) Type of Disposed Asset	B) Date Sold or Disposed	C) Decrease in Value or Asset	D) Amount Received

I/We hereby certify that I/we have sold or disposed of assets **for Fair Market Value** since my last recertification. I/We have sold or disposed of the following assets as identified below, (i.e. sold home, closed accounts, sold stock).

A) Type of Disposed Asset	B) Date Sold or Disposed	C) Decrease in Value or Asset	D) Amount Received

If you state any amounts received in Column D, please indicate what has happened to these funds.

***Cash Value** is the market value of the asset minus reasonable costs incurred in selling or converting the asset to cash. Such reasonable costs include:

1. penalties for withdrawing funds before maturity
2. broker/legal fees for the sale or conversion of assets
3. settlement costs for real estate transactions

Applicant /Tenant Signature

Date

Applicant/Tenant Signature

Date

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208(a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 U.S.C. Section 408 (a) (6), (7) and (8). **Management does not discriminate on the basis of handicapped status in the admission or access to, or treatment, or employment in, its federally assisted programs and activities.**

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:** 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 verifications with your application or ask CIP staff for help in obtaining verifications.

SELECTION PRIORITY:

CIP places household 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: _____

How many people live in your household now? _____

Will any members of household applying for this unit live anywhere except this unit?

- Yes No If yes, please explain: _____

Do you expect your household composition (# of people) to change in the future?

- 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: _____

Does/will the household receive rent assistance?

- Yes No If yes, please indicate from what source: _____

The following questions pertain to yourself and each member of your household who will occupy the unit. Indicate either YES or NO in response to each question. Explain any YES answers below.

How did you hear of this housing development?

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?

Per HUD regulations: We need copies of the following to be attached to this application:

1. One Acceptable Age Verification:	2. One Acceptable Social Security Number Verification:
<ul style="list-style-type: none">• Birth Certificate 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• Driver's license with SSN• 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.

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

Current Address City State Zip Code

Previous Address City State Zip Code

_____/_____/_____
Date of Birth Gender _____/_____/_____
Social Security Number Driver's License or State ID Number

(_____) _____ (_____) _____
Home Phone Alternate Phone Number E-Mail Address

Applicant Signature Date

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

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).

Applicant Verification: I verify the information provided on this form is accurate and true.

Signature

Date

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

Clinical Assessment:

Clinical Disorders should be identified in the Statement of Mental Illness attached to this Application. A recent (6 months) Diagnostic Assessment by a Mental Health Professional may be substituted for the Statement of Mental Illness. All other Mental Health, Cognitive and Medical information should be identified below:

Personality Disorders: None

Diagnosis: _____ DSM Code: _____

Diagnosis: _____ DSM Code: _____

Cognitive Disorders/Impairments: None

Diagnosis: _____ DSM Code: _____

Diagnosis: _____ DSM Code: _____

General Medical Disorders, including Communicable Diseases: None

Brain Injury?: Yes No

If Yes, describe:

If any medical disorders are listed above, do any of them limit activities of daily living? Yes No

If Yes, describe: _____

Medical & Environmental Allergies?: Yes No

If Yes, describe:

Current Medication:

Psychotropic Medications: (List Names)

Non-Psychotropic Medications: (List Names)

If this Applicant is placed in CIP Housing, what level of support, if any (new or in place), is required to maintain medication compliance? None, Independent Refuses/Noncompliant

Not Applicable/No Medications Prescribed Medication setup (if checked a referral to Home Health will be made)

Applicant's Providers:

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

Agency/Program Name E-mail Address	Name of Provider/Contact	Phone#
Psychiatrist:		
Therapist:		
Case Manager:		
Other Provider:		
Other Provider:		

Hospitalizations: Any hospitalizations should be detailed in Psychiatric and Psychosocial Summaries.

If ever in a psychiatric hospital, age of first hospitalization: _____

Estimated number of psychiatric hospitalizations in past 3 years: _____ Most recent discharge: ____/____/____

Is Applicant currently hospitalized? No Yes

If yes, date of admission: ____/____/____ Psychiatric Medical Detox

Name of hospital: _____

Symptom and Behaviors:

Check all that apply. For all checked Current or History, please provide an explanation in the column provided and attach any applicable documentation. Failure to provide accurate information will be considered grounds for rejection.

	CURRENT (Within past 3 months)	HISTORY (If checked, must include Date)	NEVER	UNKNOWN	Explanation:
Homicidal Ideation/Attempts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Suicidal Ideation/Attempts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Violent Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disruptive Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Criminal Activity/Arrests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arson/Fire Setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hallucinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delusions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Injurious Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Referring Agency Information:

Name of Referring Agency: _____

Address: _____ City: _____ State: _____ Zip: _____

Referring Worker's Name (*Print*) _____ Title: (*Print*) _____

Phone: _____ E-Mail: _____

Fax: _____

Alternate Contact: (*Print*) _____ Title: (*Print*) _____

Phone: _____ E-Mail: _____

Fax: _____

Applicant Acknowledgement:

I verify that to the best of my knowledge the information provided in the application is accurate and complete. My signature verifies that the applicant requires housing as part of their mental health recovery plan.

Signature: _____ Date: _____