



North Shore Horizons

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New Beginnings Program Application

Please do not leave any questions blank. If the question does not apply, use N/A.

If you need assistance in completing the application, please contact our office.

Referring Agency Information

Agency Name: _____ Telephone: _____ E-Mail: _____

Applicant Information

Full Name: _____ DOB: _____
Last First M.I.

Alias: _____

Preferred Name: _____

Pronoun: ☐ She/Her ☐ Him/He ☐ They/Them ☐ Other: _____

Where are you staying: ☐ Transitional Housing ☐ Emergency Shelter/Hotel ☐ Friends/Family ☐ Park/Woods/Open Area/Cave
☐ Abandoned Building ☐ Street/Sidewalk ☐ Vehicle/Camper ☐ Bridge/Overpass/Railroad
☐ Private Property (barn, fish house, storage unit) ☐ Up all night in restaurant/laundromat

Address: _____
City State ZIP Code

Phone Number: _____ Okay to Text? ☐ Yes ☐ No

Okay to Leave Message? ☐ Yes ☐ No

If no, best time to reach you: _____

If yes, special instructions: _____

E-mail: _____

Preferred contact method? ☐ Phone ☐ E-mail ☐ Mail

Preferred Language: _____

Do you have transportation? ☐ Yes ☐ No

Do you have any pets or service animals? ☐ Yes ☐ No If so, type of pet: _____

Please describe any services or support you would like to receive information about: (For example, employment assistance programs, public assistance, WIC, mental health, food pantry, youth activities, legal advocacy, utility assistance, healthcare, Social Security, etc)

Survivor History

In the last three years have you or dependents experience any of the following: (check all that apply)

- ☐ Physical Violence ☐ Sexual Violence ☐ Verbal Abuse ☐ Sexual Harassment ☐ Forced Isolation ☐ Stalking
☐ Caregiver Abuse ☐ Threats ☐ Financial Abuse ☐ Sexual Exploitations ☐ Child Physical/Sexual Abuse

Other: _____

Person(s) causing harm: _____ Date of Birth: _____
Last First M.I.

- ☐ Current Spouse/Partner/Dating Relationship ☐ Former Spouse/Partner/Dating Relationship ☐ Family Member ☐ Member of Household
☐ Acquaintance (friend/co-worker/employer) ☐ Unknown ☐ Other: _____

Length of relationship (please provide dates): _____

Child(ren) in Common? ☐ Yes ☐ No

If yes, please list child(ren): _____

Unborn child(ren) in common? ☐ Yes ☐ No

If yes, due date: _____

Is there an OFP or HRO in place? ☐ Yes ☐ No

If yes, date issued: _____

Is there a court case related to your situation? ☐ Yes ☐ No

If yes, please explain: _____

Please complete additional person causing harm section below if applicable.

Person(s) causing harm: _____ Date of Birth: _____
Last First M.I.

- ☐ Current Spouse/Partner/Dating Relationship ☐ Former Spouse/Partner/Dating Relationship ☐ Family Member ☐ Member of Household
☐ Acquaintance (friend/co-worker/employer) ☐ Unknown ☐ Other: _____

Length of relationship (please provide dates): _____

Child(ren) in Common? ☐ Yes ☐ No

If yes, please list child(ren): _____

Unborn child(ren) in common? ☐ Yes ☐ No

If yes, due date: _____

Is there an OFP or HRO in place? ☐ Yes ☐ No

If yes, date issued: _____

Is there a court case related to your situation? ☐ Yes ☐ No

If yes, please explain: _____

Would like us to assist you with creating a safety plan while your application is being reviewed? ☐ Yes ☐ No

Please provide any dates or details which would be helpful to assist you in legal advocacy.

Wellness Questionnaire

Do you have planned activities, other than just surviving, that make you feel happy and fulfilled? ☐ Yes ☐ No

If yes, what are they: _____

Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that? ☐ Yes ☐ No

If no, what things do you struggle with: _____

Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical or mental health? ☐ Yes ☐ No

If yes, please explain: _____

Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart? ☐ Yes ☐ No

If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you? ☐ Yes ☐ No

Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help? ☐ Yes ☐ No

When you are sick or not feeling well, do you avoid getting help? ☐ Yes ☐ No

Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past? ☐ Yes ☐ No

If yes, please explain: _____

Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:

A) A mental health issue or concern? ☐ Yes ☐ No

B) A past head injury? ☐ Yes ☐ No

C) A learning disability, developmental disability, or other impairment? ☐ Yes ☐ No

If yes, please explain: _____

Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help? ☐ Yes ☐ No

If yes, please explain: _____

Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking? ☐ Yes ☐ No

If yes, please explain: _____

Please describe your disability and/or mental health including diagnosis and treatment plan:

Household Information

All Members who will be living in Household: **(includes friends, children, other adults, and self)**

NAME	RELATIONSHIP	DOB	RACE	SEX	% CUSTODY	Social Security Number
	Self					

Are you currently pregnant?

☐ Yes

☐ No

Children Not in Head of Household's Current Custody:

NAME	RELATIONSHIP	DOB	RACE	SEX	CURRENT RESIDENCE

Are you currently working with Child Protective Services?

☐ Yes

☐ No

If yes, list county(s) and name of social worker(s): _____

Do you or anyone in your household owe rent to previous landlords?

☐ Yes

☐ No

Do you or anyone in your household have prior court evictions from housing?

☐ Yes

☐ No

Do you or anyone in your household owe money for utilities on past housing?

☐ Yes

☐ No

Do you or anyone in your household owe money to a housing authority?

☐ Yes

☐ No

Have you or anyone in your household been convicted for drug-related or violent criminal activity within the past 3 years?

☐ Yes

☐ No

Have you or anyone in your household ever been required to register as a sex offender in Minnesota or any other State?

☐ Yes

☐ No

Do you or anyone in your household have current convictions awaiting sentencing?

☐ Yes

☐ No

If yes, explain: _____

Have you or anyone in your household have outstanding warrants?

☐ Yes

☐ No

If yes, explain: _____

Are you or anyone in your household currently on probation or parole?

☐ Yes

☐ No

If yes, explain: _____

Name of county of parole or probation: _____

Name of supervising agent: _____

Phone number of supervising agent: _____

DRUG RELATED AND VIOLENT CRIMINAL HISTORY QUESTIONNAIRE

Have you or anyone in your household ever manufactured a controlled substance (illegal drugs)? ☐ Yes ☐ No

If yes, please explain: _____

Have you or anyone in your household sold or distributed a controlled substance (illegal drugs)? ☐ Yes ☐ No

If yes, please explain: _____

Have you or anyone in your household used physical violence against another person or a person's property? ☐ Yes ☐ No

If yes, please explain: _____

Have you or anyone in your household ever been Convicted of a drug-related activity? ☐ Yes ☐ No

If yes, please explain: _____

Have you or anyone in your household been convicted of violent activity, including child abuse charges? ☐ Yes ☐ No

If yes, please explain: _____

Have you or anyone else in your household been addicted to a controlled substance, recovered from the addiction, and are not currently using any controlled substance? ☐ Yes ☐ No

If yes, please explain: _____

Have you or anyone in your household had a Domestic Abuse No Contact Order, Harassment Restraining Order, or Order for Protection against them? Have you or anyone in your household violated this order? ☐ Yes ☐ No

If yes, please explain: _____

Have you or anyone in your household been convicted of a sexual offense? ☐ Yes ☐ No

If yes, please explain: _____

Education

Highest level of education: _____ Name of last school attended: _____

Are you currently a student? ☐ Yes ☐ No If so, are you: ☐ Full Time ☐ Part Time

Name of school attending: _____

Households with children: Is your child(ren) attending school? ☐ Yes ☐ No

Name of school/program attending: _____

Housing and Homelessness History

**NSH will need to have verification of your homelessness
and will ask for a release of Information if needed.**

How long has it been since you were listed on a lease or had home ownership?
(Please do not include staying at someone's house)

Check one ☐ 0-5 months ☐ 6-12 months ☐ 1+ years

Last Permanent Address: _____

Length of time at last permanent address: _____

Do you currently have a subsidized housing/rental voucher? ☐ Yes ☐ No

Has anyone served in the Armed Forces? ☐ Yes ☐ No

Have you been continuously on the street or in a shelter for a year or more? ☐ Yes ☐ No

Have you been homeless 4 or more times in the last 3 years? ☐ Yes ☐ No

If yes, were you staying with someone else at any time during that period? ☐ Yes ☐ No

Are you fleeing domestic or sexual violence? ☐ Yes ☐ No

Housing and Homelessness History

In the past 3 years, did anyone in the household live at:			Which Household Member(s)?	Year and Dates of Stay
Foster care/foster home	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Drug/Alcohol Treatment Center (in-patient)	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Mental Health Facility or Hospital	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
County Jail/Workhouse	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
State or Federal Prison	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Juvenile Detention Center	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Group Home	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Residence for Physically Disabled	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Transitional Housing	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Shelter	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Hotel/Motel	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Stayed with Family or Friends	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Vehicle	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Cabin/Fish House/Trailer	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Tent	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
On Street	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

Income and Non-Cash Benefits

Income, Benefits, and Employment (Income includes money or contributions from ANY and ALL sources paid to, or on behalf of, a family member.)

Name of Household Member	Monthly Income	Source of Income	Employer Name or Self-Employment	Status of Employment: Part-Time/Full-Time/Temp	Length of Employment
	\$ /month	Employment Wage Income (Including tips & commission)			
	\$ /month	Self-Employment			
	\$ /month	MFIP/TANF			
	\$ /month	Social Security Disability Income			
	\$ /month	Social Security Income			
	\$ /month	General Assistance (GA)			
	\$ /month	Minnesota Supplemental Aid (MSA)			
	\$ /month	Workers Compensation			
	\$ /month	Disability			
	\$ /month	Retirement/Pension			
	\$ /month	Child Support			
	\$ /month	Alimony			
	\$ /month	Food Assistance (SNAP)			
	\$ /month	Other: _____			

Health Care Insurance? ☐ Yes ☐ No Provider: _____

Additional Comments:

NSH requires verification of income and benefits and will ask you to sign a Release of Information (ROI) to obtain verification.

Personal References		
Name	Relationship	Contact Information

I, _____ authorize North Shore Horizons to share information with those listed as my personal references.

Signature Date

NSH will ask for Release of Information (ROI) to be signed, if need for verifications on your application.

Your information provided will be treated as private and confidential and not shared outside of North Shore Horizons unless you have given written permission to do so.

I certify that the information on this application is complete and accurate. I understand that omitted, misleading, or false information can lead to an immediate disqualification from the New Beginnings Housing Program at any time.

Printed Name

Signature Date

Authorization – Tenant Disclosure and Release

In connection with my tenant application with you, I understand that consumer reports which may contain public record information may be requested to evaluate my rental application. These reports may include the following types of information: names and dates of previous employers, public records, credit data, bankruptcy proceedings, evictions, and criminal records, etc., from federal state and other agencies which maintain such records. I hereby authorize procurement of consumer report(s). If approved as a tenant, this authorization shall remain on file and shall serve as an ongoing authorization for you to procure consumer reports at any time during my contracted period.

Printed Name

Signature Date