



Rental Assistance Program

Thank you for contacting Community Action Partnership of Hennepin County (CAP-HC) about the **Rental Assistance Program**. This packet includes important information about how to apply as well as forms that must be completed as part of your application.

This program can help with paying:

- Up to three (3) months of PAST due rent
or
- Up to one (1) month of Security Deposit and the first month of rent due

To be eligible for the program, applicants must:

- Live in Hennepin County.
- Have household income at or below Federal Poverty Income Guidelines – see chart below.
- Not receive a rental subsidy, such as an MPHA or Section 8 subsidy.
- Have a denial letter from Hennepin County Emergency Assistance or other rental assistance provider – only if seeking security deposit assistance.

Additionally, clients may only apply for rental assistance once every calendar year.

Eligibility at or below 200% of Federal Poverty Income Guidelines		
Household Size	Household Income	
	Annual	Monthly
1	\$27,180	\$2,265
2	\$36,620	\$3,052
3	\$46,060	\$3,838
4	\$55,500	\$4,625
5	\$64,940	\$5,412
6	\$74,380	\$6,198
7	\$83,820	\$6,985
8	\$93,260	\$7,772

Please Note

Your application is not complete until we receive all required application materials. **If your application is submitted without all required materials, it will not be processed.** Allow up to 30 days to process your application. Submitting an application does not guarantee approval.



Rental Assistance Program

How to Apply and Submit an Application

To Apply for Rental Assistance Program

- Complete the forms in this packet as specified.
- Provide proof of the last 30 days of income for all adults in the household.
 - This includes all sources of income, such as wages, public benefits, social security, child support, etc.
 - If you have not received any income for the last 30 days, complete the Verification of Zero Income form on page 6 of this packet.
- Provide proof of the household size. Examples include a lease listing all household members, a current tax return, or a benefits statement
- Provide proof of the Hennepin County address. Examples include a utility bill, benefits statement, or current tax return.
- Provide a copy of your most recent lease or notice of approval for tenancy.
- Provide a copy of a denial letter from Hennepin County Emergency Assistance or other rental assistance provider – only if seeking security deposit assistance.

You may submit your application materials in one of the following ways:

- **Email** your materials to: rentalassistance@caphennepin.org
- **Mail** your materials to: Community Action Partnership of Hennepin County
ATTN: Rental Assistance
8800 Hwy 7, #401
St. Louis Park, MN 55426
- **Drop off your materials in person:** CAP-HC's secure drop box is located on the 4th of our St. Louis Park office (8800 Hwy 7, St. Louis Park, MN 55426). Place your application materials in an envelope clearly labeled with your name and "Rental Assistance" on the outside. Seal the envelope and put it in the drop box.

INTAKE FORM

WHAT SERVICES ARE YOU INTERESTED IN APPLYING FOR?

- | | |
|---|--|
| <input type="checkbox"/> Emergency Housing Assistance | <input type="checkbox"/> Renter Counseling & Education |
| <input type="checkbox"/> Employment Services | <input type="checkbox"/> Tax Assistance |
| <input type="checkbox"/> Financial Wellness | <input type="checkbox"/> Vehicle Repair or Transportation Assistance |
| <input type="checkbox"/> Homebuyer Counseling & Education | <input type="checkbox"/> Energy & Water Assistance <i>*Separate Application Required</i> |

HOW DID YOU HEAR ABOUT US?

- | | | |
|---|---|---|
| <input type="checkbox"/> CAP-HC Staff | <input type="checkbox"/> Internet | <input type="checkbox"/> Newspaper or Magazine Ad |
| <input type="checkbox"/> CAP-HC Website | <input type="checkbox"/> Mailer, Flyer, or Brochure | <input type="checkbox"/> Partner Agency |
| <input type="checkbox"/> Friend or Relative | <input type="checkbox"/> Mortgage Lender | <input type="checkbox"/> Other: _____ |

COMPLETING THIS APPLICATION

We need information about you and anyone living in your home. Providing the size of your household and income helps us determine if you are eligible for services. Our funders require the rest of the information. Please note some services require us to collect additional information and documentation.

YOUR INFORMATION

First Name: _____ Last Name: _____

Address: _____

City: _____ State: MN ZIP Code: _____ County: Hennepin

Phone Number: _____ Email: _____

Do you live in a rural area? ☐ Yes ☐ No Were you born outside the United States? ☐ Yes ☐ No

Are you a CAP-HC employee? ☐ Yes ☐ No Are you a CAP-HC board member? ☐ Yes ☐ No

What is your primary or preferred language?: _____ Do you want an interpreter?: ☐ Yes ☐ No

Work Status:

- | | |
|--|---|
| <input type="checkbox"/> Employed Full-Time (at least 30 hours) | <input type="checkbox"/> Unemployed (short-term, 6 months or less) |
| <input type="checkbox"/> Employed Part-Time (less than 30 hours) | <input type="checkbox"/> Unemployed (long-term, more than 6 months) |
| <input type="checkbox"/> Migrant Seasonal Farm Worker | <input type="checkbox"/> Unemployed (not seeking unemployment) |
| <input type="checkbox"/> Retired | |

Marital Status:

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



HOUSEHOLD INFORMATION

How many people are in your household?: _____

Household Status:

- ☐ Single Person
☐ Two Adults – No Children
☐ Single Parent
☐ Two Parents
☐ Multigenerational (3 or more generations)
☐ Other: _____

Housing Status:

- ☐ Own
☐ Rent
☐ Other Permanent Housing
☐ Homeless
☐ Other: _____

Use these codes to identify Race, Gender, Education Level, and Health Insurance Status of each person in your household below.

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 Level: 8 =0 - 8th Grade, NG =9-12 Non-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, DP =Direct-Purchase, M =Military, MCARE =Medicare, MCAID =Medicaid, SC =State Children, SA =State Adult, E =Employer Based

Name of Household Member	Relationship to Applicant	Date of Birth MM/DD/YYYY	Veteran Yes or No	Active Military Yes or No	Disability Yes or No	Hispanic = Yes Not Hispanic = No	See Codes Above			
							Race	Gender	Education Level	Health Insurance
Your Name	Self									

HOUSEHOLD NON-CASH BENEFITS

Check any benefit that you or your household currently receives:

- ☐ Nutrition Assistance (SNAP) ☐ Housing Choice Voucher ☐ Affordable Care Act Subsidy
☐ WIC ☐ HUD-VASH ☐ Childcare Voucher
☐ Earned Income Tax Credit (EITC) ☐ Permanent Supportive Housing ☐ Head Start
☐ Energy Assistance Program (EAP) ☐ Public Housing



HOUSEHOLD INCOME

List the monthly amount of any income that you or your household currently receives. Please use gross income. Gross income is what you earn before taxes and deductions.

Source of Income	Applicant	Additional Household Member	Additional Household Member	Additional Household Member
Employment (Adults Only)	\$ _____	\$ _____	\$ _____	\$ _____
Self-Employment (Adults Only)	\$ _____	\$ _____	\$ _____	\$ _____
TANF/MFIP/GA	\$ _____	\$ _____	\$ _____	\$ _____
Child Support/Alimony	\$ _____	\$ _____	\$ _____	\$ _____
Social Security Income (SSI)	\$ _____	\$ _____	\$ _____	\$ _____
Social Security Disability Income (SSDI)	\$ _____	\$ _____	\$ _____	\$ _____
Social Security Retirement	\$ _____	\$ _____	\$ _____	\$ _____
VA Disability Compensation	\$ _____	\$ _____	\$ _____	\$ _____
VA Disability Pension	\$ _____	\$ _____	\$ _____	\$ _____
Retirement/Pension	\$ _____	\$ _____	\$ _____	\$ _____
Unemployment Insurance	\$ _____	\$ _____	\$ _____	\$ _____
Worker's Compensation	\$ _____	\$ _____	\$ _____	\$ _____
Private Disability Insurance	\$ _____	\$ _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____	\$ _____	\$ _____

☐ My household has a financial hardship and has received NO income for the past 90 days.

ADDITIONAL INFORMATION

Are you enrolled in the Transit Assistance Program or other transit discount programs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you need to update your voter registration information?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you need information on how to apply for child support services in Minnesota?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your household experiencing a financial crisis due to COVID-19?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

The information I have provided is true and correct. If needed I will provide documentation to verify my residency, the size of my household and income. I understand completion of this form does not guarantee that I will receive services from Community Action.

☐ I am providing my signature electronically by typing my first and last name below.

Applicant Signature

Date

STAFF ONLY

DATE RECEIVED: _____

FORM VERSION: 12/2021

CAP60 Case #: _____

CMAX Client #: _____

Family ID #: _____/_____

Case #: _____

Updated 5/16/2022





Authorization to Release Information

Name and/or Company: _____

Address: _____

Phone Number: _____

Fax Number: _____

Return information to: ATTN: Emergency Rental Assistance
8800 Hwy 7, Suite 401
St. Louis Park, MN 55426

Counselor: _____

Direct Phone: _____

Direct Fax: _____

Main Office Phone: 952-933-9639

I authorize YOU to release and/or share with CAP-HC the information checked below (MUST be checked prior to signature AND initialed by client):

Initial

- _____ ☐ My name, address, and phone number
- _____ ☐ My social security number (please list the last four digits of your social security number: _____)
- _____ ☐ The names, dates of birth, and social security number of my children
- _____ ☐ My MFIP provider, case number, training, or employment plan
- _____ ☐ Information on resources, benefits, and services I receive from YOU or YOUR programs
- _____ ☐ Lender information and information about my credit, including expenses, income, and money I owe
- _____ ☐ Information about my housing payments and history (rented or owned)
- _____ ☐ Mortgage account and/or loan information (please provide your account or loan #): _____
- _____ ☐ Property Address: _____
- _____ ☐ Other (foreclosure and/or bankruptcy attorney name and number): _____

I understand that information CAP-HC has about me may be given to or shared with people or organizations according to the CAP-HC Privacy Rights Notice I received from CAP-HC.

The information requested will be used to help me:

- ☐ Obtain energy assistance, emergency assistance, transportation, housing, and other basic needs
- ☐ Receive homeownership services (pre- and post-purchase services)
- ☐ Other: _____

I understand that I am not required to authorize release of information. I also understand that without my authorization for release of information, CAP-HC will not have the information needed to provide assistance.

I understand ~~this release will expire one (1) year after I have signed it~~. I also understand that I can cancel this release at any time, but cancellation will not affect information released before I canceled my consent.

I am providing my signature electronically by typing my first and last name below.

Signature of Participant(s): _____/_____ Date: _____

Name of person signing for participant: _____ Reason Unable to Sign: _____



Verification of Zero Income

Complete this form if your household has not received any income for the last 30 days.

Applicant First and Last Name: _____

On your Intake From you stated that your household has a financial hardship and has received NO income for the past 30 days. Please complete this form to confirm your expenses and verify your income.

HOUSEHOLD EXPENSES

Bill/Expense	Monthly Amount	Bill/Expense	Monthly Amount
Rent/Mortgage	\$	Car Payment/Insurance	\$
Food	\$	Gas	\$
Heat	\$	Cable/Internet	\$
Electric	\$	Personal Items	\$
Phone/Cell	\$	Other Expenses	\$

Please tell us how you have paid your household expenses.

During the last 30 days, did anyone living in your home have these sources of income?

Check all that apply:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Full-Time Job | <input type="checkbox"/> Part Time Job | <input type="checkbox"/> Self-Employment | <input type="checkbox"/> Workers Compensation |
| <input type="checkbox"/> Unemployment | <input type="checkbox"/> Social Security | <input type="checkbox"/> Annuity Payments | <input type="checkbox"/> Pension |
| <input type="checkbox"/> Tribal Payments | <input type="checkbox"/> Rental Income | <input type="checkbox"/> Public Benefits | <input type="checkbox"/> Working for Cash |
| <input type="checkbox"/> Emergency Assistance | <input type="checkbox"/> Child Support | <input type="checkbox"/> Savings | |

For members of your household who are over 18 years of age and unemployed:

Name: _____	Last Date of Employment: _____
Name: _____	Last Date of Employment: _____
Name: _____	Last Date of Employment: _____

By signing this form, I affirm that the information I have provided is true and correct.

☐ I am providing my signature electronically by typing my first and last name below.

Applicant Signature: _____

Date: _____



Community Action
Partnership of Hennepin County

COVID-19 Economic Hardship Form

Community Action Partnership of Hennepin County (CAP-HC) is temporarily offering additional assistance for households who are experiencing a financial hardship as a result of the COVID-19 pandemic. A variety of situations can be considered a financial hardship due to COVID-19. Examples include loss of a job or reduction of hours worked, increased housing costs due to stay-at-home orders, caring for a family member, and increased health related costs.

To determine eligibility, you must complete this hardship form and return it with the rest of the materials in the program application packet.

I am applying for financial assistance because one of the following applies to my household (please mark all that apply for any household member):

- ☐ Job loss, furlough, or lay-off due to COVID-19
- ☐ Reduction in work hours due to COVID-19
- ☐ Inability to work outside of home due to COVID-19
- ☐ Another COVID-related circumstance. Please describe the circumstance, if applicable.

- ☐ Did not qualify for any other benefits such as unemployment.

Please read and mark ALL of the following statements:

- ☐ I am unable to cover costs of immediate needs due to a financial hardship related to COVID-19.
- ☐ The information entered on this form is true and accurate.
- ☐ I understand that providing false information in my application constitutes an act of fraud. False or misleading information may result in the denial, termination, and/or repayment of assistance.
- ☐ I agree not to sell, trade, or barter any assistance received that has stored value.

- ☐ I am providing my signature electronically by typing my first and last name below.

Signature

Date



TENNESSEN WARNING – YOUR PRIVACY RIGHTS

Minnesota law requires that you are informed of 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 it.

Why do we ask for this information?

We ask you for the information so we can:

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

Do you have to answer the questions we ask?

The law does not require you to give us your Private Information. However, without some information, we may not be able to provide you service.

Who can we share the information with?

These are examples of agencies we may share your Private Information with. It does not mean that we will share your information. Please note this is not a complete list.

- | | |
|---|---|
| • City of Plymouth | • West Central Minnesota Community Action |
| • Hennepin County Human Services and Public Health Department | • Other public or private agencies |
| • MN Department of Human Services | • Banks, credit bureaus, creditors, or other financial institutions |
| • MN Housing Finance Agency | • Landlords, rental property managers, or shelters |
| • Neighbor Works | • Social service, mental health, or medical providers |
| • US Department of Housing & Urban Development (HUD) | • Agencies under contract with CAP-HC to provide service |
| • US Department of Health & Human Services | • Anyone required by law |

Can I review the Private Information you have about me?

You may ask if we have Private Information about you. If we have your Private Information, you can ask for copies. You can give other people approval to have copies of your Private Information. If you have 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 the information on this notice, you can speak to the program staff assisting you or contact the Department Director at Community Action Partnership of Hennepin County, 8800 Highway 7, Suite 401, St. Louis Park, MN 55426 or call 952-697-1363.

I understand my rights and have been given a copy of this form.

☐ I am providing my signature electronically by typing my first and last name below.

Print Full Name

Signature

Date



HOW TO FILE A COMPLAINT

Community Action Partnership of Hennepin County wants to provide you with the best service.

If you are unhappy with the service or do not agree with the decision about your eligibility for a service, start by talking to the program staff.

If this does not help, you can contact the Department Director at 952-697-1363. The Department Director will work with you and the staff to try to resolve your concern.

☐ I am providing my signature electronically by typing my first and last name below.

Applicant Signature

Date

Staff Signature

Date