



## **Semcac Emergency Housing Assistance Application Packet & Instructions**

### Pre-Application Instructions:

1. You must apply for **County Emergency Assistance Funds** prior to filling out this application. IF YOU ARE FILLING THIS OUT BETWEEN NOV AND JUNE SKIP THIS STEP IF YOU HAVE NO CHILDREN UNDER 18 LIVING WITH YOU
2. Complete Semcac Emergency Housing Assistance Pre-Application
3. Complete Release of Information
4. Complete Semcac Household Budget Form
5. **When all forms are completed please call your local Semcac Outreach Office to make an appointment to drop your application off along with ALL REQUIRED VERIFICATIONS (listed below).**
6. A Case Manager will review your pre-application and notify you of a determination via phone, e-mail, mail, or in person.
7. Our program fund balances change daily, therefore assistance is not guaranteed until all program forms have been completed, required verifications are in, and you have met with a case manager.

Please call your local Semcac Outreach Services Staff with any questions regarding this form.

**FILLING OUT THIS APPLICATION DOES NOT GUARANTEE YOU WILL BE APPROVED FOR ASSISTANCE**

### **Emergency Assistance Required Verification Checklist:**

- \_\_\_\_\_ Eviction notice or verification of homelessness
- \_\_\_\_\_ Past 3 completed months income verification - we will make copies of your paystubs
- \_\_\_\_\_ County Emergency Assistance written denial
- \_\_\_\_\_ Lease -ask landlord for a tentative lease if you are trying to move
- \_\_\_\_\_ Other documentation as required by case manager to support case circumstances or satisfy specific program requirements. This may include documentation of at least 3 months of your expenses such as receipts for car repair or doctor bills



**Domestic Violence, Veteran Status, & Disabilities:**

Is anyone in your household a victim of domestic violence? Yes or No (Please circle)

If Yes to the above question:

- A. Who?
- B. What date was the last episode?

Have you or anyone in your household served in the military or armed forces?

Yes or No (Please Circle)

- A. Who?
  
- B. Have they contacted MN Assistance Council for Veterans (MACV)?

Do you or anyone in your household have a disability? Yes or No (please circle)

If yes, who & please describe: \_\_\_\_\_

Do you or anyone in your household have a diagnosed mental illness? Yes or No (please circle)

If yes, who & please describe: \_\_\_\_\_

**Household Income:**

How many people in your household have income? \_\_\_\_\_ Please complete income chart.

Income includes wages, child support, cash assistance, Supplemental Security Income, Social Security and Social Security Disability Income, and any other form of money coming into your household.

Name	Source of income	Gross monthly amount	How often do you receive payments	Income start date	Avg Hours worked in a week	Pay Rate

Gross Yearly Household Income: \_\_\_\_\_

If you have had gaps or changes in your income in the past three months please explain them here:

**Rental History:**

(If you are homeless skip the rental history questions and move to the homeless questions)

Current Address: \_\_\_\_\_ How long have you lived there? \_\_\_\_\_

\_\_\_\_\_ What date did you move in? \_\_\_\_\_

Monthly Rent: \_\_\_\_\_ Amount Owed: \_\_\_\_\_ Amount You Can Contribute: \_\_\_\_\_

What time frame (specific dates) is the amount owed for? And are there late fees included in the amount owed?

\_\_\_\_\_

Do you have a written eviction notice? Yes or No (Please circle)

Proposed eviction date: \_\_\_\_\_ Date eviction notice was served: \_\_\_\_\_

Landlord's Name: \_\_\_\_\_ Landlord's Phone Number: \_\_\_\_\_

Landlord's Address: \_\_\_\_\_

**Homeless Questions: (ONLY ANSWER THESE QUESTIONS IF YOU ARE HOMELESS)**

Where did you sleep last night? \_\_\_\_\_

Do you have a safe place to sleep tonight? \_\_\_\_\_

Where is the best place to find your or the best way to get a hold of you? \_\_\_\_\_

What is the address of your last permanent residence? \_\_\_\_\_

From what date to what date did you live there? \_\_\_\_\_

Why did you have to leave that place? \_\_\_\_\_

Have you been homeless prior to this episode? Yes or No

If you have been homeless before tell us the approximate date and number of days you were homeless? Please list each episode separately

Date: \_\_\_\_\_ Number of days homeless: \_\_\_\_\_

Date: \_\_\_\_\_ Number of days homeless: \_\_\_\_\_

Date: \_\_\_\_\_ Number of days homeless: \_\_\_\_\_

**Current Housing Crisis Additional Details:**

Please explain the circumstances or events that led up to your application for housing assistance today.

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**Proposed Unit Information:**

(If Homeless or required to move please complete the Proposed Unit Questions)

**Have you located a unit to move to: Yes or No**      **Do you need assistance locating a unit: Yes or No**

**Proposed Unit Address:** \_\_\_\_\_

**Proposed Unit: Number of Bedrooms** \_\_\_\_\_ **Number of Bathrooms** \_\_\_\_\_

**Date available:** \_\_\_\_\_ **Lease Type:** \_\_\_\_\_

**Monthly Rent Amount:** \_\_\_\_\_ **Deposit Amount Required:** \_\_\_\_\_

**Utilities Included Yes or No (Please Circle) If yes which ones:** \_\_\_\_\_

**Landlord's Name:** \_\_\_\_\_ **Landlord's Phone Number:** \_\_\_\_\_

**Landlord's Address:** \_\_\_\_\_

**Criminal History:**

**Do you or anyone in your household have any sort of criminal history including drug charges, traffic tickets, warrants etc.? Yes or No (Please Circle)**

**If Yes: Who:** \_\_\_\_\_ **Please Explain Any Form of Criminal Record:**

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**Do you or anyone in your household have past or present chemical dependency issues? Yes or No**

**If yes please explain if you have current issues, or past issues and any treatment programs you have participated in.**

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**Current Resources, Benefits & Pending Applications:**

**Please list all programs you are currently involved with and if applicable monthly benefit amount:**

(List all benefits including food support, medical assistance, Energy Assistance, Work Force Programs, Food Shelf Use etc.)

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**Have you applied for assistance with any other agencies including County Emergency Assistance for your present crisis? If so what is your application status?**

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**Are you currently in Sanction with your local County Human Service Agency? Yes or No (Please circle)**

**Please list all financial assistance programs you have used in the past 24 months. List the agency, program, date of use, amount of assistance, and what you were assisted with.**

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**Do you have family or friends who can help you financially or by offering you a place to stay?**

**Yes or No Explain:**

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**Did you file taxes yet? Yes Or No (Please Circle)**

**Have you received your renter's credit? Yes or No? If yes what was it used for?**

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**Have you received your income tax return? Yes or No? If yes what was it used for?**

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**Barriers, Assets, Education, &Transportation:**

**Please indicate which of the following barriers make it difficult for you to obtain or maintain housing:**

- Large Unit (4 + bedrooms needed)
- Poor Credit
- Current Eviction Notice
- Past or current felony charges
- Very Low income (income is  $\leq$  100 % FPG)
- No Rental History or Landlord References
- Legal Issues
- Lack of Transportation
- Current or past chemical dependency (Alcohol or drug use)

**Assets:**

Do you have a checking account? Yes or No If yes current balance: \_\_\_\_\_

Do you have a savings account? Yes or No If yes current balance: \_\_\_\_\_

Does anyone in the household have credit problems? Yes or No

If yes who and please explain credit problems.

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**Transportation:**

Does anyone in your household have a current, valid driver's license? Yes or No

Does anyone in your household have a vehicle? Yes or No

If you have a vehicle is it insured? Yes or No Are the tabs current? Yes or No

If you do not have a vehicle how do you get around?

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**Educational Background:**

Please complete the following chart regarding education levels for anyone in your household over 18 years of age. Please place an X in the box or boxes that relate to each members education level.

Name	No High School Diploma	GED	High School Diploma	Some College but no degree	2 Year College or trade school degree	4 year college degree	Masters or Doctorate degree	Field of Study

By signing, I affirm that all information provided on this application is true and correct. I give permission for Semcac Outreach Services to verify any information provided on this form. I further understand completion of this application does not guarantee I will receive assistance.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**Semcac**  
**Household Budget Form**

Please complete the budget based on your average **monthly** household income and expenses.

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

<b>NET INCOME</b>	<b>\$ Amount</b>	<b>EXPENSES</b>	<b>\$ Amount</b>	<b>EXPENSES</b>	<b>\$ Amount</b>
Head of Household		Rent/Mortgage		Gas-Car	
Spouse		Utilities		Smoking	
Children's		Phone		Eating Out	
Child Support		Garbage		Entertainment	
GA		Cable/Internet		Clothing	
SSI/SSDI/RSDIVA		Child Support		Loans(Friends/Family)	
MFIP		Loan/Credit Card		Outstanding Traffic Tickets	
Pension		Student Loan		Lawyer Fees	
Food Support		Medical Insurance		Levies/Garnishments/Liens	
Student Loans		Groceries		Diapers/Wipes	
Worker's Compensation		Child Care		Medical Bills inc Dental	
Unemployment		Prescriptions		Personal Care	
Family Support		Laundry		Car Payment/Loan	
		Car Insurance		Home/Renters Insurance	
		Cab Fare/Bus Tickets			

Total Income: \_\_\_\_\_

Total Expenses: \_\_\_\_\_

I, the undersigned, certify that the information furnished by me for this form is true and correct to the best of my knowledge. I give permission to Semcac to contact sources to verify income eligibility or discussion of additional programs for services. I understand this statement and realize all information is confidential.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

Budget Notes:





A Community Action Agency Serving Southeast Minnesota Since 1966!

204 South Elm, PO Box 549, Rushford, MN 55971-0549

Phone: 507-864-7741 Fax: 507-864-2440

Visit: [www.semcac.org](http://www.semcac.org) Email: [semcac@semcac.org](mailto:semcac@semcac.org)

**RELEASE OF INFORMATION**

Today's Date: \_\_\_\_\_

I, \_\_\_\_\_  
(First Name) (Middle Name) (Last Name)

\_\_\_\_\_  
(Address) (City) (State) (Zip)

Do hereby authorize Semcac to obtain and release information from the following agencies and/or individuals on

my behalf \_\_\_\_\_ or  my minor child: \_\_\_\_\_  
(Print Name) (Print Name)

From the individual or agency listed below:

\_\_\_\_\_  
 Send/Share  Obtain From  Talk/Exchange With

Information to be shared:

\_\_\_\_\_ Purpose \_\_\_\_\_  
 \_\_\_\_\_ Purpose \_\_\_\_\_

I understand that my records are protected under State and Federal law and cannot be shared without my written permission unless otherwise provided for in the regulations. I also understand that I do not have to agree to release this information and understand that I will not be denied assistance for refusing to agree to release the information, but it may affect how much the agency can help me.

I understand that I may cancel this permission at any time; however, this will not affect information released before I withdrew my consent. I also understand that this permission expires in one year from the date signed.

I understand that information disclosed to and received from the persons and organizations named above will only be shared with organization staff that needs information to provide me services.

Any release of private information is not allowed except as authorized above. (MN Statutes 13.05)

\_\_\_\_\_  
(Participant Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Semcac Staff)

\_\_\_\_\_  
(Date)

Dodge County Fillmore County Freeborn County Houston County Mower County Steele County Winona County  
634-4350 765-2761 373-1329 725-3677 433-5889 451-7134 452-8396

With additional programs in Goodhue, Olmsted, Rice and Wabasha Counties

Please remember Semcac programs in your financial and estate planning. Your legacy is a gift to the future.

An Equal Opportunity Employer

**Semcac Office Use Only**

Date Packet Received: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

Date Called: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

**Appointment Details**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Caseworker Assigned: \_\_\_\_\_

**Additional Requested Information:**

**Semcac Staff Office Use Only**

**Application Status:**

Pre-Approved for \_\_\_\_\_ (Program)

Denied

Denial Reason:

Additional Verifications are needed:

**Client has been referred to:**