Wayside Supportive Housing: Single Head of Household Application

Application Information: Please read carefully before completing your application

**General Information**

Thank you for your interest in Wayside Supportive Housing.

Wayside Supportive Housing contains 20 units (18 two-bedroom units and 2 three-bedroom units), which rent for $1043.00 and $1320.00 respectively. The damage deposit for both 2 and 3-bedroom apartments is $1000.

Wayside pays for heat and water.

Residents pay for electricity.

Residents must be able to qualify for Section 8 or other HUD rental subsidy and will pay one-third of their adjusted gross income towards rent.

All residents are expected to meet with program staff regularly, attend a mandatory weekly community meeting and to follow all the rules of the program.

This is a program for single heads of households who are in recovery from substance use disorder (SUD) and their minor custodial children only.

Spouses, significant others, partners, or adult children are not allowed to live here.

Guests must be free of mood-altering substances and must follow Wayside visiting hours.

Guests are not allowed to stay overnight.

Wayside’s goal is to provide safe, affordable, sober housing for heads of households recovering from SUD and their minor children, regardless of race, age, ethnicity, religion or sexual preference.

Wayside encourages applicants who are serious about their recovery and committed to healing the damage/trauma caused by SUD in families to apply.

**Selection Criteria:** The following criteria will be the requirements for selection for housing:

- Applicants must be highly motivated to initiate and complete goals in the areas of recovery, education, employment, financial stability, family healing, and emotional health.
- Completion of primary treatment for chemical dependency.
- Minimum 90 days of continuous sobriety.
- Serious commitment to sobriety, demonstrated by implementation of a sobriety maintenance program.
- Preference will be given to parents who have been successful in transitional housing or as extended care residents.
- Preference will be given to homeless applicants.
- Applicants must meet the income criteria and have minimum adequate household income to meet rent obligation and living expenses.
- Applicants must have full physical custody of at least one child prior to being accepted to the program.
- Applicants must include a letter of reference from their treatment counselor, sponsor or other professional who has been involved in their personal recovery.
- Applicants must be free of any psychiatric disorder that would interfere with goal setting, parenting or program compliance.
- No record of any sexual offense, drug manufacturing, arson or felony violence: this will automatically disqualify an applicant household.
- Must not have been terminated for cause from a public housing program.
**Selection Process**

The process for selection will begin with your completed application.

Wayside staff will verify the information provided and contact your counselor and references.

If you do not hear from Wayside staff after submitting your application, please call: 952-224-8294 to confirm your application has been received.

When a vacancy arises, you will be asked to interview with the Program Staff who will select the applicants best meeting the requirements above.

There will be 3 attempts to reach you. If staff do not hear from you after the third attempt your application will be shredded and the process will end.

Wayside Staff’s decision is final; there is no appeal process.

A waiting list is maintained.

This application is also available for download from Wayside Recovery Center’s website: www.waysiderecovery.org

Completed applications may be faxed to: 952-542-0031 or mailed to the address on pg.3

PLEASE DO NOT fax these application instructions back with your application.
Application for Residency
At Wayside Supportive Housing
1341 and 1349 Jersey Avenue South
Saint Louis Park, MN

Please print and fill in the application completely.

Note: Please make sure that this form is filled out completely. If you do not complete each item, your application will not be considered. If any questions do not apply to you, please indicate by writing “N/A” or “None” in the available space. Please attach your letter of recommendation from your counselor or sponsor. Thank you.

Head of Household (This is you):

____________________________________________________________________________
Last Name First Name Middle Initial

___/___/____ Sex: M F
Date of birth

___________________________________________________________________________________________
Current Address: Street Apt. # City State Zip

(____)____________________ (____)________________________
Home Phone Work Phone

Contact Persons:

List the name, address and phone numbers for two friends or relatives who generally know how to contact you should staff not be able to reach you at the number you provide above.

Name: ____________________________________________ Phone: ______________
Address: _____________________________________________________________________

Name: ____________________________________________ Phone: ______________
Address: _____________________________________________________________________
Recovery History:

Number of Months Sobriety: ___________________________

Describe the organizations and persons significant in your recovery. Include the name, address and phone number of any primary treatment facility, extended care facility or organization, the dates you were involved with each, and the names and phone numbers of your counselors or sponsors. Use the back of this form if more space is needed.

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<th>Name of Organization</th>
<th>Dates</th>
<th>Counselor</th>
<th>Phone</th>
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Do you participate in ongoing aftercare? □ Yes □ No

If yes, what type of Aftercare or with which organization(s)? ________________________________

Do you have a sponsor? □ Yes □ No

Describe your personal program-how do you stay sober? _________________________________

Are you currently involved with Child Protection? □ Yes □ No

If yes, what is the name and phone number of your Child Protection worker?

Name: _______________________________ Phone Number: _______________________________

Have you attended parenting classes before? _________________________________

Personal Goals:

The next two questions may take more space to answer. Use the back of this form if necessary.

What are your two-year goals? Include your personal goals, professional, career and/or educational goals and goals for your family. _________________________________

How will this program help you reach those goals? _________________________________
**Housing Status:**

If you were accepted into Wayside Supportive Housing how many people would live with you?

Total number of people: _______

Are you being (or have you ever been) evicted? □ Yes □ No

Have you ever received an Unlawful Detainer? □ Yes □ No

*If yes to either*, please explain when the eviction occurred, who evicted you, and why:

______________________________________________________________

Where are you currently living? □ Apartment □ Sober/Transitional Housing □ With Family/ Friends

□ Shelter □ Treatment □ Other _______

**Household Composition:**

List all members, in addition to the head of the household, who will be living in the assigned unit:

**First Household Member:** This is **YOU** as Head of Household

Name: ___________________________________________ Age: ____

   Last Name       First Name   Middle Initial

Date of Birth: ___/___/____ Social Security Number: _____/___/_____   Sex: ___

**Second Household Member:**

Name: ___________________________________________ Relationship: __________ Age: ____

   Last Name       First Name   Middle Initial

Date of Birth: ___/___/____ Social Security Number: _____/___/_______   Sex: ___

**Third Household Member:**

Name: ___________________________________________ Relationship: __________ Age: ____

   Last Name       First Name   Middle Initial

Date of Birth: ___/___/____ Social Security Number: _____/___/_____   Sex: ___

**Fourth Household Member:**

Name: ___________________________________________ Relationship: __________ Age: ____

   Last Name       First Name   Middle Initial

Date of Birth: ___/___/____ Social Security Number: _____/___/_____   Sex: ___

**Additional Housing Needs:**

Does anyone sometimes live with you who is not listed above? □ Yes □ No
**Household Income:**

Does any member of your household receive income from assets, including interest on checking or savings accounts, interest and dividends from certificates of deposit, stocks, bonds, income from the rental of property?

☐ Yes  ☐ No

For *each type* of income (MFIP, SSI, Earned Income, Child Support, etc.) that your household receives, list the source and the amount of that income that can be expected during the next twelve months:

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<th>Family Member</th>
<th>Source/Type of Income</th>
<th>Amount</th>
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List the value of all stocks, bonds, trusts, pension contributions or other assets:

__________________________________________________________

Do you or any member of your household own a home or other real estate?

☐ Yes  ☐ No

*If yes, please explain:* ______________________________________________________

Have you sold or given away real property in the past two years?

☐ Yes  ☐ No

*If yes, what is the current value of this asset?* ________________________________

**General**

Is there any other relevant information that you wish to share with us?

How did you find out about our program? ________________________________
**Wayside Mission**

The purpose of Wayside Supportive Housing is to enhance resident’s ability to:

- Maintain a lifestyle of recovery by establishing a personal program of sobriety
- Heal families who have been impacted by addiction through family therapy and learning effective parenting techniques
- Address mental health concerns through therapy referrals and building emotional health
- Increase your earning ability through job/education possibilities by building a resume, interview coaching and school support
- Manage money effectively by creating a budget and addressing debt
- Establish strong daily living skills

In order to help you establish long term recovery Wayside Supportive Housing has the following expectations of its residents:

- No overnight guests
- Random UAs (Urine Analysis)
- Attendance of the mandatory community meeting

**Failure to adhere to the above expectations can result in a violation/eviction**

By signing below, I understand the expectations Wayside Supportive Housing places on its residents.

I agree to actively participate in the program and understand that violations can result in eviction.

Signature of Head of Household: __________________________________________________________

Date: ________________________________________________________________________________
This is an equal opportunity housing development and is available without regard to race, color, religion, sexual preference, national origin, marital status, status with respect to public assistance and physical disability.

*Please read the following information carefully before you sign this application:*

I, the undersigned applicant, make application to rent an apartment unit at the above address and declare that all of the above information and representations are, to the best of my knowledge and belief, true and correct. I understand that any lease agreement I enter into for an apartment unit may be canceled at any time, without liability by the Owner or its Agents, if any information or representation upon which they relied is found to be incorrect or untrue regardless of my intent.

I consent to any inquiry by the Owner or its Agents necessary to obtain and verify the information in this application for residency and agree upon request to provide third party documentation for all income sources, which may include federal income tax information. I certify that if selected to move into this development, the unit I occupy will be my only residence. I authorize the Owner or its Agents to verify all information provided on this application and to contact previous or current landlords, counselors or sponsors, or other sources for verification, which information may be released to appropriate federal, state or local agencies.

I understand that residency in these apartments is contingent upon being a part of the Wayside Supportive Housing Program, and that if I were to be terminated from that program, I would also be required to vacate my apartment.

I understand that false statements or information are punishable under federal law.

Signature of Head of Household: ________________________________________________

Date: ______________________________________________________________________