



Application for Housing



Program Name: ST. CHRISTOPHER PLACE	Property Address: 286 MARSHALL AVE., ST. PAUL, MN 55102
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Personal Information (Please print clearly)		
Full Name	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender	
Social Security Number	Phone	Date of Birth
Current Address	How long?	
Last Permanent Address	How long?	
How can we contact you? (Phone, email)		

Income Information (Please check all that apply and write in each amount.)			
<input type="checkbox"/> Employed	Employer	Average hours/ week	Hourly Wage
<input type="checkbox"/> General Assistance	Monthly Benefit	<input type="checkbox"/> SSDI/RSDI <input type="checkbox"/> SSI <input type="checkbox"/> Social Security Retirement <input type="checkbox"/> Other	Monthly Benefit
<input type="checkbox"/> Veterans' Assistance	Monthly Benefit		

Background Information	
Are you homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you long term homeless?* <input type="checkbox"/> Yes <input type="checkbox"/> No
*Long term homeless means lacking a permanent place to live continuously for a year or more at least four times in the past three years. Any period of institutionalization or incarceration shall be excluded when determining the length of time a household has been homeless.	
Do you need an accessible unit? <input type="checkbox"/> Yes <input type="checkbox"/> No	Case Worker Name/Contact Info
Have you ever been convicted of a felony related to arson or crime of serious violence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a sexual offense that required you to register as a sex offender?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Optional Questions (You are not required to answer the following questions, but if you do, we have opportunities for additional funding for these units.)	
Have you ever been diagnosed with HIV or AIDS? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No

I authorize verification of information contained herein and examination of my criminal history. I understand giving false information on this application will result in the application being cancelled or termination of housing. I hereby certify that the above information is true and accurate.

Signature of Client	Date
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