



## Emergency Housing Application Instructions

- Before submitting your Application, call **1-800-832-6082 option 4** to complete an intake.
- In order to assist you with solving your emergency, please carefully follow the instructions on this page, gather **all of the information requested** and **submit** with a **completed application**. When **all items are completed** your application will be reviewed for assistance.
- Collect proof of income for all adults (anyone over 18, who is not attending high school) for the past 30 days. If anyone did not have income, they need to provide a signed and dated statement declaring no income for the past 30 days.
- Provide a copy of your lease, rental agreement or mortgage statement.
  - If you are currently homeless or searching for a new place to live; provide a copy of the new rental agreement when housing is found.
- Provide documentation of your emergency (late rent or mortgage notice).
- Fill out and sign the application pages completely.
- Provide a written statement “from you” of what caused the crisis.
- Release of information forms will be needed and discussed at intake.

**Lakes & Pines' Community Services Department Emergency Housing Assistance Application**

Last Name:	First Name:	MI:
Address:		County:
City, State, Zip:		Township:
Home Phone:	Cell Phone:	Em Phone:
Email Address:		

**Household Members (write on a separate piece of paper any additional household members)**

Name (first and last)	SS#	DOB	Relationship
			<b>self</b>

Type of Income (proofs will be collected prior to financial assistance)	Income (indicate Amount)	Frequency (W)eekly, (B)iweekly, (m)onthly)	Whose Income (initials)
Salary/Wages (for all 18 & over)	\$		
Alimony/Child Support	\$		
Social Security (Retirement)	\$		
SSDI	\$		
SSI	\$		
MSA/MFIP/DWP/GA	\$		
Unemployment/Workers Comp	\$		
Disability (Private or VA)	\$		
Retirement/Pension	\$		
Other Income	\$		
No Income	\$		

**Is anyone in your household a Lakes & Pines employee or Board member? (Y/N)**

**ALL ADULTS IN THE HOUSEHOLD MUST SIGN THE APPLICATION (18 or older)**

Client Signature:	Client Signature:
Date:	Date:
Client Signature:	Client Signature:
Date:	Date:

# YOUR PRIVACY RIGHTS: THE TENNESSEN WARNING

This sheet tells you about your rights under the Minnesota Government Data Practices Act. This act protects your privacy but also lets us give information about you to others if a law requires it and we tell you before we do it. This sheet tells why and when we will ask for and give information about you.

## Why do we ask for this information?

We may ask you for information so we can:

- Tell you from other persons who have the same name or a similar name
- Decide if you are eligible to receive services from Lakes and Pines
- Assist you in getting medical, mental health, financial or social services from outside agencies
- Make reports, do research, audits and evaluate our programs
- Advocate for additional services as determined by your needs

## Do you have to answer the questions we ask?

Generally the law does not say you have to give us information; however, without some of the information requested, we may not be able to find the appropriate help for you. Giving us incorrect information or not providing complete information may delay or eliminate some services you would be eligible for.

## With whom may we share the information we are requesting?

The following are examples of agencies or organizations we may need to share information with on your behalf and are not intended to provide a complete list. This does not mean we always share information about you with these people or agencies.

- Social Services
- Mental health centers
- Veterans Services Organizations
- Child support workers
- Medical facilities
- MN Department of Employment & Economic Development
- MN Homeless Management Information System
- MN Department of Human Services
- MN Office of Economic Opportunity
- MN Housing Finance Agency
- Housing and Urban Development
- Community food shelves
- Higher education facilities
- Court officials
- Hearth Connection
- Anyone else to whom the law says we must provide information

## You have the right to copies of information about you:

You may ask if we have any information about you. If we have information about you, you may ask for copies. You may have to pay for these copies. You may give other people written permission to see and have copies of private data about you. If you have any questions about the information, you may ask to have it explained to you.

## How do you appeal if you think information is not accurate or complete?

Your objection must be in writing and must be sent to the Executive Director of Lakes and Pines CAC, Inc. at:

Denise Stewart, Executive Director  
Lakes and Pines CAC, Inc.  
1700 Maple Avenue E  
Mora, MN 55051

You may send your own explanation of the facts you disagree with. Your explanation will be attached any time that information is shared with another agency. For more information on how to do this, ask a staff member.

## I have read the above information and understand my rights.

Signed: \_\_\_\_\_

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

Signed: \_\_\_\_\_

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

Signed: \_\_\_\_\_

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