



# Anishinaabe Endaad Program Application

This form is confidential and HIPAA compliant. Please complete the questions below so we can determine eligibility for our programs.

## Today's date \*



Month Day Year

## Program Location(s) \*

- North Minneapolis
- Mahnomen, MN (White Earth Reservation)
- Waubun, MN (White Earth Reservation)

## Were you referred to the program? \*

- Yes
- No

## Referred by

First Name Last Name

## Referrals phone number

Area Code Phone Number

## Referrals email

example@example.com

## Requested move in date \*



Month Day Year

# Demographics

## Applicant's Name \*

First Name      Middle Initial      Last Name

## Mailing Address

Street Address

Street Address Line 2

City                                      State / Province

Postal / Zip Code

## Veteran

Yes

No

## Email

example@example.com

## Primary Phone Number \*

Area Code                              Phone Number

## Who's number \*

**Okay to leave message? \***

Yes

No

**Secondary Phone**

Area Code

Phone Number

**Who's number**

**Okay to leave message?**

Yes

No

**Additional Phone**

Area Code

Phone Number

**Who's number**

**Okay to leave message?**

Yes

No

**Social Security Number**

Helps us check public assistance eligibility.

**MA Number, if known.**

**Date of Birth \***



Month Day Year

**Age \***

**Gender \***

- Male
- Two-spirit
- Female
- Intersex
- Transgender male / trans male
- Transgender female / trans female
- Nonbinary

**Race (select all that apply) \***

- White
- American Indian or Alaskan Native
- Black or African American
- Asian
- Native Hawaiian or Pacific Islander
- Other Race
- Declined to Specify

**Enrolled Tribal Member? \***

- Yes
- No
- Unsure

**Enrolled Tribe \***

**Descendant of a Tribe? \***

- Yes
- No
- Unsure

**Also a descendant of another Tribe? \***

- Yes
- No
- Unsure

**Tribal Affiliation 1 \***

**Tribal Affiliation 2 \***

**Currently Employed? \***

- Yes
- No

**Income / Assets**

Please enter your income and assets for the past 30 days.

**Employment History**

	Employer	State	Date
Entry 1			
Entry 2			

**Monthly Income**

Monthly amount, or enter 0

Social Security (SSI / SSDI)

GA or MFIP

Employment

Tribal Payments

Unemployment

MSA

**Veterans Benefits**

**Retirement / Pension**

**Other**

## **Criminal History**

### **Assets**

**Amount / Value, or enter 0**

**Checking / Savings**

**Money Market**

**Stocks, bonds, mutual funds**

**Trusts**

**Real Estate Interests**

**Personal property investments**

**Business ownership**

**Vehicle ownership**

**Other**

**Do you have any evictions on your record? \***

Yes

No

**If yes, please explain \***

**Do you have a criminal record? \***

Yes

No

**Please explain \***

**Do you have barriers to finding housing? \***

Yes

No

**Are you on probation or parole? \***

Yes

No

**Supervision County**

**Agents name**

First Name

Last Name

**Agents Phone Number**

Area Code

Phone Number

**Agents email address**

example@example.com

**If yes, please explain \***

**Do you have any sex offenses? \***

Yes

No

**Do you have to notify the community? \***

Yes

No

**If yes, please explain \***

## Long-Term Homeless Verification

Residents must meet the Minnesota definition for long-term homelessness

**Households Experiencing Long-Term Homelessness (Minnesota):** Individuals who lack a permanent place to live continuously for a year or more, OR at least four (4) times in the past three (3) years. Any period of institutionalization or incarceration shall be excluded when determining the length of time an individual has been homeless.

- **Doubled Up/Couch Hopping:** Doubled up or couch hopping is considered an episode of homelessness if a person is doubled up with another household (and duration is less than one year) or couch hops as a temporary way to avoid living on the streets or an emergency shelter.
- **Transitional Housing:** Time spent in transitional housing (TH) is a neutral event. Housing history prior to or after transitional housing should be evaluated to determine if it meets the state's LTH definition. For example, if a household was homeless eight (8) months prior to entering TH and four (4) months after existing TH, the household would meet the LTH definition.



- **Exclude institutions and incarceration:** Any period of institutionalization or incarceration shall be excluded when determining the length of time a household has been homeless.

**During the past three (3) years have you been? \***

- Homeless continuously for one (1) year or more
- Homeless four (4) or more times over the past 3-years
- I do not qualify

**Homeless history for the past 3 years**

	Setting (outside, car, own place, friends, families, shelter, treatment, jail, etc)	Housing Status	# of days
1) Where did you stay last night			
2) previous place			
3) previous place			
4) previous place			
5) previous place			

**Type a question \***

- Substance Use Disorder
- Mental Health
- Developmental Disability
- Learning Disability
- Physical illness, injury, or incapacity (mobility concerns)

**Disability Information**

**Do you require special care, assistance, or special accommodations? \***

- Yes
- No

If yes, please explain \*

## Contact(s) Information

### Person Completing Form \*

- Self/Applicant
- Friend/Family Member
- Professional

### Name

First Name      Last Name

### Relationship

**Agency, if applicable.**

### Phone 2

Area Code                      Phone Number

### Phone 1

Area Code                      Phone Number

## Fax Number

Area Code

Phone Number

## Signature Page

With my signature below, I certify that the information provided on this application is accurate and complete to the best of my knowledge and belief. I understand that false statements or information are punishable under Federal Law. I also understand that false statements or information are grounds for denial and termination of housing assistance and termination of tenancy. I understand that ANY changes to the application must be reported in writing to Anishinaabe Endaad property management within 10 days of the change.

## Email

example@example.com

## Signature

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