

Referred by (agency, case manager, service provider) _____

Please describe the nature of the housing emergency:

Please explain how expenses will be met once assistance has ended:

I acknowledge that the information provided in this application is true and I authorize "Every penny Counts Emergency Assistance" to verify the accuracy of the information as necessary.

Client signature

Date

Completion of this application and my signature above constitutes consent to receive services and acknowledges that I have received a copy of the Clients Bill of Rights.

(For office use only)

Date: _____

Client housing plan information for additional assistance:

Have utilized or have been referred to:

- ___ - county economic assistance
- ___ - other emergency assistance financial assistance services
- ___ - working with a service provider on stabilizing housing issue
- ___ - other _____

Every Penny Counts Emergency Assistance
P. O. Box 582943
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(612) 331-7733
(800) 565-9028
(612) 341-3804 - fax