



Rental Assistance Program Information

Thank you for your interest in Community Action Partnership of Hennepin County's (CAP-HC's) **Rental Assistance Program**. This packet includes information about the program, eligibility, required application materials, and instructions for submitting your application. It also includes forms that must be completed as part of your application.

Please review the information in this packet carefully to ensure that you are eligible for the program and your application materials are submitted correctly.

ABOUT THE PROGRAM

CAP-HC has limited funding to provide a one-time payment for eligible households for either:

- Rental assistance up to \$1,000 per household,

OR

- By paying up to \$1,000 for the security deposit and/or first month of rent per household.

PROGRAM ELIGIBILITY

Applicants may only apply every 24 months for CAP-HC's Rental Assistance program.

To be eligible for the program, applicants must:

1. Live in Hennepin County.
2. **Not** receive a rental subsidy, such as an MPHA or Section 8 subsidy.
3. Have household income that is at or below the Federal Income Guidelines in the table on page 2.
4. **If seeking security deposit assistance:** Have a denial letter from Hennepin County Emergency Assistance or other rental assistance provider.

INCOME ELIGIBILITY REQUIREMENTS

Household Size	Maximum Monthly Gross Household Income*	Maximum Annual Gross Household Income*
1	\$2,608.33	\$31,300
2	\$3,525.00	\$42,300
3	\$4,441.67	\$53,300
4	\$5,358.33	\$64,300
5	\$6,275.00	\$75,300
6	\$7,191.67	\$86,300
7	\$8,108.33	\$97,300
8	\$9,025.00	\$108,300
9	\$9,941.67	\$119,300
10	\$10,858.33	\$130,300

**Gross income—total earnings before taxes and other deductions*

REQUIRED APPLICATION MATERIALS

To Apply for Rental Assistance Program:

1. Complete the forms in this application packet.
2. Provide proof of income for all adults in the household for the last full calendar month before signing this application.
 - 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 full calendar month before signing this application, complete the Verification of Zero Income form (page 8 of this packet).
3. Provide proof of the household size. Examples include a lease listing all household members, a current tax return, or a benefits statement
4. Provide proof of the Hennepin County address. Examples include a utility bill, benefits statement, or current tax return.
5. Provide a copy of your most recent lease or notice of approval for tenancy.
6. **If seeking security deposit assistance:** Provide a copy of a denial letter from Hennepin County Emergency Assistance or other rental assistance provider.



HOW TO SUBMIT YOUR APPLICATION MATERIALS

Please Note:

1. Your application is not complete until we receive all required application forms and documentation as specified in the “Required Application Materials” section of this packet. **If your application is submitted without all required materials, it will not be processed.**
2. Allow up to 60 days to process your application. If approved, please allow an additional 30 days for your assistance check to be processed.
3. Submitting an application does not guarantee approval.

You may submit your application forms and documentation as specified above in one of the following ways:

- **Email** your materials to: rentalassistance@caphennepin.org
- **Mail** your materials to: CAP-HC Rental Assistance
7101 Northland Circle N, Suite 123
Brooklyn Park, MN 55428
- **In person:** Drop off your materials at one of CAP-HC's offices during office hours. Locations and hours can be found at caphennepin.org/locations.

We will review your application materials and follow up with you for next steps.

Still have questions? Email us at rentalassistance@caphennepin.org.



Rental Assistance Authorization to Release Information

This form gives Community Action Partnership of Hennepin County (CAP-HC) staff permission to contact your landlord and/or property manager to gather the information specified below in order to 1) complete your Rental Assistance program application, 2) verify your eligibility for the program, and 3) provide rental assistance if it is determined you are eligible for the program. Though you may refuse to provide this authorization, without it, CAP-HC will not be able to process your application or provide assistance.

Name of Landlord and/or Property
Manager:

Return information to: ATTN: Rental Assistance

7101 Northland Circle N, Suite 123
Brooklyn Park, MN 55428

Address:

Phone Number:

Counselor:

Direct Phone:

Email Address:

Main Office Phone: 952-933-9639

Email: rentalassistance@caphennepin.org

I authorize the property contact above to provide the information initialed and checked below with CAP-HC staff.
Each item must be initialed and checked by client prior to signing.

Initial Check

☐ My name, address, and phone number

☐ The names, dates of birth, and social security number of my children

☐ Information on resources, benefits, and services I receive from YOU or YOUR programs

☐ Information about my housing payments and history (rented or owned)

☐ Property Address (please provide your address): _____

☐ I understand that information CAP-HC has about me may be given to or shared with people or organizations according to CAP-HC's privacy policy.

☐ I understand that I am not required to authorize release of information. I also understand that without my authorization for release of this 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 cancelled my consent.

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

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

Printed Name(s): _____/_____

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

Signature of person who explained this form and your rights: _____





INTAKE FORM

This Intake Form can be used to apply for Water Assistance, Emergency Rental Assistance, Vehicle Repair, MNsure Application Assistance, and the Employment Readiness Program. **You only need to complete one Intake Form even if you are applying for more than one of these programs. Any additional program-specific forms and/or required documentation will be outlined in each program's application instructions.**

This Intake Form *cannot be used* to apply for the Energy Assistance or Energy-Related Repair Programs. For information about how to apply for those programs, visit caphennepin.org/eap.

COMPLETING THIS INTAKE FORM

We need information about you, anyone living in your home, and your household income to determine if you are eligible for services. Our funders require the rest of the information.

HOW DID YOU HEAR ABOUT CAP-HC?

- | | | |
|---|---|--|
| <input type="checkbox"/> CAP-HC Staff | <input type="checkbox"/> Internet Search | <input type="checkbox"/> Newspaper or Magazine Ad |
| <input type="checkbox"/> CAP-HC Website | <input type="checkbox"/> Mailer, Flyer, or Brochure | <input type="checkbox"/> Partner Organization |
| <input type="checkbox"/> Friend or Relative | <input type="checkbox"/> Mortgage Lender | <input type="checkbox"/> Outreach Event: _____
Event Name or Date |
| <input type="checkbox"/> Other: _____
Please state how you heard about us. | | |

YOUR INFORMATION

1. { First Name: _____ Last Name: _____
Street Address: _____ Apartment/Unit #: _____
City: _____ State: MN ZIP Code: _____ County: Hennepin
Email: _____ Phone Number: _____

2. How would you like us to contact you about your application?

- | | |
|---|---|
| <input type="checkbox"/> Email to email address above | <input type="checkbox"/> Phone call to phone number above |
| <input type="checkbox"/> Text message to phone number above | <input type="checkbox"/> Mailing to street address above |

3. Are you a CAP-HC employee? ☐ Yes ☐ No

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

5. Were you born outside the United States? ☐ Yes ☐ No

6. What is your primary or preferred language? _____

7. Do you want an interpreter? ☐ Yes ☐ No

8. Your Work Status (please select all that apply):

- | | |
|--|---|
| <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"/> Self-Employed (such as Lyft or Door Dash) | <input type="checkbox"/> Unemployed (seeking employment) |
| <input type="checkbox"/> Migrant Seasonal Farm Worker | <input type="checkbox"/> Unemployed (not seeking employment) |
| <input type="checkbox"/> Retired | |

9. Your Marital Status: ☐ Single ☐ Married ☐ Domestic Partner ☐ Divorced ☐ Widowed

AUTHORIZED REPRESENTATIVE (Optional)

You may give an authorized representative permission to act on your behalf. Your representative must be an individual person (not a group or organization). Your representative cannot sign your application unless you provide documentation of their legal authorization to do so with your application (e.g. Power of Attorney, Guardian, or Conservator).

First Name: _____ Last Name: _____ Phone Number: _____

HOUSEHOLD INFORMATION

1. How many people are in your household? _____

2. Household Status:

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

3. Housing Status:

- ☐ Own
☐ Rent
☐ Other Permanent Housing
☐ Homeless
☐ Other: _____
Please describe.

4. 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 postsecondary school, CG =2 or 4 year College Degree, GD =Graduate Degree of other postsecondary school
- **Health Insurance:** N =None, DP =Direct-Purchase, M =Military, MCARE =Medicare, MCAID =Medicaid, SC =State Children, SA =State Adult, E =Employer Based

Household Member's Name	Relationship to Applicant	Date of Birth MM/DD/YYYY	Veteran Yes or No	Active Military Yes or No	Disability Yes or No	Hispanic/Latine Yes or No	See Codes Above			
							Race	Gender	Education Level	Health Insurance
Applicant's Name	Self									

HOUSEHOLD NON-CASH BENEFITS

Check any benefit that you or your household currently receives. (please select all that apply):

- | | | |
|--|---|--|
| <input type="checkbox"/> Nutrition Assistance (SNAP) | <input type="checkbox"/> Housing Choice Voucher | <input type="checkbox"/> Affordable Care Act Subsidy |
| <input type="checkbox"/> WIC | <input type="checkbox"/> HUD-VASH | <input type="checkbox"/> Childcare Voucher |
| <input type="checkbox"/> Earned Income Tax Credit (EITC) | <input type="checkbox"/> Permanent Supportive Housing | <input type="checkbox"/> Head Start |
| <input type="checkbox"/> Energy Assistance Program (EAP) | <input type="checkbox"/> Public Housing | |

HOUSEHOLD INCOME

For the last full calendar month before signing this application, list the amount of each type of income you and all members of your household received. Write the household member's name at the top of each column. Use gross income (the amount earned before taxes and deductions).

Source of Income	Applicant's Income	_____'s Income	_____'s Income	_____'s Income
Employment (Adults Only)	\$ _____	\$ _____	\$ _____	\$ _____
Self-Employment (Adults Only) Month and year business started: <u>MM/YYYY</u>	\$ _____	\$ _____	\$ _____	\$ _____
TANF/MFIP/GA	\$ _____	\$ _____	\$ _____	\$ _____
Child Support/Alimony	\$ _____	\$ _____	\$ _____	\$ _____
Social Security Income (SSI)	\$ _____	\$ _____	\$ _____	\$ _____
Social Security Disability Income (SSDI)	\$ _____	\$ _____	\$ _____	\$ _____
Social Security Retirement	\$ _____	\$ _____	\$ _____	\$ _____
VA Disability Compensation/Pension	\$ _____	\$ _____	\$ _____	\$ _____
Retirement/Pension	\$ _____	\$ _____	\$ _____	\$ _____
Unemployment Insurance	\$ _____	\$ _____	\$ _____	\$ _____
Worker's Compensation	\$ _____	\$ _____	\$ _____	\$ _____
Private Disability Insurance	\$ _____	\$ _____	\$ _____	\$ _____
Other: _____ Please describe.	\$ _____	\$ _____	\$ _____	\$ _____

☐ My household has a financial hardship and has received NO income for the last full calendar month before signing this application. If checked, Verification of Zero Income form on the next page is required.

ADDITIONAL INFORMATION

1. Are you enrolled in the Transit Assistance Program or other transit discount program? ☐ Yes ☐ No
2. Do you need to update your voter registration information? ☐ Yes ☐ No
3. Do you need information about how to apply for child support services in Minnesota? ☐ Yes ☐ No

SIGNATURE

The information I have provided is true and correct. I understand that:

- I must provide documentation to verify my residency, the size of my household, and household income.
- My application will be delayed and may be denied if I do not send all required documentation.
- Completion of this form does not guarantee that I will receive services from CAP-HC.

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

Applicant Signature

Date

STAFF ONLY

DATE RECEIVED: _____ CAP60 Case #: _____ Family ID #: _____/_____
CMAX Client #: _____ Case #: _____

VERIFICATION OF ZERO INCOME

*** Only complete this form if your household has not received any income for the last full calendar month before signing this application. If your household did receive income in the last full calendar month before signing this application, make sure page 3 is filled out completely and accurately and skip to page 5.***

HOUSEHOLD EXPENSES

1. First Name: _____ Last Name: _____

2. On the previous page, you stated that your household did not receive any income for the last full calendar month before signing this application. Please complete this form to confirm your expenses and verify your income.

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	\$ _____

3. Please tell us how you have paid your household expenses during the last full calendar month before signing this application.

HOUSEHOLD INCOME

During the last full calendar month before signing this application, did anyone living in your home have these sources of income?: (please select 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 Payment(s) | <input type="checkbox"/> Pension |
| <input type="checkbox"/> Tribal Payment(s) | <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 | |

UNEMPLOYED ADULTS IN THE HOUSEHOLD (Required)

List the last day of employment for all 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: _____

SIGNATURE

- ☐ 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



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, 7101 Northland Circle N, Suite 123, Brooklyn Park, MN 55428 or call 952-697-1355.

- ☐ 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

Applicant Signature

Date



HOW TO FILE A COMPLAINT

Community Action Partnership of Hennepin County (CAP-HC) wants to provide you with the best service possible.

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

If this does not help, you can contact the department director at 952-697-1355. 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