



Please fill out form completely for processing

LRB Application

Today's Date: _____ Move in Date _____
 (Desired)
 Name: (First) _____ (Last) _____
 Date of Birth: _____ SSN: _____
 Phone: _____ DL or ID # _____
 What number can you be reached at?

Are you Homeless? Yes or NO **Where is the LAST (or current) place that you LIVED?**

Address: _____

City/State/Zip: _____

Is your NAME on the lease/mortgage of the property? Y N

Are you leaving another program/prison? _____ Where? _____

Do you have a Case Worker? If yes, Name and Contact _____

Do you have a P.O.? if yes, Name and contact number _____

OID # (if applicable) _____

Have you ever been convicted of a Sex Offense? _____

Have you ever been convicted of Arson? _____

Mental Health: Are you currently on any medications? _____

If yes, please list _____

When was 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 presently 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 Funding? _____ Have you ever received GA/GRH? _____

What County? _____ Case Number? _____

The above information that has been provided is true to the best of my knowledge. (initial) _____

I authorize LRB to use the above information to help determine my eligibility for housing (initial) _____

Fax applications: 612.823.3963

In Person: 3049 Columbus Ave South, Minneapolis, MN. 55407 Questions: Please call 612.825.6871 Press 7

Interview Process will require additional information