

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? _____ (more information will be required)

Have you ever been convicted of Arson? _____

Health:

Are you currently on medication? _____

You may send a copy of your Med Log

If yes, please Explain & 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: keelyp@lrbsmn.org

Questions? Please call 612.825.6871 ext.7

Interview process will require additional information