



West Central Minnesota Communities Action, Inc.
1910 Aga Drive, Suite 206
Alexandria, MN 56308
Phone: 320-304-3458 or 800-492-4805, option 3
Fax: 320-335-2463
Email: kathys@wcmca.org
www.wcmca.org

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 must accompany this 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)

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Salary or Wages
\$ _____ | <input type="checkbox"/> Retirement/Pension
\$ _____ | <input type="checkbox"/> Social Security
\$ _____ | <input type="checkbox"/> SNAP (grocery assistance)
\$ _____ |
| <input type="checkbox"/> Self-Employment
\$ _____ | <input type="checkbox"/> Veteran's Benefits
\$ _____ | <input type="checkbox"/> SSDI
\$ _____ | <input type="checkbox"/> Housing/Rent Assistance
type: _____ |
| <input type="checkbox"/> Unemployment Comp
\$ _____ | <input type="checkbox"/> Alimony/Child Support
\$ _____ | <input type="checkbox"/> SSI
\$ _____ | <input type="checkbox"/> Medical Aid
type: _____ |
| <input type="checkbox"/> Worker's Comp
\$ _____ | <input type="checkbox"/> Interest/Other
\$ _____ | <input type="checkbox"/> General Assistance
\$ _____ | <input type="checkbox"/> No Cash Income |
| <input type="checkbox"/> DWP
\$ _____ | <input type="checkbox"/> 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: _____

Family information:

Household Members	Date of Birth MM/DD /YY	Gender	Race	Ethnicity	Disability Y/N & Type	Veteran Y/N	Medical Coverage Y/N Type	Years of School Completed	Marital Status	Relationship To HOH	FOR STAFF USE ONLY HMIS #
1. Head of Household SSN:											
2. Name SSN:											
3. Name SSN:											
4. Name SSN:											
5. Name SSN:											
6. Name SSN:											
7. Name SSN:											
8. Name SSN:											

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?

YOUR PRIVACY RIGHTS: THE TENNESSEN WARNING

This sheet tells you about your rights under the Minnesota Government Data Practices Act. This act protects your privacy but also lets us give information about you to others if a law requires it and we tell you before we do it. This sheet tells why and when we will ask for and give information about you.

Why do we ask for this information?

We may ask you for information so we can:

- Tell you from other persons who have the same name or a similar name
- Decide if you are eligible to receive services from West Central MN Communities Action
- Assist you in getting medical, mental health, financial or social services from outside agencies
- Make reports, do research, audits and evaluate our programs
- Advocate for additional services as determined by your needs

Do you have to answer the questions we ask?

Generally the law does not say you have to give us information. However, without some of the information requested, we may not be able to find the appropriate help for you. Giving us incorrect information or not providing complete information may delay or eliminate some services you would be eligible for.

With whom may we share the information we are requesting?

The following are examples of agencies or organizations we may need to share information with on your behalf and are not intended to provide a complete list. This does not mean we always share information about you with these people.

- Social services
- Mental health centers
- Child support workers
- Medical facilities
- Minnesota Department of Economic Security
- Minnesota Housing
- Minnesota Department of Human Services
- Minnesota Office of Economic Opportunity
- Housing and Urban Development
- Community Food Shelves
- Higher education facilities
- Court Officials
- Anyone else the law says we must provide information to

You have the right to copies of information 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 have to pay for these copies. You may give other people permission in writing to see and have copies of private data about you. If you have any questions about 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 must be sent to the Executive Director of West Central MN Communities Action at:

Missy Becker-Cook, Chief Executive Director
West Central MN Communities Action, Inc.
411 Industrial Park Boulevard
Elbow Lake, MN 56531

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 a staff member.

If you have any questions about the information on this form, ask a staff person.

I understand my rights and have been given a copy for my records,

Client Signature:

Verbal Consent from Client Received by:

_____ Date: _____

Staff Signature: _____ Date: _____

Copy of signed form sent to client

Minnesota's HMIS Release of Information

For: _____

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

_____ Date of Birth

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: _____

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

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:
name

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.

What info about me will be shared:	<i>(List as specifically as possible, for example: name, dates of service, any documents).</i>
Why I want my info shared: (purpose)	<i>(List as specifically as possible, for example: to receive benefits).</i>

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.

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

This release expires on _____
Date Time

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.

Date: _____

Signed: _____

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

Income	Sub-totals from below	
Wages	Housing Expenses	
unemployment	Loans/Credit	
MFIP/GA	Vehicle/Transportation	
SNAP	Insurance	
Social Security	Personal Expenses	
SSI	Taxes/Child Support	
Total	Total Expenses/Month	

MONTHLY SUMMARY:

Housing Expenses	
Rent/House Payment	
Heat	
Electricity	
Telephone/Cell	
Water/Trash Pick-up	
Cable TV/Internet, etc.	
Repairs/Maintenance	
Other	
Sub-total	

Insurance	
Health/Medical: Medical Assistance	
Disability	
Dental	
Vehicle	
Household	
Life	
Other	
Sub-total	

Loans/Credit	
School	
Personal	
Credit Card	
Automobile	
First Premier	
Other	
Other	
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	

Vehicle/Transportation	
bus or taxi cost per month	
Down/Extra payments	
Gas, Oil, Lube	
Tires, Battery, Filters	
Repairs - average monthly	
Licensing (per month)	
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>
- 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>
- 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.bridgetobenefits.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.bridgetobenefits.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