



**LRB APPLICATION**

*Please fill out form completely for processing*

Today's Date: \_\_\_\_\_ Move in Date \_\_\_\_\_  
(Desired)

Name: \_\_\_\_\_ M or F (circle one)

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Phone: \_\_\_\_\_ DL or ID #: \_\_\_\_\_  
What number can you be reached at?

Are you looking for housing in: Hennepin Dakota Either (please circle one)

Are you Homeless? Yes or No If No, please explain: \_\_\_\_\_

Are you leaving another program/prison? Yes No Where? \_\_\_\_\_

Do you have a Caseworker? If yes, Name and Contact \_\_\_\_\_

Do you have a P.O.? If yes, Name and Contact \_\_\_\_\_

OID # (if applicable) \_\_\_\_\_

Have you ever been convicted of a Sex Offense? \_\_\_\_\_

Have you ever been convicted of Arson? \_\_\_\_\_

**Health:**

Are you currently on medications? \_\_\_\_\_

If yes, please list \_\_\_\_\_

When is the last time you used drugs or alcohol? \_\_\_\_\_ (date)

List any physical issues \_\_\_\_\_

**Financial Information (to be used to help determine eligibility for funding)**

Are you employed? Y N if yes, what is your monthly income? \_\_\_\_\_

Do you receive any other income (SSI, SSDI, etc.)? If yes, what is the monthly amount? \_\_\_\_\_

Do you have any assets in your name? House, Vehicle, Land, Retirement, Bank Accounts? Please explain:

Do you currently have GA? \_\_\_\_\_ GRH (Housing Services)? \_\_\_\_\_ Have you ever received GA/GRH? \_\_\_\_\_

What County? \_\_\_\_\_ Case # \_\_\_\_\_

The above information that has been provided is true to the best of my knowledge: (initial) \_\_\_\_\_

I Authorize LRB to use the information provided to help determine my eligibility for housing: (initial) \_\_\_\_\_

**Applications:**

Fax to 612.823.3963

In Person: 3049 Columbus Ave South, Minneapolis, MN. 55407

Email: [keely.perry@mwcmn.org](mailto:keely.perry@mwcmn.org)

Questions? Please call 612.825.6871 ext.7

Interview process will require additional information