

Application for Housing



Program Name: ST. PAUL RESIDENCE		Property Address: 902 HERSEY STREET, ST. PAUL, MN 55114	
Personal Information (Please print clearly)			
Full Name			☐ Male ☐ Female ☐ 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.)			
☐ Employed	Employer	Average hours/ week	Hourly Wage
☐ General Assistance	Monthly Benefit	SSDI/RSDI SSI Social Security Retirement Other	Monthly Benefit
☐ Veterans' Assistance	Monthly Benefit		
Background Information			
Are you homeless? ☐ Yes ☐ No Are you long term homeless?* ☐ Yes ☐ 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?			
Case Worker Name/Contact Info			
Have you ever been convicted of a felony related to arson or crime of serious violence?			☐ Yes ☐ No
Have you ever been convicted of a sexual offense that required you to register as a sex offender?			
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