Application for all WCMCA Emergency Housing Programs

(Rent and deposit assistance)

Housing Intake Line:
320-304-3458

Fax: 320-335-2463

1. Priority may be given to those who have not received assistance within the last 12 months.

2. Everyone needs to apply for Emergency Assistance with their county’s social service agency prior to applying for WCMCA FHPAP funds.

3. Financial literacy courses are offered to the public and available to all who are assisted with FHPAP. Classes may be required if you have received help from our FHPAP program in the past.

4. Case management and budget counseling are vital parts of receiving these funds. Recipients of FHPAP funds will receive budgeting assistance and may also receive in home case management appointments to help ensure housing stability.

5. Complete and return your application as quickly as possible. A departmental meeting goes through COMPLETED applications once per week (Wednesday’s) and decisions are made based on need (criteria established by the advisory committee). Incomplete applications will not be considered.

**In order for your application to be complete, copies of the following documents need to be included with the application:**

*(Exceptions may be approved by your case manager)*

- Proof of all income for the last 30 days (employment, SSI, MFIP, child support, etc.)
- Information documenting emergency (late rent notice, notice of eviction, etc.)
EMERGENCY HOUSING APPLICATION
WEST CENTRAL MINNESOTA COMMUNITIES ACTION, INC.

Last Name_________________________  First Name, M.I. ____________________
Phone: ____________________  □ okay to leave message  □ Own Home  □ Rent  □ Homeless
Emergency Phone: ________________  □ okay to leave message  Primary Language: __________

Address: ____________________________________________________________

Mailing Address (if different from street address): ____________________________

How did you hear about this program? _________________________________

SOURCES OF INCOME AND OTHER ASSISTANCE (Check all those that apply)

□ Salary or Wages  □ Retirement/Pension  □ Social Security  □ SNAP (grocery assistance)
$ __________  $ __________  $ __________  $ __________

□ Self-Employment  □ Veteran's Benefits  □ SSDI  □ Housing/Rent Assistance
$ __________  $ __________  $ __________  type: __________

□ Unemployment Comp  □ Alimony/Child Support  □ SSI  □ Medical Aid
$ __________  $ __________  $ __________  type: __________

□ Worker's Comp  □ Interest/Other  □ General Assistance  □ No Cash Income
$ __________  $ __________  $ __________

□ DWP  □ MFIP
$ __________  $ __________

Number of Persons in Household_________  Number Currently Employed____________

□ Currently homeless  □ In threat of homelessness  □ Other emergency/essential service

Reason/s: □ Domestic situation  □ On the Street  □ Living with Friends/Family  □ Eviction

□ Back rent  □ Other: _________________________

Have you been without a permanent residence □ for over 1 year  □ 4 or more times in the last 3 years

Explanation of situation/emergency: _______________________________________________________

________________________________________________________

Amount of assistance necessary: $__________  Send payment to: ______________________________

Contact person: _______________________________  _______________________________

Contact Phone: _______________________________  _______________________________

December 2nd, 2019
Family information:

<table>
<thead>
<tr>
<th>Household Members</th>
<th>Date of Birth MM/DD/YY</th>
<th>Gender</th>
<th>Race</th>
<th>Ethnicity</th>
<th>Disability Y/N &amp; Type</th>
<th>Veteran Y/N</th>
<th>Medical Coverage Y/N</th>
<th>Years of School Completed</th>
<th>Martial Status</th>
<th>Relationship To HOH</th>
<th>FOR STAFF USE ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Head of Household</td>
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Client Signature: ___________________________________________ Date: __________________

Staff Signature: ____________________________________________

— Are you currently a victim of domestic violence or have you been in the past 5 years?
   How long ago was last episode? ______ Currently Fleeing? ______

— Are you 55 years of age or older?
— Are you living with a MH diagnosis that is affecting your ability to maintain housing?
— Are you a veteran? ______ Any active duty? ______
   Branch __________ Enlisted before 9-7-1980? ______ Months served ______
   Type of discharge ______ Homeless Veteran Registry ______
— Do you currently live in a housing subsidy where your rent is 30% of your income?
— Have you ever been homeless before? (If yes, when and how many times?)
   ____________________________________________

— Have you been released from an institution in the last 0-3 months or 3-6 months?
   ______ Type (foster home, jail, prison, treatment facility, etc.

— Has anyone in the household, 26 or under ever been in foster care? Who?

December 2nd, 2019
Tenessen Warning
Your Rights to Data Privacy

This tells you about your rights under the Minnesota Government Data Practices Act ("the Act"). This Act protects your privacy, but also tells us that if a law requires it AND we tell you before we do it, the information below tells why and when we will ask for and give information about you.

What kind of information do we collect?
Generally we only ask for two types of information from you – public information and private information. Public information is information about you that is available to anyone. Private information is information about you that can be shared only if you give your permission or if a law allows or requires us to share the information. We use summary information for reports that does not identify you or anyone else by name or other identifying information.

Why do we ask you for this information?
We may ask you for information so we can:
- Tell you from other persons by the same or similar name
- Decide if you can receive services from us and what or how much you can get
- Help you get financial or social services from other agencies
- Make reports, do research, audits, and evaluate our programs
- Collect money from government for help we give you

Do you have to answer the questions we ask? What will happen if you do not answer the questions we ask?
Generally, you do not have to give us information. However, if you do not give us the information, we may not be able to determine whether we can help you, or get help for you from other agencies.

Whom may we share the information about you?
We may give information about you to the following agencies, if they need it to help you or help us help you. This does not mean we always share information about you with these people.

- MN Department Human Services (DHS)
- Department of Employment and Economic Development (DEED)
- MN Housing Finance Agency (MHFA)
- Anyone under contract with us or a government agency to provide services
- Other government agencies who have or may provide you with help
- Clay or Douglas County HRA or local governments with whom we work
- Member agencies of a local collaborative
- US Dept of Housing Urban Development (HUD)
- Guardian, conservator, or a person who has power of attorney for you
- Anyone else the law says we can give the Information

You have the right to copies of information we have about you.
- You may ask if we have any information about you.
- If we have information about you, you may ask for copies.
- You may give other people permission to see and have copies of private data about you.
- If you do not understand the information, you may ask to have it explained to you.

How do you appeal if you think information is not accurate or complete?
Your objection must be in writing and sent to the Director of Operations of this agency at: Missy Becker-Cook, Executive Director, 411 Industrial Park Blvd, Elbow Lake, MN 56531. You must tell us why the information is not accurate or complete. You may send your own explanation of the facts you disagree with. Your explanation will be attached any time that information is shared with another agency. For more information on how to do this, ask the staff person working with you.

If you have any questions about the information on this form, ask the staff person who is working with you.

My signature below affirms the data in this application is correct. I understand that:
- I have read the Tenessen Warning above.
- I may appeal agency decisions about my application.
- I may have to prove my statements.
- I may be prosecuted if I knowingly provide false information.

Signature

Date

Updated: 7/23/2019
Minnesota’s HMIS Release of Information

For: ____________________________________________ Date of Birth __________________

Print First, Middle, and Last Name (Complete one form for each adult)

Your personal information will be collected in Minnesota’s HMIS and, with your consent, shared with other service providers/homeless agencies. If you do not give permission for this agency to share your information, no other agency in the network will have access to it.

Why share your information?

• Sharing reduces the amount of time you have to spend answering basic questions about your situation.
• Sharing allows agencies to focus on meeting your unique needs more quickly.
• Sharing makes it easier for multiple agencies to coordinate housing and services for you and your family.

What information might be shared?

• Family/Household information
• Name, birthdate, Social Security Number
• Gender, race, ethnicity
• Reasons for seeking services
• Living situation and housing history
• Services you receive
• If you are homeless or not
• Your income and income sources
• Public benefits you receive
• History of domestic violence
• Educational background
• Employment information
• Military history
• Health information, including physical health, HIV, behavioral health

Please check (✓) a box:

☐ SHARE: I consent to have the information collected about me shared through Minnesota’s HMIS with other partner agencies in order to improve services to me and the services offered to others.

☐ DO NOT SHARE: I do not want any of the information about me in Minnesota’s HMIS shared with any other service providers/homeless agencies. I understand that not sharing my information may affect the ability to quickly and appropriately identify services for me.

When you sign this form, it shows that you understand the following.

• We will not deny you help if you do not want us to share your personal information. At the same time, sharing data does not guarantee that you will receive assistance.

• If you permit us to share your information, this consent is valid until canceled by you.

• If you permit us to share your information, you may change your mind and cancel this consent at any time. If you cancel this consent, your information will no longer be shared from that date forward.

SIGNATURE OF CLIENT OR GUARDIAN ____________________________________________ DATE ___________ Signature of agency witness ____________________________________________ Date ___________

☐ Please treat information about my children age 17 or younger the same as mine.

☐ Verbal Consent obtained by phone (Agency Staff Signature): ___________________________ Date: ______

Minnesota’s HMIS

Data Privacy Notice & Client Release of Information 10-01-16
West Central MN Communities Action, Inc.
Discrimination Policy

West Central MN Communities Action, Inc. will not discriminate. Our service will not discriminate against persons based on:

- Marital Status
- Color
- Status with regard to public assistance
- Creed
- Disability
- Religion
- Sexual orientation
- National origin
- Age
- Gender
- Race

If you need some type of assistance or accommodation in order to fully use our services, please tell any staff member. If you believe West Central MN Communities Action, Inc. has discriminated against you, or if you believe we have not accommodated your need, you may file a complaint with:

Missy Becker-Cook, Chief Executive Officer
WCMCA, Inc.
411 Industrial Park Blvd
Elbow Lake, MN 56531
Phone: 218.685.4486, Ext. 0
Toll-free: 800.492.4805, Ext. 0

I have discussed West Central MN Communities Action, Inc.'s Discrimination Policy and have been given a copy of this policy for my records:

Signature: _______________________________  Date: ______________

Minnesota CAP 60 Notice & Consent

We collect personal information about the people we serve and store this information in the CAP60 computer system.

WHY?
- To determine your eligibility in our program and suggest other programs you may be eligible for.
- So we can report the number of individuals our Agency has served and continue to receive funding for those services.
- So we can determine the services needed by individuals in our communities.

Your Rights
- You have the right to see and obtain copies of the data maintained on you. (Unless we cannot give it because of certain legal proceedings.)
- You have the right to be told the contents and meaning of the data.
- You have the right to challenge the accuracy and completeness of the data.

To exercise these rights, contact, (in writing):
WCMCA
Attn: Missy Becker-Cook, Chief Executive Officer
411 Industrial Park Blvd.
Elbow Lake, MN 56531

For:
Print: First and Last Name ___________________________  Date of Birth ___________________________

My signature shows that I understand the language in this document above, that I agree with these terms, and that I permit WCMCA to enter my personal information into the CAP60 computer system.

Signature: _______________________________  Date: ___________________________

March 2018
READ FIRST: Before you decide whether or not to let WCMCA share some of your confidential information with another agency or person, an advocate at WCMCA will discuss with you all alternatives and any potential risks and benefits that could result from sharing your confidential information. If you decide you want WCMCA to release some of your confidential information, you can use this form to choose what is shared, how it’s shared, with whom, and for how long.

I understand that WCMCA has an obligation to keep my personal information, identifying information, and my records confidential. I also understand that I can choose to allow WCMCA to release some of my personal information to certain individuals or agencies.

I, ________________________, authorize WCMCA to share the following specific information with:

| Who I want to have my information: | Name: ________________________ |
| --------------------------------- | ______________________________ |
|                                  | Specific Office at Agency:      |
|                                  | Phone Number:                  |

The information may be shared: [ ] in person [ ] by phone [ ] by fax [ ] by mail [ ] by e-mail

[ ] I understand that electronic mail (e-mail) is not confidential and can be intercepted and read by other people.

<table>
<thead>
<tr>
<th>What info about me will be shared:</th>
<th>(List as specifically as possible, for example: name, dates of service, any documents).</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Why I want my info shared: (purpose)</th>
<th>(List as specifically as possible, for example: to receive benefits).</th>
</tr>
</thead>
</table>

Please Note: there is a risk that a limited release of information can potentially open up access by others to all of your confidential information held by WCMCA.

I understand:

[ ] That I do not have to sign a release form. I do not have to allow WCMCA to share my information. Signing a release form is completely voluntary. That this release is limited to what I write above. If I would like WCMCA to release information about me in the future, I will need to sign another written, time-limited release.

[ ] That releasing information about me could give another agency or person information about my location and would confirm that I have been receiving services from WCMCA.

[ ] That WCMCA and I may not be able to control what happens to my information once it has been released to the above person or agency, and that the agency or person getting my information may be required by law or practice to share it with others.

This release expires on ________________________ Date ________________________ Time ________________________

Expiration should meet the needs of the client, which is typically no more than 15-30 days, but may be shorter or longer.

I understand that this release is valid when I sign it and that I may withdraw my consent to this release at any time either orally or in writing.

Signed: ________________________ Date: ________________________ Time: ________________________ Witness: ________________________

Reaffirmation and Extension (if additional time is necessary to meet the purpose of this release)

I confirm that this release is still valid, and I would like to extend the release until ________________________ New Date: ________________________ New Time: ________________________

Signed: ________________________ Date: ________________________ Witness: ________________________
# Household Budget Estimate

**Name:**

**Date:**

## Budget Summary

<table>
<thead>
<tr>
<th>Income</th>
<th>Sub-totals from below</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wages</td>
<td>Housing Expenses</td>
</tr>
<tr>
<td>unemployment</td>
<td>Loans/Credit</td>
</tr>
<tr>
<td>MFIP/GA</td>
<td>Vehicle/Transportation</td>
</tr>
<tr>
<td>SNAP</td>
<td>Insurance</td>
</tr>
<tr>
<td>Social Security</td>
<td>Personal Expenses</td>
</tr>
<tr>
<td>SSI</td>
<td>Taxes/Child Support</td>
</tr>
</tbody>
</table>

**Total Expenses/Month**

### MONTHLY SUMMARY:

#### Housing Expenses

<table>
<thead>
<tr>
<th>Rent/House Payment</th>
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<tbody>
<tr>
<td>Heat</td>
</tr>
<tr>
<td>Electricity</td>
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<tr>
<td>Telephone/Cell</td>
</tr>
<tr>
<td>Water/Trash Pick-up</td>
</tr>
<tr>
<td>Cable TV/Internet, etc.</td>
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<tr>
<td>Repairs/Maintenance</td>
</tr>
<tr>
<td><strong>Other</strong></td>
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</tbody>
</table>

**Sub-total**

#### Loans/Credit

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<tr>
<th>School</th>
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<tbody>
<tr>
<td>Personal</td>
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<td>Credit Card</td>
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<tr>
<td>Automobile</td>
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<tr>
<td>First Premier</td>
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<tr>
<td><strong>Other</strong></td>
</tr>
</tbody>
</table>

**Sub-total**

#### Vehicle/Transportation

<table>
<thead>
<tr>
<th>bus or taxi cost per month</th>
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<tbody>
<tr>
<td>Down/Extra payments</td>
</tr>
<tr>
<td>Gas, Oil, Lube</td>
</tr>
<tr>
<td>Tires, Battery, Fitters</td>
</tr>
<tr>
<td>Repairs - average monthly</td>
</tr>
<tr>
<td>Licensing (per month)</td>
</tr>
</tbody>
</table>

**Sub-total**

#### Insurance

| Health/Medical/Medical Assistance |
| Disability                        |
| Dental                            |
| Vehicle                           |
| Household                         |
| Life                              |
| **Other**                         |

**Sub-total**

#### Personal Expenses

| Food at home and household |
| Food away from home        |
| Household supplies         |
| Clothing-Purchase/Haircuts |
| Education-Personal         |
| Education-Children         |
| Pets (food, vet, licensing)|
| Medicines, Doctor/Dentist, Etc |
| Gifts/Contributions/Dues   |
| Tobacco or alcohol         |
| **Other**                  |

**Sub-total**

#### Taxes or Child Support

| Federal/State Income (if self-employed) |
| Property |
| **Other** |
| Child Support |

**Sub-total**
Are you in a Housing Crisis?

Agencies resources are limited. Here are some possible solutions to your housing crisis:

1. Talk to you Landlord/Apartment Manager:
   a. Let the landlord know you are having difficulty paying your rent before your rent is due. Discuss how you plan on getting caught up. Request a payment plan, for example: you will pay half of the rent on the 1st and then the rest on the 10th. Make sure to get this payment plan in writing.
   b. Ask your landlord if you can pay some of your rent with each paycheck.

2. Increase Your Income
   a. Review your W4. Are you claiming all the allowances which you are eligible for? Consider increasing your allowances. Fewer taxes are deducted from paychecks so net pay will be larger. (Tax refund will be smaller). To determine how changing your W4 affects your paycheck check out: [http://www.paycheckcity.com](http://www.paycheckcity.com)
   b. Ask for more hours at work and/or get a second job. Visit your local WorkForce Center to access computers and attend Creative Job Search classes. Register with temporary employment agencies.

3. Decrease Your expenses and Use Income Wisely
   a. Prioritize your bills. Imagine a week without a cell phone; now imagine a week without a home.
   b. Cancel or reduce thing that are not necessities such as cable, internet or landline phone.
   c. Attend a Financial Literacy Class that is offered through WCMCA, call 800.492.4805 for more information.
   d. Are you paying too much or receiving too little in child support? Use the tool below to calculate. [http://childsupportcalculator.dhs.state.mn.us](http://childsupportcalculator.dhs.state.mn.us)
   e. Move to a less expensive unit if you can’t afford your current one. Read your lease and give your landlord proper notice. Find housing that is about 30% of you income. People who spend over 50% of their income on housing are more likely to lose that housing.

4. Tax Return & Renters’ Credit:
   WCMCA offers free tax assistance and preparation, for more information call 800.492.4805. Tax refunds are usually received February-April and renters’ credits are received in mid-August. The average Renters’ Credit is $518.00. Use these payments to get caught up on rent, pay your rent in advance or start a savings account so you are prepared for a future emergency. For information on the Earned Income Tax Credit & the Working Family Credit go to [http://mn.bridgegetobenefits.org](http://mn.bridgegetobenefits.org)

5. Increase Resources which enable you to put more of your cash resources towards rent.
   a. Access a screening tool for the programs listed below: mn.bridgegetobenefits.org to apply for most of these programs and to apply for cash assistance programs-Minnesota Family Investment Program (MFIP), the Diversionary Work Program (DWP) & General Assistance (GA) contact your county human services office.
b. WCMCA’s Energy Assistance Program (EAP) assists income eligible households with payments towards their gas and/or electric bills. The program runs from October through May. Grants are based on household size, the past 3 full months’ income and how much energy it took to heat the unit last year.

c. Food shelves. Find out the number of times you can use your local food shelf and utilize them when needed.

d. Fare for all. Purchase fresh produce and frozen meats up to 40% savings. www.fareforall.org 1.800.582.4291

e. SNAP: Supplemental Nutrition Assistance Program or Food Support. Contact the county you live in to determine if you are eligible to receive SNAP. You may also contact WCMCA if you need help completing the SNAP application.

f. WIC: Women, Infants and Children provide vouchers for food, infant formula, and baby food. Pregnant and Breastfeeding women and their children are eligible. Visit http://www.health.state.mn.us/wic/ to determine if you might be eligible and find a WIC office near you.

6. Apply for Long-Term Rental Assistance
   a. Income-based Housing and Subsidized Housing.
   b. Alexandria HRA-320.762.1311
   c. Douglas County HRA 320.762.3849
   d. Public Housing/subsidized housing-some units are based on income, others offer below market rents. www.hud.gov/local/index.cfm?state=mn&topic=renting
      www.publichousing.com/city/mn-alexandria

7. Eviction Notice
   a. Talk to the landlord to discuss your options or ways to avoid going to court. Evictions go on your public record and will prevent you from finding housing in the future.
   b. To understand tenants’ rights in an eviction go to www.lawhelpmn.org or visit the Attorney General’s website to view Landlord/Tenants Rights Handbook at www.ag.state.mn.us/Office/Publications.asp
   c. For representation in an eviction proceeding contact Legal Services of Northwest MN 320.762.0663

8. Friends & Family Plan
   Can you borrow money from family or friends; can you use your savings or sell something?

9. Homeless Households
   a. Family and/or friends – can you live with them? Make an agreement concerning the length of time you plan to stay, how you will assist with housing costs and household chores. Establish a savings account so you have money for deposit and rent when it is time to move.
   b. Place of Hope Ministries- provides community meals and shelter for those experiencing homelessness 511 9th Ave N, St. Cloud MN 320.203.7881
   c. Salvation Army Shelter- they provide a hot meal daily to anyone, emergency overnight shelter and a food shelf. 400 U.S. Highway 10 S, St. Cloud- 320.252.4552
   d. Anna Maries Alliance- Shelter and other supportive services to persons experiencing domestic violence. 320.253.6900 or www.annamaries.org
   e. State wide shelter list: www.hud.gov/local/mn/homeless/shelterslisting.cfm