

Every Penny Counts Emergency Assistance for Housing Assistance in Greater Minnesota

Gr. MN client # _____

PE client # _____

For Office use

I am applying for: (check one)

- Emergency rental assistance**
- Emergency mortgage assistance**
- Utility assistance**

Amount requested: \$ _____

()

Last name first name middle initial phone # - include area code

Address street and number

City county state zip

Payee's name Type of agency (landlord, bank, utility)

Payee's address street and number

City state zip

The Minnesota Housing Finance Agency (MHFA) requires some personal information be collected and reported periodically for the following purposes: to identify the services that people with HIV/AIDS need and use, to identify barriers to those services, and to evaluate future funding needs, to determine you eligibility for services and to verify to funding sources that this service is being provided. You have the right to refuse to share information about yourself however, in some cases EPCEA will be unable to provide some types of service to you unless we have this information. Your name or any other identifying information is not released to the Minnesota Housing Finance Agency as a condition of funding. **Please initial that you have read and understand the paragraph above:** _____

Applicant information

*Total monthly gross household income \$: _____ *Number of dependents on income: _____

*(includes: self, spouse, domestic partner, dependent children)

Number of individuals in household living with HIV/AIDS: _____

Number of individuals living in the household all together: _____

Applicant's date of birth: ___/___/___ & age: _____ Applicant's gender: ___ Male ___ Female

Number of bedrooms (BDRM) in home/living space (mark one):
Studio 1 BDRM 2 BDRM 3 BDRM 4 BDRM 5 + BDRM
_____ _____ _____ _____ _____

Applicant's race/ethnicity – please check all that apply:
 American Indian/Alaskan Native White (not Hispanic) Black (not Hispanic)
 Asian/Pacific Islander Hispanic/Latino/Chicano

Please list the age, gender, and race/ethnicity for each additional household member/s other than yourself that are dependent on your income:

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
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(612) 331-7733
(800) 565-9028
(612) 341-3804 - fax