

Homeless Program Application

Definition of Homelessness

All applications must be filled out completely in order to be processed. Incomplete applications will not be accepted.

DEFINITION OF HOMELESSNESS

The State of Minnesota defines as homeless any individual, unaccompanied youth or family that is without a permanent place to live that is fit for human habitation. "DOUBLING UP" is considered homeless if that arrangement has persisted less than one year.

The State of Minnesota defines an individual, unaccompanied youth or family as "LONG-TERM HOMELESS" if they are without a home for a year or more OR have had at least (4) episodes of homelessness in the past (3) years.

ANY PERIOD OF INSTITUTIONALIZATION OR INCARCETATION (including transitional housing, prison/county jail, treatment, hospitals or foster care) shall be "EXCLUDED" when determining the length of time the household has been homeless.

FIRST NAME                      M.I.                      LAST                      DATE OF BIRTH                      SOCIAL SECURITY #

ADDRESS WHERE YOU ARE CURRENTLY STAYING                      FOR HOW LONG                      DATE APPLIED

ADDRESS OF LAST PERMANENT PLACE                      DATE LEFT/MOVED                      HEAD OF HOUSEHOLD  
(90 Days or More)

PHONE NUMBER WHERE YOU CAN BE REACHED: \_\_\_\_\_

ENROLLMENT NUMBER: \_\_\_\_\_

PLEASE LIST ALL PERSONS IN THE HOUSEHOLD

Last Name	First Name & M.I.	Relationship	Date of Birth	Social Security #

MONTHLY INCOME BY SOURCE (Last 90 Days)

	(1)	(2)	(3)	(4)
Income Source				
Last 30 Day Income				
Start Date (Required)				
End Date (If Applicable)				

PERSONAL INFORMATION

_____	_____	_____
CITY AND STATE OF BIRTH	MARITAL STATUS	- EMERGENCY CONTACT PERSON
_____	_____	_____
PHONE NUMBER	ADDRESS	CITY STATE

RENTAL ASSISTANCE PROGRAMS

Are you currently on any Rental Assistance Programs and if you are, which one(s) and what County?

\_\_\_\_\_

NAME OF OTHER AGENCIES CURRENTLY WORKING WITH

\_\_\_\_\_

GIVE A BRIEF STATEMENT OF WHAT HAS BEEN GOING ON AND WHY YOU ARE CURRENTLY HOMELESS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ARE YOU A VETERAN? \_\_\_\_\_ YES \_\_\_\_\_ NO

I VERIFY BY SIGNING THIS FORM THAT ALL OF THE INFORMATION I HAVE PROVIDED IS TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT SUBMISSION OF FALSE OR MISLEADING INFORMATION OR RECEIVING FUNDS UNDER FALSE PRETENSE ARE GROUNDS FOR DISMISSAL OF MY CLAIM FOR ASSISTANCE.

\_\_\_\_\_  
(CLIENT SIGNATURE) APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_ PENDING \_\_\_\_\_

MCC Homelessness Program  
GOALS

SHORT TERM GOALS (WKS./MOS.)

1) Personal    2) Financial    3) Work    4) School    5) Other (Explain)

GOAL	START DATE	REVIEW DATE	END DATE	GOAL ACCOMPLISHED Y/N (Comments)

LONG TERM GOALS (1 Year+)

1) Personal    2) Financial    3) Work    4) School    5) Other (Explain)

GOAL	START DATE	REVIEW DATE	END DATE	GOAL ACCOMPLISHED Y/N (Comments)

Case Manager's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

