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### New Beginnings Supportive Housing Application

**If you need assistance in filling out this form, please contact us.**

Referring Agency: \_\_\_\_\_ Referral Contact Name: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Referring Fax: \_\_\_\_\_  
Referring E-Mail Address: \_\_\_\_\_

Client First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Client Last Name: \_\_\_\_\_

Client Preferred Name: \_\_\_\_\_

Client Pronoun: ( ) Him/He ( ) She/Hers ( ) They/Them Other: \_\_\_\_\_

Client Phone # \_\_\_\_\_ Client Email: \_\_\_\_\_

**Where are you staying now:**  Friends/family  Street/sidewalk  Private Property (barn, fish house, storage unit)  
 Vehicle/camper  Abandoned building  Park  Woods/cave/open space  Bridge/overpass/railroad  Up all night  
in restaurant/laundromat  transitional housing program  Emergency Shelter

Address: \_\_\_\_\_

Preferred method of contact: ( ) Phone ( ) Email ( ) Mail

Is it okay to text?  Yes  No

Special instructions for leaving messages? \_\_\_\_\_

Safe to leave a message?  Yes  No

If no, when would be the best day and time to call? \_\_\_\_\_

What is your preferred language? \_\_\_\_\_

Do you have a pet or service animal(s)?  Yes  No

Do you have your own transportation?  Yes  No

**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)

## Domestic Violence/Sexual Assault History

**In the last three years, have you or someone in your household experienced:** (Check all that apply)

Physical Violence      Sexual Violence      Verbal Abuse      Sexual Exploitation      Stalking      Forced Isolation  
Child Sexual Abuse      Caregiver Abuse      Threats      Sexual Harassment      Financial

Other: \_\_\_\_\_

**Length of violent relationship:** \_\_\_\_\_(years/months)

**Person causing the harm:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_  
First Name      MI      Last

( ) Current Spouse/Partner/Boyfriend/Girlfriend      ( ) Former Spouse/Partner/Boyfriend/Girlfriend      ( ) Dating Relationship

( ) Family/household Member:

( ) Acquaintance (friend/co-worker/employer)      ( ) Unknown      ( ) Other: \_\_\_\_\_

**Child(ren) in common:** \_\_\_\_\_  
Write children's names

**Unborn child(ren) in common:**  Yes     No

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

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

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

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

Answering the following question will not influence or jeopardize your eligibility. This is simply to learn more about how we can help you. If you are not accepted into our housing program, we can still provide information and referrals to a variety of community resources and services.

## HOUSEHOLD

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

NAME	RELATIONSHIP	DOB	RACE	SEX	% CUSTODY

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, which county and what is the name of your case worker? \_\_\_\_\_

Are you pregnant?  Yes  No

Has anyone served in the Armed Forces?  Yes  No

Please describe your disability, including diagnosis and treatment plan:

**(NHS may ask for verification from you care provider.)**

North Shore Horizons screens **all adult household members** for drug related criminal activities, violent criminal activities, sex offenses and sex offender registrations, debts owed to housing agencies, alcohol related crimes and use of illegal drugs.

Do you or anyone in your household owe rent to previous landlords? <input type="checkbox"/> No <input type="checkbox"/> Yes	Do you or anyone in your household have prior court evictions from housing? <input type="checkbox"/> No <input type="checkbox"/> Yes	Do you or anyone in your household owe money for utilities on past housing? <input type="checkbox"/> No <input type="checkbox"/> Yes	Do you or anyone in your household owe money to a housing authority? <input type="checkbox"/> No <input type="checkbox"/> Yes
Have you or anyone in your household been convicted for drug-related or violent criminal activity within the past 3 years? <input type="checkbox"/> No <input type="checkbox"/> Yes		Have you or anyone in your household ever been required to register as a sex offender in Minnesota or any other State? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Have you or anyone in your household have current convictions awaiting sentencing? <input type="checkbox"/> No <input type="checkbox"/> Yes, explain:		Have you or anyone in your household have outstanding warrants? <input type="checkbox"/> No <input type="checkbox"/> Yes, explain:	

Are you or is anyone in your household currently on probation or parole?  No  Yes, explain:

Name of county of parole or probation: \_\_\_\_\_

Name of supervising agent: \_\_\_\_\_

Phone number of supervising agent: \_\_\_\_\_

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Do you have any hobbies? / What do you like to do for fun?

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### EDUCATION

Highest Level of Education: \_\_\_\_\_ Name of last school attended: \_\_\_\_\_

Are you currently a student?  Yes  No If yes, Full or Part time? \_\_\_\_\_

School attending: \_\_\_\_\_

Households with children: Are children enrolled and attending school?  Yes  No

School or program attending: \_\_\_\_\_

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### Housing and Homelessness History

**NSH will need to have verification of your homelessness and will ask for 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 6-12months 1+ years

Last Permanent Address: \_\_\_\_\_

Length of time at last permanent address: \_\_\_\_\_

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

Have you been continuously on the street or in 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

<b>In the past 3 years, did anyone in the household live at?</b>	<b>Which household member(s)?</b>	<b>Year and dates of stay</b>
Foster Care/Foster Home <input type="checkbox"/> No <input type="checkbox"/> Yes		
Drug/Alcohol Treatment Center (in-patient) <input type="checkbox"/> No <input type="checkbox"/> Yes		
Mental Health Treatment Center or hospital <input type="checkbox"/> No <input type="checkbox"/> Yes		
County Jail/Workhouse <input type="checkbox"/> No <input type="checkbox"/> Yes		
State or Federal Prison <input type="checkbox"/> No <input type="checkbox"/> Yes		
Juvenile Detention Center <input type="checkbox"/> No <input type="checkbox"/> Yes		
Group Home <input type="checkbox"/> No <input type="checkbox"/> Yes		
½ Way House <input type="checkbox"/> No <input type="checkbox"/> Yes		
Residence for physically disabled <input type="checkbox"/> No <input type="checkbox"/> Yes		
Transitional Housing <input type="checkbox"/> No <input type="checkbox"/> Yes		
Shelter <input type="checkbox"/> No <input type="checkbox"/> Yes		
Hotel/Motel <input type="checkbox"/> No <input type="checkbox"/> Yes		
Stayed with friends or family <input type="checkbox"/> No <input type="checkbox"/> Yes		
Vehicle <input type="checkbox"/> No <input type="checkbox"/> Yes		
Cabin/Fish House/Trailer <input type="checkbox"/> No <input type="checkbox"/> Yes		
Tent <input type="checkbox"/> No <input type="checkbox"/> Yes		
On Street <input type="checkbox"/> No <input type="checkbox"/> Yes		

**Additional Comments:**

## Complete 3 Year Housing History

<u>Address/ Location of Residence</u>	<u>Dates at Location</u>	<u>Type of residence</u>
5555 55 <sup>th</sup> street Two harbors	May 2000 to June 2001	Rental

Have you ever lived in a state other than Minnesota?  No  Yes

If yes, when and where?

## INCOME and NON-CASH BENEFITS

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

Household Member Name	Monthly Income \$	Source of Income	Employer Name or self-employment	Status of Employment: PT/Full-time/Temp	How long employed?
	\$ /month	Employment Wage Income including tips & commission			
	\$ /month	Self-Employment			
	\$ /month	MFIP/TANF			
	\$ /month	SSI			
	\$ /month	Social Security			
	\$ /month	General Assistance (GA)			
	\$ /month	MSA			
	\$ /month	Workers Compensation			
	\$ /month	Disability			
	\$ /month	Retirement/Pension			
	\$ /month	Child Support			
	\$ /month	Alimony			
	\$ /month	Other: _____			
	\$ /month	Food Assistance (SNAP)			
		Health Care Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No	Provider:		

**Additional comments:**

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

**PERSONAL REFERENCES**

Name	Relationship	Contact information

I, \_\_\_\_\_ authorize North Shore Horizons to share information with those listed at my personal references.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

NSH will ask for Release of Information to be signed, if needed 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 the information in this application is true and correct.**

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, eviction 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 ongoing authorization for you to procure consumer reports at any time during my contract period.**

**Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**Print Name: \_\_\_\_\_**





*Tenant and Visitor*  
*Statement for Drug Related Activities and Violent Activities*

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 house hold been convicted of a sexual offense?  
YES\_\_ NO\_\_ If yes, please explain: \_\_\_\_\_

I understand that the information given to North Shore Horizons, New Beginnings Program regarding the above is accurate and complete. I understand that false statements or information are grounds for termination of tenancy, or visitor access.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



Thank you for your interest in **North Shore Horizons New Beginnings** housing programs. **Your application will be kept on waiting list for 3 months. It is your responsibility to call and update us with any changes in your contact information and request your application to remain on the wait list.** Because of the demand for our program we are not able to accommodate all the requests that we receive, and encourage you to look at other options. **Due to the high volume of calls, please do not call unless your contact information has changed.** You will be called if and when there is an opening that you are qualified for.

#### Eligibility Criteria

- Applicant must be fleeing, or has fled a domestic violence situation.
- Applicants must be either homeless (defined under Minnesota State Law) or Long-Term Homeless (as defined by HUD).
- Applicant household must be at or below 30% of state median income.
- Applicant must pass a criminal background check. This will be done for safety and security reasons, and rechecked every quarter, while applicant lives in supportive housing.
- Applicants that have an existing order for protection or harassment order against them are not considered eligible.
- Program references will be contacted to determine applicant's ability to comply with supportive housing rules.
- Applicant must be willing and able to sign a one-year lease agreement with North Shore Horizons New Beginnings LLC.
- If relevant, applicant must show 3-6 months of sobriety with supportive services.
- Priority will be given to households residing in Lake County, and the surrounding region.

North Shore Horizons is a violence-free program, which means any physical or verbal threats or abusive behavior will not be tolerated. This includes but is not limited to: racism, homophobic, sexual or other negative language towards any person or group of people.

#### ***Verification Requirements and Verification Procedure***

Due to the funding sources NSHNB utilizes in developing and operating this project each applicant's income must be verified for eligibility. Applicants are required to sign a release of information for these purposes. Applicants for program housing must also provide information that documents proof of fleeing domestic violence prior to entering the program.

When there are current apartment openings, the New Beginnings Program Lead, and the Legal Advocate will schedule a series of interviews with those applicants. Applicants will need to meet the qualifications of the housing opening. At the time of the interview the proper release of information forms will be signed in order to verify the applicant's eligibility information.

After the interviews the New Beginnings Program Lead will verify income, homelessness, and domestic violence situation; conduct a criminal background check; and check references. Multiple bedroom apartments

will be prioritized for households with two or more members. The available apartment will be awarded based on program eligibility.

If there are no current apartment openings, the application will be placed on the waiting list for 12 months.

### ***Reasons for Non-Selection***

Eligible applicants may not be selected for the following reasons:

- No available openings.
- Past conviction of serious violence, drug related crime or sex crime.
- Applicant references indicate past program compliance issues.
- An existing Order for Protection or Harassment Order against the applicant.
- A history of assaultive behavior.
- Failure to submit the required programming paperwork to determine eligibility.
- Unable to reach using the contact info provided.
- A history of lack of program follow up.
- Falsifying application information.

It is important that all information on the housing application be filled out and is accurate. If you have questions about any part, please ask!