

# Women's Community Development Organization

1401 East Second Street, Apt. A Duluth, MN 55805

**WEB VERSION**

Phone (218)728-6437 Fax (218) 728-2281 TTY/TDD(218) 7-1-1

**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     2001

**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 (select code from list below)	Hispanic? Y/N or Unknown	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

## 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Sobriety:



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 (and that we could help you achieve while at WCDO):
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 WCDO?
Have you identified any other resources that can help you accomplish your goals? If so, please describe:

I hereby certify that the above information is accurate to the best of my knowledge:

**Signature:** \_\_\_\_\_ **Current Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Thank you for filling out an application with WCDO. We will be contacting you when your name comes up on our waiting list. Please contact us if any of your contact information changes, or if there is a change in your household size.

Good luck in your housing search!



Revised 12/12/2008

This application can be made available in other formats at your request. WCDO will provide assistance to applicants who request assistance with documents or correspondence pertaining to participation and residency in all of our programs