

INSTRUCTIONS

Complete this form to apply for emergency housing assistance from Carver County and the Carver County CDA, including Emergency Assistance and Emergency General Assistance, and funding from the CARES Act.

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

To speed up processing, please attach verifications with this form, including

- contact information for your landlord
- utility account numbers
- documentation (or pictures of them) of:
 - your total income from 2019
 - your total income from the last 30 days
 - change of employment due to COVID-19
 - your amount of rent, mortgage, homeowner's association dues or utilities owed

ELIGIBILITY

- Carver County residents (renters and homeowners) with annual household income at or below 115% of the Area Median Income for your household size (less than \$83,203 for household of 1; less than \$95,105 for households of 2; less than \$107,008 for households of 3; less than \$118,910 for households of 4 etc.)
- Has lost income due to COVID-19 for any of the following reasons:
 - Job loss, furlough or lay off
 - Unable to work due to a family member being diagnosed with COVID-19
 - Reduction of work hours due to COVID-19
- 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.
- Not 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

QUESTIONS/APPLICATION SUBMISSION

Questions: Please contact the CDA at 952-556-2776

Applications can be submitted via:

Carver County drop box located in the parking lot in front of the 602 building

Mailed to: Carver County 602 East Fourth St. Chaska MN 55318

Faxed at: 952-361-1660

Emailed to: cssfinancial@co.carver.mn.us



CARES Housing Stability Program Application

Personal Information:

Last Name:		First Name		Middle Name:
Street Address	Apt #	City:	State: MN	Zip Code:
E-mail Address:		Phone Number:	Preferred Communication – You may choose multiple <input type="checkbox"/> Phone <input type="checkbox"/> Email	
County: (If you live outside of Carver County, you are not eligible for funding available through this application. Please contact your county of residence.)				
Date of Birth:		Social Security Number:		
Race: Optional <input type="checkbox"/> White <input type="checkbox"/> Black / African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian / Native American <input type="checkbox"/> Native Hawaiian / Pacific Islander: <input type="checkbox"/> Multiple Races <input type="checkbox"/> Other: <input type="checkbox"/> Decline to answer		Ethnicity: Optional <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic Gender: Optional <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans/Non-Binary <input type="checkbox"/> Decline to Answer		
Disabling Condition: Optional <input type="checkbox"/> Yes <input type="checkbox"/> No		Veteran Status: Optional <input type="checkbox"/> Veteran <input type="checkbox"/> Non-Veteran		
Will you need an interpreter for phone calls? <input type="checkbox"/> Yes <input type="checkbox"/> No What is your preferred spoken language?		Were you born outside of the U.S.? ____ Yes ____ No Highest level of education completed: ____ Highschool diploma/GED ____ Some high school ____ Bachelor's degree ____ Some college/trade ____ Graduate degree ____ Associates degree		

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: <input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9+ <input type="checkbox"/>	How much gross income did your household receive in the last 30 days? What was your Gross Income from 2019? (Gross income can be found on your 2019 tax form)
This is a single-Parent Household: ____ Yes ____ No Children under 18: ____ Yes ____ No Marital Status: _____	Third party verification required from each source: Pay Stubs, Unemployment Checks (Photo is acceptable) Self-Attestation

How has your household been impacted by COVID-19? (Select 1 or More)

- Job Loss, furlough, or lay off due to COVID-19
- Unable to work because a household member was diagnosed with COVID-19
- Reduction in work hours due to COVID-19
- Other:

Are you a renter or homeowner? _____ Renter _____ Homeowner

Type of assistance needed and amount:

Mortgage payment: Amount: _____ Time Period: _____

HOA Dues: Amount: _____ Time Period: _____

Rent payment: Amount: _____ Time Period: _____

Utility payment: Amount: _____ Time Period: _____

Be prepared to attach the following documentation:

- Verification of current income (paystubs, benefit letter, proof of unemployment)
- Verification of job loss, furlough or lay off
- Verification of balance owed for rent and/or utility bill
- Information for where payment should be made: Landlord, property management company, utility company,
- Copy of Lease Agreement
- Further information or verification may be requested, based on what type of assistance is needed

Tennessee Warning:

Carver County and Carver County CDA are required to provide you with a Tennessee 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, whether you have been impacted by COVID-19 and other data in order to see if you qualify for benefits under the Coronavirus Aid, Relief, and Economic Security (CARES) Act. Benefits may include assistance with rent, mortgage, HOA dues and/or utilities.

You are not legally required to provide the County 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 County 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 and Carver County CDA staff that require access to process your application for services, including from Income Support Assistance, Social Services, Public Health and Veterans Services. Data may be shared with Minnesota Housing (the state's housing finance agency), the Carver County Community Development Agency (CDA), your landlord, your mortgage lender, homeowner's insurance company, your local city government, and your utility companies (gas, electric, water companies).

Others who may have access to data about you include the Minnesota State Auditor, Minnesota Homeownership Center, HUD and any entities or vendors that contract with the County to perform services, 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 cssfaquestions@co.carver.mn.us

Providing your initials acknowledges that you have read and understand the above Tennessee Warning _____

Certifications and attestations:

By initialing each line below you are certifying and self-attesting to the following statements:

_____ I certify that if I receive aid from another source to pay for this month's housing emergency identified above, I will notify my financial assistance provider immediately. I certify that I have not already received help from another source to pay for this month's housing emergency.

_____ 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.

_____ I approve Carver County and Carver County CDA to share this information with community agencies funded from state, federal and local resources for housing assistance.

Printed full name: _____

Signature: _____ **Date:** _____

Consent for Release Regarding Rental, Mortgage and/or Utility Assistance

SHELTER

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

RENTERS:

Name of Landlord, Management Complex: _____

Contact Phone Number: _____

Name of Contact: _____

Address: _____

Email: _____

Identify Others listed on the Lease:

Contact Phone Number: _____

Name of Contact: _____

Address: _____

Email: _____

There are others listed on the lease (more information may be requested)

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.

HOMEOWNERS:

Mortgage company/service: _____ Investor: _____

Current monthly payment: _____ Interest Rate: _____ Fixed Rate % _____ ARM Rate %

If ARM: Rate prior to reset _____ % Previous payment: \$ _____

Term type (30 year, 20 year, 2/28, etc.) _____

Current Principal Balance: _____

Delinquency: # Months behind _____ Past Due Amount \$ _____

Have you been behind on this mortgage before? _____ Yes _____ No

Have you received a loan modification before? _____ Yes _____ No

Reason for falling behind: _____

Have you talked to the mortgage company/service? _____ Yes _____ No

Have you heard from a foreclosure attorney? _____ Yes _____ No

Is there a foreclosure sale (Sheriff's Sale) scheduled? _____ Yes _____ No If yes, date: _____

HOMEOWNERS ASSOCIATIONS/MOBILE HOME PARKS:

Name of HOA or Mobile Home Park: _____

Contact Phone Number: _____

Name of Contact: _____

Address: _____

Email: _____

OTHER HOUSING EXPENSES:

2ND Mortgage: Company _____ # Months Delinquent _____ Monthly Payment _____
3rd Mortgage: Company _____ # Months Delinquent _____ Monthly Payment _____
Homeowners Assoc: Company _____ # Months Delinquent _____ Monthly Payment _____
Property Taxes: Escrowed ____ Yes ____ No; # Months Behind _____ Monthly Amount \$ _____
Amount Delinquent \$ _____
Homeowners Ins.: Escrowed ____ Yes ____ No Amount owed \$ _____ Policy lapsed ____ Yes ____ No
Notice of Force-placed? ____ Yes ____ No

BUDGET:

Please complete the basic monthly budget sheet attached to this document

UTILITIES

I give Carver County and 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 or had within the last year, to determine my eligibility:

- CenterPoint Energy, Xcel Energy, McCleod Coop
- City of Carver, 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.

Identify others who are also listed on the account.

Contact Phone Number: _____
Name of Contact: _____
Address: _____
Email: _____

There are others listed on this account (more information may be requested)

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.

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.

Client Signature/Full Name: _____ **Date:** _____

MONTHLY INCOME & EXPENSE CALCULATOR

Head of Household

Net Income	Monthly	Monthly Gross	Notes
Income			
Income			
Food Stamps			
MFIP			
Child Support			
Rental			
SSI			
Social Security			
Other			
Total Income			
Housing	Monthly	Balance	Notes
Rent			
Other rental expenses			
Total housing costs			
Liabilities	Monthly	Balance	Notes
Car Loan			
Student Loan			
Credit Card			
Credit Card			
Chapter 13 Trustee Payments			
Other Loans			
Utilities/household expenses	Monthly	Balance	Notes
Electricity			
Heat/Gas			
Water/Sewer/Trash/Recycling			
Telephone/pager/cell phone			
Cable/Dish/Internet			
Monthly Expenses	Monthly	Balance	Notes
Groceries/food			
Household supplies			
Child Care			
Alimony/Child Support			
Transportation (Gas, parking, bus/train fare)			
Periodic expenses	Monthly	Balance	Notes
Health Insurance			
Life Insurance			
Auto Insurance			
Medical expenses			
Educational expenses			
Miscellaneous	Monthly	Balance	Notes
Entertainment/hobbies/dining out			
Tithing			
Clothing/Dry Cleaning/Laundry			
Toiletries/haircuts			
Pet expenses			
Other			
Total Expenses			
Total Surplus/Deficit			

Carver County CDA

Housing Counseling Program Disclosure

NOTE: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about housing counseling, please communicate with your housing counselor about arranging alternative accommodations.

About Us and Program Purpose: Carver County CDA is a government entity both public and politic. We are a HUD- approved housing counseling agency. We serve all clients regardless of income, race, color, religion/creed, sex, national origin, age, family status, disability, or sexual orientation/gender identity. We administer our programs in conformity with local, state, and federal antidiscrimination laws, including the federal Fair Housing Act (42 USC 3600, et seq.).

Description of Services:

Homebuyer Counseling In depth guidance designed to prepare clients for successful mortgage application as well as to develop a plan to meet each client's goals based on the specifics of their situation.

Home Buyer Education A course designed to educate on the steps of buying a home.

Closing Cost and Down Payment Assistance A program designed to help clients fulfill the entry cost requirements of home buying.

Rehabilitation/Home Improvement Services Low interest loans with flexible underwriting guidelines meant to increase access and options available homeowners for making improvements and repairs to their existing homes.

Community Land Trust Home Purchase Homeownership program designed to increase access to quality, stable homeownership options for income qualified households.

Mortgage Counseling In depth counseling to assist client that may have become delinquent on their mortgage payments or are considering a refinance.

Rental Counseling One on one counseling to address the needs of the rental client. Counselors help develop a workable budget and a plan to address barriers to renting.

Homeless Displacement counseling In depth counseling to access referrals to the Coordinated Entry System and other available resources for homeless assistance.

Agency Conduct: No Carver County CDA employee, director, volunteer or agent shall undertake any action that might result in, or create the appearance of, administering counseling operations for personal or private gain, provide preferential treatment for any person or organization, or engage in conduct that will compromise our agency's compliance with federal regulations and our commitment to serving the best interests of our clients.

Agency Relationships: Carver County CDA has financial affiliation or professional affiliation with HUD, Minnesota Housing Finance Agency and Minnesota Homeownership Center.

It is our duty to inform you that Carver County CDA can and may receive payment from you for the following services: Home buyer education and Community Land Trust home purchase. You are NOT obligated to receive, purchase or utilize any of these services in order to receive housing counseling services. If you choose to utilize any of these services, Carver County CDA will disclose any associated fees prior to your commitment. You further

understand that the above described fee may be paid by you and may be included in your loan amount or real estate purchase agreement. However, you are not obligated to receive any services offered by our agency or exclusive partner(s).

Alternative Services, Programs, and Products & Client freedom of Choice: You are not obligated to participate in any mortgage and/or home buying program to receive housing counseling services from our agency. You are encouraged to seek alternatives for any products or services discussed. Our agency is required to provide you with information on other affordable mortgage products and/or real estate services available in our area. It is your responsibility to ensure that you are receiving the best mortgage product and/or real estate services for your individual or family needs.

Referrals and Community Resources: You may be provided information regarding local and regional services available to meet a variety of needs, including but not limited to, utility assistance, emergency shelter, transitional housing, food banks, and legal aid assistance. Carver County CDA will also provide information identifying alternative agencies that provide services, programs, or products identical to those offered by Carver County CDA.

Quality Assurance: In order to assess client satisfaction and in compliance with grant funding requirements, Carver County CDA, or one of its partners, may contact you during or after the completion of your housing counseling service. You may be requested to complete a survey asking you to evaluate your client experience. Your survey data may be confidentially shared with Carver County CDA grantors such as HUD or the Minnesota Housing Finance Agency.

Errors and Omissions and Disclaimer of Liability: I/we agree Carver County CDA, its employees, agents, and directors are not liable for any claims and causes of action arising from errors or omissions by such parties, or related to my participation in Carver County CDA's counseling; and I hereby release and waive all claims of action against Carver County CDA and its affiliates. I have read this document, understand that I have given up substantial rights by signing it, and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law. If any provision of this document is unenforceable, it shall be modified to the extent necessary to make the provision valid and binding, and the remainder of this document shall remain enforceable to the full extent allowed by law.

I/we acknowledge that I/we received, reviewed, and agree to Carver County CDA Program Disclosure.

Signature/Date

Signature/Date

Please print Name(s)

HUD & HECAT Combined Privacy Act Notice

CARES Housing Stability Program

We at Carver County CDA value your trust and are committed to the responsible management, use and protection of personal information. This notice describes our policy regarding collection and disclosure of personal information. The following programs are funded in part by the Homeownership Education Counseling and Training (HECAT) Fund and United States Department of Housing and Urban Development (HUD): Homebuyer Education (Home Stretch & Pathways Home), Homebuyer Counseling, Home Equity Conversion Mortgage Counseling or Reverse Mortgage Counseling and Foreclosure Counseling. The HECAT funders include: Minnesota Housing, Minnesota Homeownership Center, Greater Minnesota Housing Fund, and the Family Housing Fund.

Social Security Numbers

The Privacy Act of 1974 makes it unlawful for any Federal, State, or local government agency to deny your participation in this Homebuyer Counseling program if you refuse to provide your social security number. If you do not provide your social security number services to you may be more limited, but you will continue to be eligible to receive services we can provide without a social security number.

Other Private Data

Under Minnesota Statutes, your name and address are public data. All other data we may ask about you is private data on individuals. Agreeing to share your public data is mandatory for participation in the HECAT funded programs listed above. Sharing your private data is not mandatory for participation in the program. However, if you do not provide private information (such as income, debts, and assets) services to you may be more limited.

We collect private information for the purposes of program management, compliance monitoring, research, and program evaluation to:

- Support homebuyer education and counseling
- Support rental and homeless counseling
- Support foreclosure counseling

We collect your private information from the following sources: information that we receive from you on applications or other forms, information about your transactions with us, and information we receive from a consumer reporting agency.

We may disclose the following types of private information about you;

- Information we receive from you on applications or other forms, such as your name, address, social security number, employer, assets, debts, and income;
- Information about your transactions with us, and
- Information we receive from a consumer credit reporting agency, such as credit bureau reports, your credit history and your creditworthiness.

We may disclose your private information to the following entities or their representatives identified above and to other entities properly authorized under law to review it.

- Staff at this organization who need it to work on your case;
- Carver County Staff who administer CARES Housing Stability funding
- HECAT funders: Minnesota Housing Finance Agency, Family Housing Fund, Greater Minnesota Housing Fund, and the Homeownership Center;
- United States Department of Housing and Urban Development (HUD).
- HMIS or Members of SMAC (Suburban Metro Area Continuum of Care
- Your creditors

I acknowledge that I have received this notice and understand and agree to its content. Please indicate your acknowledgement with your signature, below.

Participant Signature

Date

Participant Signature

Date

Verbal acknowledgement is acceptable if information was provided to client in non face-to-face counseling session.

The undersigned verifies that verbal acknowledgement has been given. The client was fully informed of the information contained herein and understood its nature.

Client's Name

Counselor's Signature

Date

NOTE TO COUNSELOR: we recommend sending a copy of the Combined Privacy Act Notice to clients who have given verbal acknowledgement of this notice. At a minimum, clients must provide public data (i.e. name and address) to receive HECAT services. If a client refuses to provide public data the Educator/Counselor may not provide HECAT services.