



Community Action

COVID-19 RELIEF ASSISTANCE APPLICATION

Grants may be available to households that have been financially impacted by the COVID-19 Pandemic and need assistance paying past due rent, mortgage or utilities. Grant funds are limited. Not all households that apply will qualify. If you have questions or need assistance completing this application, call 651-999-5737.

Applications and required documents can be submitted by email to CAPCares@caprw.org, by fax 651-365-2386 or mail to Community Action - 450 Syndicate Street North, Suite 122 - St. Paul MN 55104

APPLICANT INFORMATION			
Full Legal Name:			
Address:		Apt:	City:
Zip code:	County:		Phone:
Email:	Please contact me by: <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> US Mail		
What is your Primary Language:	Do you want an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No		
WHAT IS YOUR FINANCIAL NEED OR EMERGENCY? CHECK ALL THAT APPLY.			
<input type="checkbox"/> Past Due Rent Amount Past Due: \$			
Name of Landlord:			
Phone Number:			
How much is your monthly rent? \$		Do you receive rental assistance or a subsidy? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has your landlord provided any payment relief or reduced the amount of rent owed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Past Due Mortgage Amount Past Due: \$ Account Number:			
Name of Mortgage Company:			
Phone Number :			
How much is your monthly mortgage payment, including escrow? \$			
Did your mortgage company provide any payment relief, a forbearance or loan modification? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you pay Homeowners Association (HOA) fees? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Past Due Utilities			
<input type="checkbox"/> Gas & Electric	Amount Past Due: \$		Account Number:
<input type="checkbox"/> Electric Only	Amount Past Due: \$		Account Number:
<input type="checkbox"/> Gas Only	Amount Past Due: \$		Account Number:
<input type="checkbox"/> Water	Amount Past Due: \$		Account Number:

HOUSEHOLD INFORMATION

Our funders require us to collect demographic information about you and your household.
This information is not used to determine eligibility.

What is your current work status?

- | | |
|--|---|
| <input type="checkbox"/> Employed Full-Time (at least 32 hours) | <input type="checkbox"/> Unemployed (Short-term, 6 months or less) |
| <input type="checkbox"/> Employed Part-Time (less than 32 hours) | <input type="checkbox"/> Unemployed (Long-term, more than 6 months) |
| <input type="checkbox"/> Migrant Seasonal Farm Worker | <input type="checkbox"/> Unemployed (Not seeking employment) |
| <input type="checkbox"/> Retired | |

What is your marital status?

- | | |
|---|-----------------------------------|
| <input type="checkbox"/> Single | <input type="checkbox"/> Divorced |
| <input type="checkbox"/> Married | <input type="checkbox"/> Widowed |
| <input type="checkbox"/> Domestic Partner | |

What is your household status:

- | | |
|---|--|
| <input type="checkbox"/> Single Person | <input type="checkbox"/> Two Parent |
| <input type="checkbox"/> Two Adults-No Children | <input type="checkbox"/> Multigenerational (3 or more generations) |
| <input type="checkbox"/> Single Parent | |

How many people are in your household?

Name of Household Member	Relationship to Applicant	Date of Birth	Veteran	Active Military	Disability	Hispanic	Race	Gender	Education	Health Insurance
		MM/DD/YYYY	Yes or No	Yes or No	Yes or No	Yes or No	See codes below			
APPLICANT	SELF									

RACE:

I=AMERICAN INDIAN/ALASKAN NATIVE, A=ASIAN, B=BLACK OR AFRICAN AMERICAN, P=NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER, W=WHITE, IW=AMERICAN INDIAN & WHITE, IB=AMERICAN INDIAN & BLACK, AW=ASIAN & WHITE, BW=BLACK/AFRICAN AMERICAN & WHITE, MR=MULTI-RACE, O=OTHER, NR=CHOOSE NOT TO RESPOND

GENDER:

M=MALE, F=FEMALE, N=NON-CONFORMING

EDUCATION:

8=0-8TH GRADE, NG=9-12 GRADE DID NOT GRADUATE, G=HIGH SCHOOL GRADUATE, GED=GED, 12=12TH GRADE AND SOME POST-SECONDARY, CG=2 OR 4 YEAR, COLLEGE DEGREE, GD=GRADUATE DEGREE OF OTHER POST-SECONDARY SCHOOL.

HEALTH INSURANCE:

N=NONE, E=EMPLOYER BASED, DP=DIRECT-PURCHASE, M=MILITARY, MC=MEDICARE, MD=MEDICAID, SC=STATE CHILDREN, SA=STATE ADULT

PLEASE ANSWER THE FOLLOWING QUESTIONS.

This information helps us determine the best grant for your household.

Has your household been financially impacted by the COVID-19 Pandemic? ☐ Yes ☐ No

Have you applied for Emergency Assistance or Emergency General Assistance with your county? ☐ Yes ☐ No

If yes, what is the status of your application? ☐ Approved ☐ Denied ☐ Pending

Have you applied for financial assistance from any other agency? ☐ Yes ☐ No

If yes, what is the name of the agency?

If yes, what is the status of your application? ☐ Approved ☐ Denied ☐ Pending

Do you receive financial benefits from your county (MFIF, GA, SNAP)? ☐ Yes ☐ No

If yes, what is your case number:

Have you submitted a 2020-21 Energy Assistance Program application? ☐ Yes ☐ No

HOUSEHOLD INCOME

We ask about your household income to determine your eligibility.

In the last 30 days my household had the following source(s) and amount(s) of income. Check all that apply.

SOURCE	AMOUNT	SOURCE	AMOUNT
<input type="checkbox"/> Employment (gross)	\$	<input type="checkbox"/> Social Security (RSDI)	\$
<input type="checkbox"/> Self-Employment	\$	<input type="checkbox"/> Social Security (SSI)	\$
<input type="checkbox"/> Unemployment	\$	<input type="checkbox"/> Workers Compensation	\$
<input type="checkbox"/> TANF/MFIP/GA	\$	<input type="checkbox"/> Tribal Payments	\$
<input type="checkbox"/> Pension/Retirement	\$	<input type="checkbox"/> Other	\$
<input type="checkbox"/> Child Support/Alimony	\$		

HOUSEHOLD ASSETS

Does your household have assets (bank accounts, retirement, etc.) greater than \$2,000.? ☐ Yes ☐ No

FINANCIAL HARDSHIP

☐ My household has a financial hardship and has received NO income for the past 30 days.

REQUIRED DOCUMENTATION

Documentation of your eligibility is required. Failure to provide documentation could delay your application.

1. You must provide proof of your Household Size.

Accepted documents can include: 2019 Tax Return (first page of the 1040), rental lease, benefit statement, medical cards or birth certificates.

2. If your household had income in the last 30 days, you must provide proof

Documents may include: paystubs, benefit statement, bank statement, etc.

3. If your household has experienced a loss or reduction of income due to the COVID-19 Pandemic you must provide ONE of the following:

☐ Notice of layoff, furlough or reduction of hours from employer

☐ Final paystub before loss or reduction of income

☐ 2019 Tax Return (1040 first page only)

☐ 2019 w2 for all employers

4. If your household is requesting financial assistance to pay past due utilities, you must include your history of past due balance and your most recent statement.

5. If your household is requesting financial assistance to pay past due mortgage, you must include your history of past due balance and your most recent statement.

AUTHORIZATION

Read the information below before signing.

- I understand failure to respond to requests for additional information may cause my application to be denied.
- I understand I will be notified of the status of my application once it is reviewed.
- I have the right to submit a written request to revoke this application any time prior to payment authorization. I understand that revoking this authorization does not apply to information already released under it.
- I understand approved grants are paid directly to the landlord, mortgage company or utility or specified vendor.
- I understand that filling out this application does not guarantee that my household will receive assistance.
- By signing below, I authorize Community Action Partnership of Ramsey & Washington Counties to share and/or obtain information from the landlord, mortgage company and/or utility company listed on this application for the sole purpose of verifying eligibility to authorize payment to said vendor. I understand this consent will automatically expire on January 31, 2021.
- By signing below, I attest that the information I have provided on this application and any supporting documentation submitted is and will be true, correct, and complete.

Applicant Signature:

Date:

TENNESSEN WARNING – YOUR PRIVACY RIGHTS

Minnesota law requires that you are informed about your rights regarding the Private Information we collect from you. Personal information is Private Information under Minnesota Law. Private Information can only be shared if you give us your permission or if the law requires us to share that information.

WHY DO WE ASK FOR THIS INFORMATION?

We may ask you for your private information so we can:

- Tell you apart from other people who have the same name;
- Decide if you are eligible for services at Community Action Partnership of Ramsey & Washington Counties;
- Assist you in getting medical, mental health, financial or social services from other agencies; or
- Create reports, do research, audits and evaluate our programs.

DO YOU HAVE TO ANSWER THE QUESTIONS WE ASK?

The law does not say that you have to give us your private information. However, without some information, we may not be able to provide you service.

WHO CAN WE SHARE YOUR INFORMATION WITH?

These are examples of agencies we may share your private information with. This is not a complete list. This does not mean that we will share your information.

- Local Energy Programs Service Providers under contract with the Minnesota Department of Commerce
- Program auditors as required or permitted by Office of Management and Budget (OMB) guidance
- Minnesota Departments of Administration, Commerce, Employment and Economic Development, Human Services, Revenue and MN.IT Services
- United States Departments of Health and Human Services and Energy
- Minnesota Public Utilities Commission
- Minnesota Legislative Auditor
- Persons so authorized pursuant to court order or subpoena
- Your energy companies for affordability and Energy Programs
- Minnesota Community Action Partnership
- United States Social Security Administration.
- Foundations, funders and other grantors
- City of Roseville
- West Central Minnesota Communities Action
- Other agencies or entities as allowed by federal or state law.

CAN I REVIEW THE PRIVATE INFORMATION YOU HAVE ABOUT ME?

You may ask if we have any private information about you. If we have private information about you, you can have copies. You may give other people approval to have copies of your private information. If you have any questions about the information, you can ask us to explain it to you. If you think the information is incorrect you can contact us.

HOW DO I EXERCISE MY RIGHTS OR ASK QUESTIONS?

To exercise your rights or ask questions about this Notice, you can speak with the staff you are working with or contact the Department Director at Community Action Partnership of Ramsey & Washington Counties, 450 Syndicate Street North, St Paul, MN 55104 Attn: COVID-19 Relief or call 651-999-5737.

HOW TO FILE A COMPLAINT?

If you are unhappy with our service or do not agree with a decision about your eligibility, you may contact the Department Director at 651-999-5737 who will try and resolve your concern.

I ACKNOWLEDGE THAT I UNDERSTAND MY RIGHTS.

Print Name of Applicant:

Applicant Signature:

Date:

This notice is available in other languages or formats upon request. Keep a copy of this notice for your records.

PARTNER RELEASE OF INFORMATION

The COVID-19 Relief & Crisis Fund Program is for households that have been financially impacted by the COVID-19 Pandemic and need assistance paying past due rent, mortgage or utilities.

Community Action Partnership of Ramsey & Washington Counties (Community Action) is working internally across departments and in partnership with external organizations to ensure households have access to grants that may provide financial support for their financial needs or emergencies.

I authorize the release of any information and documentation provided by me or obtained on my behalf in connection with this application, internally across departments within Community Action and with the following organizations:

- Ramsey County Financial Services
- The City of Roseville Economic Development Authority
- Any other potential funding sources
- Any auditors of the organizations named above

I authorize the release of this information to the extent necessary to share across departments and/or to refer my case to the organizations listed above to respond to my situation, to coordinate services, to obtain funding to resolve my financial need, and to enter my information into a processing system as required for the funding I am seeking.

I understand that the information will be used by the organizations listed above only for this stated purpose. I understand my information will not be disclosed to other sources unless specifically authorized by law. I know that I have the right to refuse and that this may limit or delay my access to available financial support. I understand that this form does not indicate that the organizations listed above have agreed to accept me as a client.

If I want to stop my permission, I can call Community Action at 651-999-5737 or write to: Community Action - 450 Syndicate Street North - St. Paul, MN 55104 Attn: COVID-19 Relief. I understand stopping my permission does not change the information that has already been shared.

I understand that this release expires on January 31, 2021. I understand if I have questions about this form, I can call Community Action at 651-999-5737 before signing.

Print Name of Applicant:

Applicant Signature:

Date:

This notice is available in other languages or formats upon request. Keep a copy of this notice for your records.