

Kanabec County COVID-19 Housing Relief Application

Program Overview

This application is to be used to apply for emergency assistance through Kanabec County's COVID Relief Fund. Please review the criteria below. You may be required to produce documentation to assist the agency in your eligibility determination. **Tell someone if you need help filling in this application. It is possible not every question is applicable to your situation.**

Return completed application and documentation to:

Attn: Financial Assistance Supervisor
Kanabec County Family Services
905 Forest Ave E, Suite 150
Mora, MN 55051

Phone: 320-679-6350 Fax: 320-679-6351

General Criteria to Qualify for COVID-19 (Emergency Assistance Funds)

This is intended to be a guide to assist you in understanding the program requirements for applying for emergency assistance under this program. It is not all inclusive.

- *Assistance unit must have verifiable residency in Kanabec County for at least 90 days.
- *Must meet citizenship requirements
- *The emergency situation cannot be caused by fraud or misrepresentation or criminal activity.
- *The household must have a documented change in income or expenses related to COVID-19**
- *Assistance request must be involve housing related expenses**
- *The household must be reasonably unable to resolve the emergency by combining liquid assets, or potentially liquid assets, anticipated household income, and other potential funds they may be eligible for.
- *The cost of resolving the emergency must generally not exceed program guidelines; \$4000 per household.
- *We must have funds available at the time of your request.

Attention. If you need free help interpreting this document, ask your worker or call the number below for your language.

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ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اطلب ذلك من مشرفك أو اتصل على الرقم 1-800-358-0377.

သတိ။ ဤစာရွက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ သင့်လူမှုရေးအလုပ်သမား အားမေးမြန်း ခြင်းသို့ မဟုတ် 1-844-217-3563 ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមសួរអ្នកកាន់សំណុំរឿង របស់អ្នក ឬហៅទូរស័ព្ទមកលេខ 1-888-468-3787 ។

請注意，如果您需要免費協助傳譯這份文件，請告訴您的工作人員或撥打 1-844-217-3564。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, demandez à votre agent chargé du traitement de cas ou appelez le 1-844-217-3548.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces nug koj tus neeg lis dej num los sis hu rau 1-888-486-8377.

ဖတ်သူတို့အားအခမဲ့အကူအညီပေးခြင်းအတွက် အကူအညီပေးသူများထံသို့ ခေါ်ဆိုပါ။ သို့မဟုတ် ဝန်ထမ်းများထံသို့ ခေါ်ဆိုပါ။ ဖုန်းနံပါတ် 1-844-217-3549 တို့ကို ခေါ်ဆိုပါ။

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 담당자에게 문의하시거나 1-844-217-3565으로 연락하십시오.

ໂປຣດຊາບ. ຖ້າທ່ານ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພໍດີ, ຈົ່ງຖາມພະນັກງານກຳກັບການຊ່ວຍເຫຼືອຂອງທ່ານ ຫຼື ໂທໂທ 1-888-487-8251.

Hubachiisa. Dokumentiin kun bilisa akka siif hiikamu gargaarsa hoo feete, hojjettoota kee gaafadhu ykn afaan ati dubbattuuf bilbilli 1-888-234-3798.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, обратитесь к своему социальному работнику или позвоните по телефону 1-888-562-5877.

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda qoraalkan, hawl wadeenkaaga weydiiso ama wac lambarka 1-888-547-8829.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, comuníquese con su trabajador o llame al 1-888-428-3438.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi nhân viên xã hội của quý vị hoặc gọi số 1-888-554-8759.

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Kanabec County COVID-19 Funds (Emergency Assistance) Application

Describe how your income or expenses were negatively impacted by COVID-19 (your request will be denied if documentation is not provided that supplies proof of your situation):

APPLICANT DETAILS			
LEGAL NAME - LAST	FIRST NAME	MIDDLE NAME	OTHER NAMES
SOCIAL SECURITY NUMBER	DATE OF BIRTH	GENDER	MARITAL STATUS
ADDRESS WHERE YOU LIVE (if homeless, write homeless)			
MAILING ADDRESS (if different than home address)			
PHONE NUMBER (s)	DO YOU NEED AN INTERPRETER?	ARE YOU A U.S. CITIZEN?	HAVE YOU RESIDED IN KANABEC COUNTY MORE THAN 30 DAYS?
WHAT IS YOUR PREFERRED SPOKEN LANGUAGE & WHAT IS YOUR PREFERRED WRITTEN LANGUAGE?			
APPLICANT SIGNATURE	DATE	AGENCY SIGNATURE	DATE

PERSON 2 DETAILS			
LEGAL NAME - LAST	FIRST NAME	MIDDLE NAME	OTHER NAMES
SOCIAL SECURITY NUMBER	DATE OF BIRTH	GENDER	MARITAL STATUS
RELATIONSHIP TO YOU	HAS RESIDED IN KANABEC COUNTY FOR MORE THAN 30 DAYS?		US CITIZEN?
PERSON 3 DETAILS			
LEGAL NAME - LAST	FIRST NAME	MIDDLE NAME	OTHER NAMES
SOCIAL SECURITY NUMBER	DATE OF BIRTH	GENDER	MARITAL STATUS
RELATIONSHIP TO YOU	HAS RESIDED IN KANABEC COUNTY FOR MORE THAN 30 DAYS?		US CITIZEN?
PERSON 4 DETAILS			
LEGAL NAME - LAST	FIRST NAME	MIDDLE NAME	OTHER NAMES
SOCIAL SECURITY NUMBER	DATE OF BIRTH	GENDER	MARITAL STATUS
RELATIONSHIP TO YOU	HAS RESIDED IN KANABEC COUNTY FOR MORE THAN 30 DAYS?		US CITIZEN?
PERSON 5 DETAILS			
LEGAL NAME - LAST	FIRST NAME	MIDDLE NAME	OTHER NAMES
SOCIAL SECURITY NUMBER	DATE OF BIRTH	GENDER	MARITAL STATUS
RELATIONSHIP TO YOU	HAS RESIDED IN KANABEC COUNTY FOR MORE THAN 30 DAYS?		US CITIZEN?

Tell us about your household. (Answer all the questions below.)

Use of Emergency Funds

Yes **No** Have you or anyone in your household used emergency program funds from another other County in Minnesota in the last 12 months?

Yes **No** Have you or anyone in your household used Kanabec County Crisis Funds in the last 18 months?

Documentation of COVID-19 Impact (*Verification is necessary*)

Yes **No** Decrease in income or increased expenses based on COVID-19

Yes **No** Are you behind on a heating, electric, or water bill?

Yes **No** Are you behind on your rent or your mortgage?

Yes **No** Are you behind on other (please indicate): _____?

Yes **No** Are you homeless or are seeking different housing?

Income (*Income prior to COVID-19, March 1st, 2020, and current needs to be verified*)

Yes **No** Does anyone in the household have a job or self-employment income? (Self-employment income includes but is not limited to: product sales, farming, property rental, paper route, in-home daycare, personal services, cash jobs, and room/boarder income)

List All Below:

Person's Name	Gross Monthly Earnings	Employer/Business Name
Person's Name	Gross Monthly Earnings	Employer/Business Name
Person's Name	Gross Monthly Earnings	Employer/Business Name

Yes **No** Does anyone in the household receive unearned income? (Unearned income includes but is not limited to: Social Security Benefits (RSDI), Supplemental Security Income (SSI), Veteran's Benefits (VA), Unemployment Insurance, Worker's Compensation, Retirement Benefits, Tribal Payments, Child Support or Spousal Support.)

List All Below:

Person's Name	Gross Monthly Income	Type
Person's Name	Gross Monthly Income	Type
Person's Name	Gross Monthly Income	Type

Assets (*Verification of current liquid asset account balances is required*)

Yes **No** Does anyone in the household have any cash on hand?

Yes **No** Does anyone in the household have stocks, bonds, annuities, 401Ks, or any other type of retirement account?

Yes **No** Does anyone in the household have any bank accounts?

List All Below:

Owner's Name	Type of Asset	Current Amount/Value/Balance
Owner's Name	Type of Asset	Current Amount/Value/Balance
Owner's Name	Type of Asset	Current Amount/Value/Balance

Owner's Name	Type of Asset	Current Amount/Value/Balance
Owner's Name	Type of Asset	Current Amount/Value/Balance
Owner's Name	Type of Asset	Current Amount/Value/Balance