CARVER COUNTY COMMUNITY DEVELOPMENT AGENCY

BOUNTIFUL BASKET FOOD SHELF

INSTRUCTIONS

Complete this form to apply for emergency housing assistance from the Carver County CDA Emergency Rental Assistance Fund.

After you complete this application, it will be reviewed for eligibility. You may be contacted for additional information before receiving final approval or denial.

ELIGIBILITY

- Must reside in Carver County
- Must be behind on rent, lot rent and/or utilities by one or more months. Applications will be prioritized in the following order:
    - An eviction has been filed for past due rent and/or utilities
    - You have received a 14-day letter from your landlord that an eviction will be filed if you do not pay past due rent, lot rent and/or utilities
    - You have past due rent, lot rent and/or utilities
- Must be below 80% Area Median Income (AMI). The income limits below are for all combined household members over and under the age of 18 (earned income of minors is not counted).
  Monthly gross income by household size:

AMI	1	2	3	4	5	6	7	8
80%	6,079/mo	6,950/mo	7,817/mo	8,683/mo	9,379/mo	10,075/mo	10,771/mo	11,463/mo

- Do not have sufficient funds to cover housing or utility costs, including earned income, Minnesota Family Investment Program (MFIP), disability benefits, Unemployment Insurance, stimulus payments, etc.
- Household cannot be living in public housing, receiving ongoing rental assistance such as Section 8 or Housing Support, or using emergency assistance from another source for this month
- Will not be evicted for other reasons besides past due rent or utilities.

QUESTIONS/APPLICATION SUBMISSION

Questions: Please contact the CDA at 952-448-7715

Applications can be submitted via:
Mailed to/Dropped off: Carver County CDA 705 N Walnut St. Chaska MN 55318
Faxed at: 952-448-6506
Emailed to: rentsupport@carvercda.org

Carver County Emergency Rent Assistance Application

Personal Information:

Last Name:	First Name:	Middle Name:	Date of Birth:
Street Address: Apt #	City:	State: MN	Zip Code:
E-mail Address:	Phone Number:	Preferred Communication: *(You may choose multiple)* ☐ Phone ☐ Email	
List all adult household members: Last Name:	First Name:	Middle Name:	
Last Name:	First Name:	Middle Name:	Date of Birth:
Last Name:	First Name:	Middle Name:	Date of Birth:
Last Name:	First Name:	Middle Name:	Date of Birth:

Race: ***(Optional)*** ☐ White ☐ Black / African American ☐ Asian ☐ American Indian / Native American ☐ Native Hawaiian / Pacific Islander ☐ Multiple Races ☐ Other: ☐ Decline to answer	Ethnicity: ***(Optional)*** ☐ Hispanic ☐ Non-Hispanic Gender: (*Optional)* ☐ Male ☐ Female Decline to answer ☐

Will you need an interpreter for phone calls?
☐ Yes
☐ No

What is your preferred spoken language?

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Household and Income Information:

A **household** includes everyone living in the unit. **Gross income** includes wage earnings before deductions, unemployment insurance, disability benefits, social security, county benefits, child support, etc. Income verification will be required.	
Household Size: ☐ 1 ☐ 4 ☐ 7 ☐ 2 ☐ 5 ☐ 8 ☐ 3 ☐ 6 ☐ 9+	How much gross income did your household receive in the last 30 days (this includes all household members)?

Please explain why you are unable to pay your housing costs:

Type of assistance needed and amount:

☐ Rent Payment	Amount:	Time Period:
☐ Utility Payment	Amount:	Time Period:
☐ Lot Rent	Amount:	Time Period:

Eligibility:

What situation/event led to your emergency housing/utility need?

Do you currently have any other applications for housing assistance pending with anyone else (such as Carver County or the CAP Agency, etc.)?

☐ Yes Where:

☐ No

Are you a Carver County resident who earns less than 80% of area median gross monthly income?

☐ Yes

☐ No

What is your household's total monthly gross income? $

List All Employers:

Employer 1:

Employer 2:

Has anyone in your household applied for and/or receive/have any of the following types of income:

(list monthly amount received to the right)

☐ Employment (wages, salaries, commissions, bonuses, other compensations): $

☐ Self-employment or work for cash: $

☐ Independent Contractor (Uber, DoorDash, TikTok, or other app-based income): $

☐ Child Support: $

☐ Spousal Maintenance or Alimony: $

☐ Social Security (RSDI or SSI): $

☐ Periodic disability or death benefit payments: $

☐ Public Assistance (MFIP cash benefits or General Assistance-does not include food support): $

☐ Unemployment or workers compensation: $

☐ Veteran's Benefits: $

☐ Retirement/pension payments: $

☐ Annuities/Trusts/Interests or Dividends: $

☐ Tribal Payments: $

☐ Lottery/Gambling Winnings: $

☐ Any other income: $

☐ Regular gifts or contributions from a person(s) not living in the household: $

☐ No income (no other income listed above)

Which of the following is true?

☐ Eviction Action filed with Carver County courts at current residence due to back owed rent.

☐ 14-day notice of past due rent or eviction will be filed letter received from your landlord.

☐ Past due rent or lot rent.

☐ Utility Shut off Notice or Eviction Notice for non-payment of utilities.

☐ None of the above. Explain:

Total Balance of all Bank Accounts: $

Please attach the following documentation (copies or photos):

- Verification of current income for last 90 days. Any income you checked in the above application will need documentation to be provided.

  - If no income, complete and include the Attestation of n=No Income.
- Bank account(s) balance within week of application.
  - If no bank accounts, complete and include the Attestation of No Bank Account
- Verification of balance owed for rent, lot rent, or utilities.
- Contact information for your property owner/manager (including name, phone number and email if possible). Information for your utility provider.
- Copy of Lease Agreement and/or utility provider information/account information.
- If eviction has been filed, copy of eviction or eviction number. If 14-day letter received, copy of 14-day letter. If utility shut-off received, copy of utility shut-off.

Note: Further information or verification may be requested based on what type of assistance is needed.

All adult household members must sign the application.

Printed full name:

Signature: _____ Date:

Printed full name:

Signature: _____ Date:

Printed full name:

Signature: _____ Date:

Printed full name:

Signature: _____ Date:

Printed full name:

Signature: _____ Date:

If someone helped you complete this information, please list their name and relationship:

_____

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Tennessen Warning:

Carver County is required to provide you with a Tennessen Warning prior to requesting personal information from you in accordance with Minn Stat 13.04, subd. 2. We will collect private information about you, including information about your household, your housing situation, income and financial data, and other data in order to see if you qualify for benefits under the CDA Emergency Rental Assistance Program . Benefits may include assistance with rent, lot rent, and/or utilities.

You are not legally required to provide the CDA with requested information, and there are no negative consequences for refusing to provide data, other than if you fail to provide certain requested information the CDA will not be able to determine if you are eligible for services or resources. Certain requested information is labeled as "optional" and not required to receive services.

This information will be accessed by Carver County CDA staff that require access to process your application for services. Data may be shared with Minnesota Housing (the state's housing finance agency), the Carver County Community Development Agency (CDA), your landlord, and your utility companies (gas, electric, water companies).

Others who may have access to data about you include the Minnesota State Auditor, and any entities or vendors that contract with the CDA to perform services (such as CDA auditors), persons or entities with your written consent, persons authorized under a court order and other entities and persons as required under state or federal law.

If you have any questions about this notice, please reach out to agency staff or send an email to rentsupport@carvercda.org.

By signing this application, you acknowledge that you have read and understand the above Tennessen Warning.

Consent for Release Regarding Rent, Lot Rent and/or Utility Assistance

I give Carver County CDA permission to contact my Landlord, Management Complex, or others listed on the lease.

RENT (INCLUDING LOT RENT):
Name of Landlord, Management Complex:
Contact Phone Number:
Name of Contact:
Address:
Email:

This release is needed to verify the following so that eligibility can be determined:

- Eviction status, verification of payment history and household members.
- Verification of outstanding rental balance, including costs with the eviction.
- Extension requests to stop the eviction process. Arrangement for payment, if eligibility is approved.
- If the landlord, management complex contacts the agency to inquire on the status of an assistance request.

UTILITIES

I give Carver County CDA permission to contact others on the account and any of the gas, electric, water companies, including but not limited to the ones listed below, that I currently have for service, to determine my eligibility:

- CenterPoint Energy, Xcel Energy, McLeod Coop, Minnesota Valley Electric Cooperative
- City of Carver, Chanhassen, Chaska, Cologne, Hamburg, Mayer, New Germany, Norwood Young America, Victoria, Watertown and Waconia.

You can:

- Verify my payments for the last year and the amount and status of my bill(s).
- Obtain an extension from shut off, if necessary.
- Make arrangements for payment if I am eligible for assistance.

Please provide your utility provider and account number:

This release is valid for 1 year from the date I have signed below or 1 year from the date I withdraw it in writing. You do not have to sign this release. However, it is not possible to process your request if you choose not to. You understand we may contact Carver County to ensure that your address is not receiving assistance from their programming.

I attest that the information I provided on this form is true and accurate. I understand that I may be asked to provide further verification at a later point.

All adults must sign the application.

Print name _____

Signature _____Date: _____

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Print name _____

Signature _____Date: _____

Print name _____

Signature _____Date: _____

Print name _____

Signature _____Date: _____

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