

APPLICATION FOR SUPPORTIVE HOUSING

The mission of Clare Housing is to provide a continuum of affordable and supportive housing options that create healing communities and optimize the health of people living with HIV/AIDS in the Twin Cities. Clare Housing seeks to house a population consisting of single adults, couples and families who are living with and affected by HIV and cannot afford the cost of market rate housing.

The purpose of this application is to provide initial information to determine eligibility and to prioritize applicants for residency. Additional forms and signatures will be required later in the application process.

PLEASE EMAIL COMPLETED Applications to: HousingApplication@clarehousing.org

or fax 612-236-9520.

The final 3 pages of this application are the Minnesota Housing Long-Term Homelessness (LTH) Eligibility Form. These are a required part of the application. Please complete.

Please indicate which program(s) you are applying to:

☐ Clare Apartments Buildings

Clare owned properties with supportive services offered on site (Clare Apartments, Clare Midtown, Clare Terrace, and Marshall Flats)

☐ Scattered Site Housing Program

☐ Single

☐ Family

Properties leased by private owners with regular access to Clare supportive services staff

Personal Information

First Name: _____ Last Name: _____

Social Security Number: _____ Date of Birth: _____

Gender: ☐ Male ☐ Female ☐ Non-binary

Services Information

Do you have an assessed need assistance with Activities of Daily Living? ☐ Yes ☐ No

(medication management, housekeeping, laundry assistance, etc.)

If yes, do you know if you have a CADL waiver or Elderly Waiver? ☐ Yes ☐ No ☐ Unknown

Contact Information

Phone number: _____ Email: _____

Is there someone we can contact if we cannot get ahold of you during the application process?

Alternate contact name: _____ Phone: _____

Housing Information

What is your current housing status? _____

If you are experiencing homelessness, for how long have you been? _____

Street Address: _____ City: _____ State: _____

If you do not have a physical address, please provide a mailing address above.

Do you require an apartment with accommodation/modification for a physical disability? ☐ Yes ☐ No

If yes, what type of accommodation do you require? _____

Household Information

Please list all persons who will be living with the applicant:

Name	Relationship to Applicant	Date of Birth	Monthly Income
1.	Head of Household		
2.			
3.			
4.			
5.			

Income Information

Please indicate all income sources for the household:

- | | |
|---|-------------------------|
| <input type="checkbox"/> General Assistance | Amount per month: _____ |
| <input type="checkbox"/> SSI/SSDI | Amount per month: _____ |
| <input type="checkbox"/> Child Support | Amount per month: _____ |
| <input type="checkbox"/> Employment: _____ | Amount per month: _____ |
| <input type="checkbox"/> Other: _____ | Amount per month: _____ |

Criminal History Information

Clare Housing understands that applicants may have a criminal background. This question is not used to eliminate individuals, but to obtain a complete history. Please describe your criminal history, specifically any felony convictions. Please include year of charge, location (state/county), and outcome of charge (incarceration, parole, etc).

Are you currently on parole, probation, or community service? ☐ Yes ☐ No

If yes, please provide the name of the worker, agency, phone number, and dates of supervision:

Case Management Information

Please complete any/all that apply:

Primary manager/agency: _____

Phone/email: _____

HIV manager/agency: _____

Phone/email: _____

Mental Health manager/agency: _____

Phone/email: _____

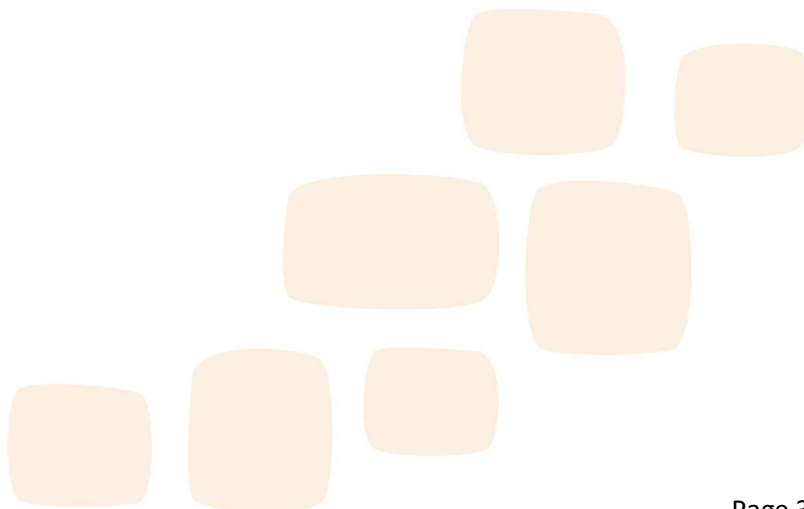
Housing case manager/agency: _____

Phone/email: _____

Non-Discrimination Policy

Clare Housing operates in accordance with federal, state, and local housing laws. will not discriminate on the grounds of age, race, color, creed, religion, sex, disability, national origin, familial status, sexual orientation, the presence of any sensory, mental, or physical handicap, or the use of a trained guide dog and/or companion animal by a blind or deaf person.

When requested, reasonable accommodations will be provided to ensure equal opportunity for a person with a disability to use and enjoy a dwelling at Clare Housing.



HIV/AIDS Status Verification Form

I, _____ (applicant name), hereby authorize _____ (provider's name) to release, disclose, and provide the results of HIV testing information requested hereunder, to Clare Housing to determine eligibility for housing. This release of information will become invalid following tenancy at Clare Housing or 1 year from the date it is signed.

Applicant's Signature

Date

-----To be completed by medical professional-----

I certify that _____ (name of patient) has HIV infection or AIDS.

Date of HIV diagnosis _____ AIDS diagnosis _____

Recent Viral load: _____ CD4 Count: _____ Test Date: _____

Provider's Signature

Date

Name of Clinic

Phone Number

This screening release is not required for those applying only to the scattered site housing program.



WARNING: SECTION 1001 OF TITLE 18 OF THE UNITED STATES CODE
MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE
STATEMENTS OR MISREPRESENTATION OF ANY MATERIAL FACT
INVOLVING THE USE OF OR OBTAINING OF FEDERAL FUNDS.

SIGNATURES

I/We understand that Property Solutions & Services, Inc. and its employees are agents of the owner of the property to which I/we are applying and as such represent only the interests of the owner and are in no way acting as my/our agent.

I/We understand that the information in this application will be screened by Rental Research Services Inc., 7525 Mitchell Road #301, Eden Prairie, MN 55344, (952) 935-5700, and Property Solutions & Services, Inc. to determine eligibility for housing and that this information will be verified. I/We certify that all information given in this application is true, complete and accurate. I/We understand that if any of this information is false, misleading or incomplete, management may decline our application or, if move-in has occurred, terminate our lease agreement.

I/We authorize Property solutions & Services, Inc. to make any and all inquiries to verify this information, directly or through information exchanged now or later with rental and credit screening services. Inquiries may include but are not limited to: previous & current landlords, past & present employers, banks and other financial institutions, government agencies providing income to the household, credit providers and credit bureaus, and utility companies. This instrument also serves as your consent to obtain this information from the entities mentioned herein. This authorization is for this transaction only and continues for (1) year unless limited by state law.

If my/our application is approved, and move-in occurs, I/we certify that only those persons listed in this application will occupy the unit, that it will be my/our only residence, and that there are no other persons for whom I/we have, or expect to have, responsibility to provide housing.

I/We agree to notify management immediately in writing regarding any changes in household address, telephone numbers, income and household composition. I/We also agree that I/we have been offered the resident selection criteria.

All household members age 18 or older sign below:

Applicant's Signature _____

Date _____

Applicant's Signature _____

Date _____

Applicant's Signature _____

Date _____

Applicant's Signature _____

Date _____

This form is required to verify eligibility for Long-Term Homelessness (LTH) and must be kept in the tenant file of the housing provider.

Verification Steps

The service provider/assessor who completes this form should:

- List **two** to **four** years of all housing history below, starting with the most recent date. Approximate dates (month/year) may be used, and intermittent shelter stays (e.g., within one month) may be grouped together. If necessary, continue to list living situations on page three.
- For **type of living situation**, choose from: emergency shelter, transitional housing, psychiatric facility, substance abuse treatment, hospital, jail/prison, staying with friends/family, rental housing, a place not meant for human habitation, or other (specify).
- The agency documenting LTH eligibility must attempt to verify each homeless episode and attach a paper copy of the evidence to this form. **Verification** may be via: letter, Third Party Verification Form, email, phone conversation (include date, name and number of the person you talked to), or evidence in HMIS or another database.
 - If third party verification is not feasible for one or more of the homeless episodes, the applicant may self-certify. List "self-cert" in the verification type, and explain in the comments section why third party verification is not possible.

Print Applicant Name _____

Start/End Dates	Type of Living Situation	City and State AND Facility Name OR Address	Reason for Leaving	Verification Type	# Months Homeless

Comments/Notes/Reason For Self-Certification

Important! Eligibility requirements for homeless status depend on the type of program.

Households Experiencing Long-Term Homelessness: Persons, including individuals, unaccompanied youth, and families with children who lack a permanent place to live continuously for a year or more or at least four times in the past three years. Exclude any period of institutionalization, incarceration, or transitional housing when determining the length of time a household has been homeless.

Households at Significant Risk of Long-Term Homelessness: Includes (a) households that are homeless or recently homeless that have members who were previously homeless for extended periods of time and are faced with a situation or a set of circumstances likely to cause the household to become homeless in the near future, or (b) previously homeless persons who will be discharged from correctional, medical, mental health or treatment centers who lack sufficient resources to pay for housing and who do not have a permanent place to live.

For more information, please read: [LTH Definition Eligibility Common Questions](#) found at mnhousing.gov.

Applicant Verification

I verify the information provided on this form is accurate and true.

Print Name: _____
Telephone Number: _____
Email: _____

Signature

Date

Service Provider Determination

I have determined that the applicant:

- ☐ Meets the definition of long-term homelessness
- ☐ Meets the definition of significant risk of long-term homelessness
- ☐ Does not meet either definition

Print Name: _____
Title of Professional: _____
Company/Agency Name and Address: _____
Telephone Number: _____ Fax: _____ Email: _____

Signature

Date

Start/End Dates	Type of Living Situation	City and State AND Facility Name OR Address	Reason for Leaving	Verification Type	# Months Homeless

Comments/Notes/Reason For Self-Certification