

EMERGENCY ASSISTANCE APPLICATION

PLEASE READ THROUGH THE FOLLOWING ITEMS AND CHECK OFF EACH ITEM TO BE CERTAIN YOUR APPLICATION IS COMPLETE AND FILLED OUT CORRECTLY.



FIRST STEPS

<input type="checkbox"/>	Complete the Crow Wing County Emergency Assistance Needs Assessment Application, page B-2.
<input type="checkbox"/>	Attach a copy of your Eviction or Utility Disconnect Notice. In the case of no current shelter, a verification of homelessness status can be provided instead of an eviction notice.
<input type="checkbox"/>	Provide your Personal Identification card
<input type="checkbox"/>	Transportation Assistance requests must show current employment or job offer.



INCOME VERIFICATIONS

<input type="checkbox"/>	Provide proof of income for the three (3) previous months, including this current month so far.
<input type="checkbox"/>	→ Your income, all sources
<input type="checkbox"/>	→ All other adult's income who live in your home
<input type="checkbox"/>	→ Child support you received
<input type="checkbox"/>	→ Child support you paid out



SHELTER COSTS

<input type="checkbox"/>	Provide proof of shelter costs paid for the three (3) previous months, including this current month so far.
<input type="checkbox"/>	→ Rent/mortgage payment receipts and current lease
<input type="checkbox"/>	→ Electric bill payments
<input type="checkbox"/>	→ Gas/ heat bill payments (unless included in rent)
<input type="checkbox"/>	→ Water/sewer/trash payments (unless included in rent)



TURN IN PAPERS

<input type="checkbox"/>	<p>If an application is not completed and returned within 30 days, it expires and will need to be redone. Bring documents to:</p> <p style="text-align: center;">RURAL MN CEP, INC. COMMUNITY SERVICES BUILDING – 2ND FLOOR 204 LAUREL STREET, SUITE 21 BRAINERD, MN 56401</p>
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** Applicants must meet with a RMCEP staff person to review their request.

** Applicants are required to attend a Financial Literacy Training and/or other **CareerForce Service**. RMCEP staff will assist you in scheduling this. If you do not attend the training within 90 days, you will be ineligible for emergency assistance until you participate in the specified services, or for 18 months.

Upon request, the information in this document can be made available in alternative formats for people with disabilities by contacting 218-828-2450.
Equal Opportunity Employer and Program Provider.