West Central Minnesota Communities Action, Inc.
1910 Aga Drive. Suite 206
Alexandria, MN 56308
Phone: 218-405-3073
Fax: 320-391-4224
Email: housing@wcmca.org
www.wcmca.org

2026

Application for all WCMCA Emergency Housing Programs

Rent and Deposit Assistance for Douglas, Pope, Grant, Traverse, and Stevens Counties

Housing Intake Line: 218-405-3073
Fax: 320-391-4224

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.)

After filling out this form on your computer, save it to your computer desktop and then email send the saved copy to housing@wcmca.org Thank you!

WEST CENTRAL MINNESOTA
Communities Action

WEST CENTRAL MN COMMUNITIES ACTION, INC.
EMERGENCY HOUSING APPLICATION

LastName: _____ **First/Middle:** _____

Phone: _____ *Ok to leave message* **Emergency Phone:** _____

Email: _____

What's your contact preference? **Phone** **Email**

Primary Language: _____ **Own Home** **Rent** **Homeless**

Address: _____

Mailing Address *(if different from street address)*: _____

How did you hear about this program: _____

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

Salary / Wages	**Retirement / Pension**	**Social Security**	**SNAP** (Grocery assistance)
$_____	$_____	$_____	$_____
Self-Employment	**Veteran's Benefits**	**SSDI**	**SSI**
$_____	$_____	$_____	$_____
Unemployment Comp	**Alimony / Child Support**	**DWP**	**MFIP**
$_____	$_____	$_____	$_____

Housing / Rent Assistance

Type: _____

Medical Aid

Type: _____

Number of Persons in Household: _____ **Number Currently Employed:** _____

Do you have pets? **Yes** **No** **Is your pet a support animal?** **Yes** **No**

Please provide support documentation for your support animal.

Do you have access to reliable transportation? **Yes** **No**

Do you need assistance with transportation? **Yes** **No** **(If yes, please explain further below)**

_____

Do you have access to food? **Yes** **No** **(If no, would you like help applying for SNAP EBT?)**

Yes I would like help **No**

_____

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

Reasons: **Domestic situation** **On the street** **Living with family / friends**

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 (address): _____

Contact person: _____ _____

Contact phone: _____ _____

FAMILY INFORMATION (HMIS #s will be assigned by WCMCA staff)

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 Head of Household
1. Head of Household Name SSN#: HMIS #		MALE FEMALE TRANSGENDER NON-CONFORMING DOESN'T KNOW REFUSED	WHITE/EUROPEAN/ AMERICAN AFRICAN AMERICAN/BLACK ASIAN NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER TWO OR MORE RACES	AFRICAN AFRICAN AMERICAN/BLACK AMERICAN INDIAN/ALASKAN NATIVE ASIAN CAUCASAN/WHITE HISPANIC/LATINO	CHEMICAL DEPENDENCY MENTAL PHYSICAL YES NO	YES NO	YES NO		SINGLE MARRIED SEPERATED DIVORCED WIDOWED	
2. Name SSN: HMIS #		MALE FEMALE TRANSGENDER NON-CONFORMING DOESN'T KNOW REFUSED	WHITE/EUROPEAN/ AMERICAN AFRICAN AMERICAN/BLACK ASIAN NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER TWO OR MORE RACES	AFRICAN AFRICAN AMERICAN/BLACK AMERICAN INDIAN/ALASKAN NATIVE ASIAN CAUCASAN/WHITE HISPANIC/LATINO	CHEMICAL DEPENDENCY MENTAL PHYSICAL YES NO	YES NO	YES NO		SINGLE MARRIED SEPERATED DIVORCED WIDOWED	
3. Name SSN#: HMIS #		MALE FEMALE TRANSGENDER NON-CONFORMING DOESN'T KNOW REFUSED	WHITE/EUROPEAN/ AMERICAN AFRICAN AMERICAN/BLACK ASIAN NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER TWO OR MORE RACES	AFRICAN AFRICAN AMERICAN/BLACK AMERICAN INDIAN/ALASKAN NATIVE ASIAN CAUCASAN/WHITE HISPANIC/LATINO	CHEMICAL DEPENDENCY MENTAL PHYSICAL YES NO	YES NO	YES NO		SINGLE MARRIED SEPERATED DIVORCED WIDOWED	
4. Name SSN#: HMIS #		MALE FEMALE TRANSGENDER NON-CONFORMING DOESN'T KNOW REFUSED	WHITE/EUROPEAN/ AMERICAN AFRICAN AMERICAN/BLACK ASIAN NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER TWO OR MORE RACES	AFRICAN AFRICAN AMERICAN/BLACK AMERICAN INDIAN/ALASKAN NATIVE ASIAN CAUCASAN/WHITE HISPANIC/LATINO	CHEMICAL DEPENDENCY MENTAL PHYSICAL YES NO	YES NO	YES NO		SINGLE MARRIED SEPERATED DIVORCED WIDOWED	
5. Name SSN#: HMIS #		MALE FEMALE TRANSGENDER NON-CONFORMING DOESN'T KNOW REFUSED	WHITE/EUROPEAN/ AMERICAN AFRICAN AMERICAN/BLACK ASIAN NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER TWO OR MORE RACES	AFRICAN AFRICAN AMERICAN/BLACK AMERICAN INDIAN/ALASKAN NATIVE ASIAN CAUCASAN/WHITE HISPANIC/LATINO	CHEMICAL DEPENDENCY MENTAL PHYSICAL YES NO	YES NO	YES NO		SINGLE MARRIED SEPERATED DIVORCED WIDOWED	
6. Name SSN#: HMIS #		MALE FEMALE TRANSGENDER NON-CONFORMING DOESN'T KNOW REFUSED	WHITE/EUROPEAN/ AMERICAN AFRICAN AMERICAN/BLACK ASIAN NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER TWO OR MORE RACES	AFRICAN AFRICAN AMERICAN/BLACK AMERICAN INDIAN/ALASKAN NATIVE ASIAN CAUCASAN/WHITE HISPANIC/LATINO	CHEMICAL DEPENDENCY MENTAL PHYSICAL YES NO	YES NO	YES NO		SINGLE MARRIED SEPERATED DIVORCED WIDOWED	
7. Name SSN#: HMIS #		MALE FEMALE TRANSGENDER NON-CONFORMING DOESN'T KNOW REFUSED	WHITE/EUROPEAN/ AMERICAN AFRICAN AMERICAN/BLACK ASIAN NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER TWO OR MORE RACES	AFRICAN AFRICAN AMERICAN/BLACK AMERICAN INDIAN/ALASKAN NATIVE ASIAN CAUCASAN/WHITE HISPANIC/LATINO	CHEMICAL DEPENDENCY MENTAL PHYSICAL YES NO	YES NO	YES NO		SINGLE MARRIED SEPERATED DIVORCED WIDOWED	
8. Name SSN#: HMIS #		MALE FEMALE TRANSGENDER NON-CONFORMING DOESN'T KNOW REFUSED	WHITE/EUROPEAN/ AMERICAN AFRICAN AMERICAN/BLACK ASIAN NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER TWO OR MORE RACES	AFRICAN AFRICAN AMERICAN/BLACK AMERICAN INDIAN/ALASKAN NATIVE ASIAN CAUCASAN/WHITE HISPANIC/LATINO	CHEMICAL DEPENDENCY MENTAL PHYSICAL YES NO	YES NO	YES NO		SINGLE MARRIED SEPERATED DIVORCED WIDOWED	

Client Signature: _____ **Date:** _____

Staff Signature: _____ **Date:** _____

WEST CENTRAL MINNESOTA
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Are you currently a victim of domestic violence or have you been in the past 5 years? **Y** **N**

How long ago was the last episode? _____ **Currently fleeing?** **Y** **N**

Are you 55 years of age or older? **Y** **N**

Are you living with a MH diagnosis that is affecting your ability to maintain housing? **Y** **N**

Are you a veteran? **Y** **N** **Any active duty?** **Y** **N**

Branch: _____ **Enlisted before 9/7/80?** **Y** **N** **Months served:** _____

Type of discharge: _____ **Homeless Veteran Registry?** **Y** **N**

Do you currently live in a housing subsidy where your rent is 30% of your income? **Y** **N**

Have you ever been homeless before? **Y** **N**

If so, 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? **Y** **N**

Who? _____

To what extent have you been homeless (according to Minnesota's Definition)?

(multiple times or first time, does it meet long-term definition?)**:** _____

What was your previous living situation? (last night)_____

Length of stay in previous place? _____

Did you stay less than 7 nights? **Y** **N**

What was your last permanent residence (place last lived at for 90 or more days, not including shelter or time-limited housing)**?**

State (location of prior residence)**:** _____

County of prior residence (MN only)**:** _____

City of prior residence (MN only)**:** _____

WEST CENTRAL MINNESOTA
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Household Budget Estimate (Optional)

Household Name: _____ **Date:** _____

Household Name: _____ **Date:** _____

Budget Summary

Income	Amount	Subtotals from Below	Amount
Wages		Housing expenses	
Unemployment		Loans / Credit	
MFIP / GA		Vehicle / Transportation	
SNAP		Insurance	
Social Security		Personal expenses	
SSI		Taxes / Child support	
Monthly Income Total		**Monthly Expenses Total**	

Monthly Summary

Housing Expense	Amount	Insurance	Amount
Rent / House Payment		Health / Medical	
Heat		Assistance	
Electricity		Disability	
Telephone / Cell		Dental	
Water / Trash Pickup		Vehicle	
Cable TV / Internet, etc		Household	
Repairs / Maintenance		Life	
Other		Other	
Subtotal		**Subtotal**	
Loans / Credit	**Amount**	**Personal Expenses**	**Amount**
School		Food at home & household	
Personal		Food away from home	
Credit Card		Household supplies	
Automobile		Clothing purchases / Haircuts	
First Premier		Education – Personal	
Other		Education – Children	
Other		Pets – food, vet, licensing	
Other		Medicines / Doctor – Dentist, etc	
Other		Gifts / Contributions / Dues	
Other		Tobacco / Alcohol	
Subtotal		Other	
Vehicle / Transportation	**Amount**	**Subtotal**	
Bus / Taxi – per month		**Taxes / Child Support**	**Amount**
Down / Extra payments		Federal / State Income	
Gas / Oil / Lube		(If self-employed)	
Tires / Battery / Filters		Property	
Repairs – average monthly		Other	
Licensing – per month		Child Support	
Subtotal		**Subtotal**	

WEST CENTRAL MINNESOTA
Communities Action

Tennessen 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 lets us give information about you to others 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 us 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 shall 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 the information about you with these people.

- MN Dept of Human Services (OHS)
- Dept of Employment & Economic Development (DEED)
- MN Housing Finance Agency (MHFA)
- US Dept of Housing Urban Development (HUD)
- Clay or Douglas County HRA or local governments with whom we work with
- Anyone under contract with us or a government agency to provide services
- Other government agencies who have or may provide you with help
- Members of agencies of a local collaborative
- 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: **Missy Becker-Cook, Chief Executive Officer, 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 Tennessen Warning above;
- I may appeal the agency decisions about my application;
- I may have to prove my statements; and
- I may be prosecuted if I knowingly provide false information.

Signature: _____ **Date:** _____

WE WEST CENTRAL MINNESOTA
CoCommunities Action

Minnesota's HMIS Release of Information

For: _____ **Date of Birth:** _____
(Print first, middle and last name – Complete one form for each adult)

Your Basic Information (as defined in the Data Privacy Noce) will be collected in Minnesota's HMIS and shared with other service providers/homeless agencies. Your Transactional Information (as defined in the Data Privacy Noce) 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 me 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.

Reminder: The following fields are visible in HMIS by default – Name, Social Security Number, Date of Birth, Race/Ethnicity, Gender, Contact Information, Family Information

What transactional information might be shared within HMIS?

- 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 status
- Military history
- Health information, including physical health, HIV, behavioral health

Please check a box:

☐ **SHARE:** I consent to have the Transactional 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 Transactional 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. **NOTE**: Your Basic Information will still be shared.

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 Transactional Information. At the same me, 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 me. If you cancel this consent, your information will no longer be shared from that date forward.
- The HMIS Governing Board may amend this Release of Information and the Privacy Noce at any me without notice or consent. The Release of Information and Data Privacy Noce currently available can be found on the MN HMIS website at hmismn.org.

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 MINNESOTA
Communities Action

West Central MN Communities Action, Inc.
Release of Information

Read First: Before signing, a WCMCA advocate will discuss your options and the potential risks and benefits of sharing confidential information. WCMCA must keep your personal information and records confidential, and you may choose what information is shared, how it is shared, with whom, and for how long.

I, _____ hereby authorize WCMCA to disclose only the information I specifically identify and authorize below, subject to the terms of this release.
Client Name

- ☐ **Release information to:** I authorize WCMCA to share the information listed below with the person or entity named on this form.
- ☐ **Receive information from:** I authorize the person or entity named on this form to share information about me with WCMCA.

Who I want to have my information:	**Name:** **Specific office at agency:** **Phone number:**

The information that may be shared: ☐ in person ☐ by phone ☐ by fax ☐ by mail ☐ by email

I understand that electronic mail (email) is not confidential and can be intercepted and read by other people.

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

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.

Signature: _____ **Date:** _____

Witness: _____ **Time:** _____

WEST CENTRAL MINNESOTA
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Signature: _____ **Date:** _____

Witness: _____ **Time:** _____

WEST CENTRAL MINNESOTA
Communities Action

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 Work Force 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 your 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 renter's credits are received in mid-August. The average Renter's 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 Marie's Alliance - Shelter and other supportive services to persons experiencing domestic violence. **320.253.6900 or www.annamaries.org**
   e. Statewide shelter list: **www.hud.gov/local/mn/homeless/shelterslisting.cfm**