

Center City Housing Corp.

1401 East Second Street, Apt. A Duluth, MN 55805
 Phone (218)728-6437 Fax (218) 728-2281

WEB VERSION

Supportive Housing Program Application: Please select the program(s) below where you would like your application submitted. If you have any questions about what program you are eligible for, please contact our office.

Transitional Housing Sheila's Place DHS-Site Based Housing

Please indicate what size unit you are requesting: Efficiency 1 BR 2 BR 3 BR

Name:	Phone:
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Address:	City/State:	Zip:
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Current relationship status: Married Separated Divorced Widowed Single Other (please explain)

Household Information: Complete the following for each person who will be living with you (put yourself in the first line)

Name (first and last)	Gender	Date of Birth	Age	Race <small>(select code from list below)</small>	Hispanic? <small>Y/N or Unknown</small>	Relationship	Social Sec #
1. (self)						Head of Household	
2.							
3.							
4.							
5.							
6.							

The department of Housing and Urban Development (HUD) requires that, for statistical purposes only, we report the race and ethnicity of the Head of Household for applicants. You are not required to answer, nor does your answer affect your position on our waiting list or your eligibility for housing.

*HUD Race Categories Please fill in for each family member:

Native American or Alaskan Native (NA), Asian (A), Black or African American (B or AA), Native Hawaiian or Other Pacific Islander (NH or OPI), White (W),	Native American or Alaskan Native & White (NA/W or AN/W) Asian & White (A/W) Black or African American & White (B/W or AA/W) Native American or Alaska Native & Black (NA/B or AN/B) Other, Other Multi Racial, Unknown
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Special Needs, Disability, Reasonable Accommodation, etc:

Do you or your children have any special needs that have been either diagnosed or undiagnosed? (Some programs may require proof of a diagnosed disability to participate). Please explain: _____

Please list sources of household income: (employment, MFIP, SSI, SSDI, Food Stamps, MA, Child Support, etc)

If you are currently not receiving MFIP, have you been on MFIP in the last (24) months? Yes No

IF YES, did you leave MFIP due to fraud? Yes No

If yes, please explain: _____

Program questions: Please complete the following questions with your selected program(s) in mind.
How did you hear about the program(s) that you are applying to?
Why are you interested in participating in a supportive housing program?
Please list some short and long term goals that you would like to accomplish:
What are some of the barriers that have prevented you from achieving your goals in the past?
What kind of assistance would you need from your case manager?
Have you identified any other resources that can help you accomplish your goals? If so, please describe:

