

**The Evergreen Residence – Catholic Charities**  
**177 Glenwood Avenue, Minneapolis, MN 55405**  
**Main Number (612) 204-8406      Fax Number 612) 225-1293**

The Evergreen Residence offers affordable single rooms to homeless men and women. We are located just blocks from downtown Minneapolis. We are also near a major transit station and are on the #9 bus line.

The Evergreen Residence is committed to quality management and provides a clean, safe and dignified environment. We are dedicated to maintaining a safe, peaceful and inclusive atmosphere for ALL Tenants.

**The Evergreen offer:**

- ❖ Low rent of \$390 per month , after 7-1-2017
- ❖ A reasonable damage deposit of \$390.00 after 7-1-2017.
- ❖ Furnished rooms that include a bed, chair, table, refrigerator and microwave.
- ❖ Cable ready rooms – you pay for your own cable.
- ❖ Laundry rooms on each floor- 75¢ per wash and 75¢ per dry.
- ❖ Shared bathroom accommodations
- ❖ Community room for facility activities and events
- ❖ Lounge area on each floor with a TV, telephone sink and microwave.
- ❖ Shared kitchen accommodations.
- ❖ With a car, rent is \$ 390.00. Car spaces are limited. Effective 7-1-2014.

**Selection Criteria/Admission Policy**

- ❖ Must be homeless or will be within 30 days
- ❖ Must be able to live independently
- ❖ Income limit is not to exceed \$30,350 to qualify for low-income housing tax credit program (Section 42)
- ❖ Must have an income other than General Assistance
- ❖ SS; SSI; SSDI; RSDI; Veteran Benefits... are acceptable income
- ❖ If employed must be employed 6 weeks permanently or 12 weeks temporarily.
- ❖ Must complete ALL documents
- ❖ Must submit \$20.00 processing fee with completed application and documents
- ❖ Individuals convicted of the following offenses **WILL NOT** be considered for housing:
  - **Arson or sex offenses (less than 10 years)**
  - **Recent drug, violence or weapon charges**
  - **Individual are subject to approval by Evergreen management.**

**Please contact Property Manager Anthony Houston**  
**at 612-204-8305 or [anthony.houston@cctwincities.org](mailto:anthony.houston@cctwincities.org) if you have any questions**  
**regarding the application or status of application.**



# Application for Housing



Program Name: <b>EVERGREEN RESIDENCE</b>	Property Address: <b>177 GLENWOOD AVE N., MINNEAPOLIS, MN 55405</b>
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<b>Personal Information</b> (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)		

<b>Income Information</b> (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	Monthly Benefit
<input type="checkbox"/> Veterans' Assistance	Monthly Benefit	<input type="checkbox"/> Social Security Retirement <input type="checkbox"/> Other	

<b>Background Information</b>	
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

*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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# Homeless Certification/ Referral

## Permission for Release of Information

I authorize the following Shelter Worker/ Case Manager Agency to furnish information requested on this form and to assist in coordination of services. In some cases you are not legally required to supply information requested, but if you do not provide the information requested, we may not be able to determine your eligibility, or to provide services. The information you provide may be shared with other employees or agencies. All information is considered private by the Minnesota Data Practices Act. I understand that I may revoke this release at any time and is valid for one year from the date signed.

Applicant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Shelter Worker/

Case Manager Agency: \_\_\_\_\_ / \_\_\_\_\_ Phone#: \_\_\_\_\_

<b>The section below is to be completed by Shelter Worker/ Case Manager of referring agency named above</b>
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1) **Homeless status:** (Check the sentence that best describes current living situation)

Living in places not meant for human habitation (i.e., cars, parks, sidewalks, abandoned buildings)

Emergency Shelter (check shelter)

St Stephens

Simpson

Catholic Charities

Salvation Army

Our Saviors

Other: \_\_\_\_\_

In transitional or supportive housing (for homeless persons who originally came from the streets or emergency shelter).

In any of the above places, but is spending a short time (up to 30 consecutive days) in a hospital or other institution.

Is being discharged within a week from a private dwelling unit and has no place to go and lacks the resources to obtain housing.

Is being discharged within a week from an institution in which the person has been a resident for more than 30 consecutive days and no subsequent residence has been identified and h/she lacks the resources and support networks needed to obtain housing.

2) **Independent Living skills:** (Check one)

Can live independently (no assistance)

Needs some assistance (describe)

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

Name, address and phone number of agency and/or person to contact for assistance:

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

Please give details of Homelessness & Special Needs on backside of this form (such as where applicant is staying, how long, eviction, and current resources).

I hereby verify that the above information contained on this Homeless Certification is true and correct.

Referring Case Management/Manager Agency: \_\_\_\_\_

Verified by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature Shelter Worker/ Case Manager)

Printed Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
(Printed Shelter Worker/ Case Manager)



# Household Questionnaire

<b>Certification Effective Date:</b> * Move-in * Initial Cert * Recertification * Add a Member	<b>Household certifying for the following program(s):</b> * Section 8 * Housing Tax Credit * HOME * Section 236 * Other	<b>Date and Time Rec'd:</b> Rent Amount: \$
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Property Name\_ Evergreen Residence Bldg/Unit #

**Household Composition**

Applicants/residents, complete this application in your own handwriting. List all persons who will be living in the unit. Give the relationship of each family member to the head of household. If this eligibility application is being completed by an applicant who is applying for occupancy with an existing household, only include the information for the new applicant. **Each household member age 18 years or older and under age 18 if head, spouse, or co-head of household must disclose income and assets and sign and date this application.** All Housing Tax Credit Program households must also complete an Annual Student Certification (HTC 35).

	Household Member's Name	Relationship	Date of Birth	Has/Will this person be a student* during this and/or the upcoming calendar year? YES/NO	Social Security Number
1		HEAD			
2					
3					
4					
5					
6					
7					
8					

\* Include public and private elementary, junior & senior high, college, university, technical, trade, and mechanical schools. Do not include on-the-job training courses.

**Household Income**

List current and anticipated income for the twelve-month period beginning on the anticipated move-in date or effective date of recertification. **Include all full time, part time or seasonal income even if completing this application in the off-season.**

**DOES ANY MEMBER RECEIVE OR EXPECT TO RECEIVE**

(Check YES or NO to each item, as applicable, and include gross monthly amount. List sources on page 2.):

YES	NO		Gross Monthly Amount
		1. Wages, salaries (include overtime, tips, bonuses, commissions, etc.) . . . . .	\$
		2. Does any member work for someone who pays them in cash or is self-employed. . . . .	\$
		3. Regular pay for a member of the armed forces . . . . .	\$
		4. Public Assistance (MFIP, GA) . . . . .	\$
		5. Worker's compensation . . . . .	\$
		6. Unemployment benefits or severance pay . . . . .	\$
		7. Student financial assistance (public or private, not including student loans) . . . . .	\$
		8. Child support (check yes if you have a court order, even if you are not receiving the full amount awarded) . . . . .	\$
		9. Alimony/Spousal Maintenance . . . . .	\$
		10. Social Security income (including unearned income of minor children) . . . . .	\$
		11. Disability benefits including social security disability . . . . .	\$
		12. Regular payments from pensions (PERA, railroad, etc.) . . . . .	\$
		13. Regular payments from retirement benefits . . . . .	\$
		14. Death Benefits . . . . .	\$
		15. Regular payments from annuities or life insurance dividends . . . . .	\$
		16. Regular payments from inheritance, insurance settlement, lottery winnings, etc. . . . .	\$
		17. Net income from rental property . . . . .	\$
		18. Regular cash and non-cash contributions, assistance with paying bills or gifts from individuals not living in the unit (not including groceries) . . . . .	\$
		19. Are any changes to income expected within the next 12 months due to a raise, bonus or other reason? . . . . .	\$
		20. Other (list)	\$

**Household Assets**



I/We hereby certify that I/We Have Have not sold or given away any assets for less than Fair Market Value during the two year (24 month) period preceding the date of this questionnaire. Any assets sold or disposed of for less than Fair Market Value must be identified below:

Household Member	Asset and Estimated Market Value	Date sold/disposed	Amount Received
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

**ADDITIONAL INFORMATION**

The following questions pertain to every member of the household. Check either **YES** or **NO** in response to each question. Add an explanation below for all items checked YES.

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Will any household member, including children, live in the unit on a less than full time basis?
<input type="checkbox"/>	<input type="checkbox"/>	Do you anticipate any change in your household (someone moving in or out) during the next 12 months?
<input type="checkbox"/>	<input type="checkbox"/>	Does any adult member of the household have zero income? If yes, name(s):
<input type="checkbox"/>	<input type="checkbox"/>	Does/will the household receive rent assistance? If so, indicate from what source (Section 8, Rural Development RA, etc.).
<input type="checkbox"/>	<input type="checkbox"/>	Does your household have any needs that might be better served by a unit which is accessible to persons with mobility, hearing or visual impairments?
Explanation:		
_____		
_____		

**SIGNATURES**

I/we certify that the foregoing information is true and complete to the best of my/our knowledge, and authorize the Landlord to make inquiries to verify the statements herein. I/we further understand that any intentional misrepresentation on this form might result in a default in the rental agreement and/or eviction of this household. If any of the aforementioned information changes, I/we agree to notify Landlord immediately.

Applicant/Resident Signature _____	Date _____
Applicant/Resident Signature _____	Date _____
Applicant/Resident Signature _____	Date _____
Applicant/Resident Signature _____	Date _____

**This applicant/resident required assistance in completing the Household Questionnaire due to:**

**Assistance was provided by:**

**Date:**

# Evergreen Residence

## AUTHORIZATION FOR RELEASE OF INFORMATION FOR HOUSING APPLICATION PURPOSES

I hereby authorize Evergreen Residence and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for employment, promotion, reassignment or retention as an applicant for housing, or employment. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas:

Verification of Social Security Number, current and previous residences, employment history including all personnel files, education, character references, credit history and reports, criminal history records from any criminal justice agency in any or all federal, state county jurisdictions, birth records, motor vehicle records to include traffic citations and registration and any other public records.

I \_\_\_\_\_, authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation, or public agency may have. I understand that I must provide my date of birth to adequately complete said screening, and acknowledge that my date of birth will not affect any hiring decisions. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me, to furnish bearer with any and all information in their possession regarding me in connection with an application for employment. This authorization and consent shall be valid in original, fax, or copy form.

I hereby release Evergreen Residence and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may at any time, result to me, my heirs, family or associates because of compliance with this authorization and request to relapse. You may contact me as indicated below, I understand that a copy of this authorization may be given to me at any time, provided I request it in writing. Information on this application and results of the background investigation will be maintained in confidence in accordance with company hiring practices.

**The following information is required to perform one or all of the following:  
Criminal Background Check, Employment History, Housing History, Credit Report**

Name (Print) _____	_____	_____	_____	_____
First	Middle (full name)	Last	Maiden	
Print All Former Names Used: (1) _____				
(2) _____				
Social Security Number: _____ - _____ - _____	Sex: _____	Race: _____	DOB: _____	
<b>***** Copy of Social Security card and State Picture ID must be attached*****</b>				

In what other states have you lived in the past? _____
_____

Drivers License Number: _____	State of Issuance: _____
Make and Model of vehicle: _____	Year: _____ License Number: _____

May we contact Your Current Employer and/or Supervisor: _____ (Yes or No)
Current Employer: _____ Address: _____
Phone number: _____ Fax: _____
Current Supervisors Name: _____ Phone: _____
Comments: _____

May we contact Your Current Landlord: _____ (Yes or No)
Current Landlord Name: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____ Fax: _____
Comments: _____

Using the numbers below, please indicate whether you have been convicted of any crimes listed below: 1. Homicide/Murder 6. Destruction of Property 11. Fraud 2. Rape or Molestation 7. Drug Trafficking/Use or Possession 12. Prostitution 3. Burglary/Robbery/Larceny 8. Child Abuse/Domestic Violence 13. Other 4. Threats of Harassment 9. Public Intoxication/Drunk & Disorderly Conduct 5. Assault or Fighting 10. Theft/Receiving Stolen Goods  
Number of Violation (s) \_\_\_\_\_ Status/Disposition: \_\_\_\_\_

**I give my permission to Evergreen Residence and First American Registry to perform Criminal Background Check, Employment History, Housing History, and Credit Report for my application of Housing.**

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_