ANOKA COUNTY COMMUNITY ACTION PROGRAM, INC

1201 89th Avenue NE | Suite 3500 | Blaine, MN 55434 Phone: 763-783-4747 | Fax: 763-783-4700 Website: www.accap.org



ACCAP HOUSING APPLICATION

Thank you for your interest in the ACCAP, Inc. affordable housing units. Attached you will find the housing application.

- Complete the entire application, do not leave any items blank. Incomplete applications will be denied.
- All household members age 18 and over must fill out a separate application.
- You MUST include proof of current income with current dates and household member name. Examples are as follows: Social Security letter, MFIP, 1099 tax returns or wages with six (6) current consecutive paystubs of household income for all persons aged 18 and over. If the household receives any form of Rental Assistance – Proof of this must be provided at the time of application.
- Applications will be denied if current income is not provided.
- If more than one unit is applied for/listed on the application the application will be denied.
- Please sign and date all forms needing your signature.

NOTE: The security deposit amount is the same as the monthly rent. This must be paid at lease signing or before you move in. The deposit and first month's payment must be made by MONEY ORDER or CASHIER CHECK.

Applications may be mailed, emailed to <u>rental@accap.org</u> or dropped off at ACCAP, or faxed to 763-783-4700.

Thank you,

Any questions please call ACCAP at (763) 783-4747.

Rental Application: Anoka County Community Action Program

Applicant (Comple	ete Legal Name):			Phone Number:		
Driver's License Nu	umber:		_ E-mail address o	f Applicant:		
RENTAL HISTO	ORY (please pro	ovide 3 years of r	ental history, conti	nue on back if	needed)	
Present Address:			City:		State:	Zip:
Landlord Name: _		Phon	e Number:	e-m	ail address:	
Dates of Occupand	cy: From	To	Amount of Rent Pai	d: \$	Reason for Leaving: _	
Previous Address:	:		City:		State:	Zip:
Landlord Name:	-	Phon	e Number:	e-ma	il address:	
Dates of Occupand	cy: From	To	Amount of Rent Pai	d: \$	Reason for Leaving:	
ALL ADDITION	NAL HOUSEHOL	LD MEMBERS (all	applicants 18 and	older must be	<u>screened)</u>	
Name	Relat	cionship	Name	Relationship	Name	Relationshi
INATTIE	INCIA	ionsinp	Name	Kelationship		Relationsin
			e from all sources: \$			
STUDENT STA	ATUS: Are you a	student?	e from all sources: \$ If yes, Full time	Part time		
STUDENT STA	Are you a	student? the household: Yes	If yes, Full time	Part time		
STUDENT STA	ATUS: Are you a ny animals reside ir	student? the household: Yes Model:	If yes, Full time	Part time f yes, details: Licen	se Plate:	
*Applicant proces information is supmanagement corthe release of hot history from all st	ny animals reside in Make: Make: Ssing by Minnesota pplied to the managusiders appropriate. using history from a tate repositories an	student? the household: Yes Model: Model: Bureau of Criminal Ap gement to induce then This investigation may ill present and previou d/or county criminal co	If yes, Full time ☐ No ☐ (Check One) In	Part time f yes, details: Licen: rch Services, Yardi e and correct in all information and a mployment histor for this transactio	se Plate: se Plate: and/or another screet respects. I authorize w report from a credit roy from present or previn only and continues i	ning service. The foregon whatever investigation the eporting agency. I autho ious employers, and crim n effect for one year, un
*Applicant proces information is sus management corthe release of hot history from all stillimited by state la	ny animals reside in Make: Make: Ssing by Minnesota pplied to the managasiders appropriate. Using history from a tate repositories an aw, in which case the	student? the household: Yes Model: Model: Bureau of Criminal Ap gement to induce then This investigation may all present and previou d/or county criminal continue authorization continue	If yes, Full time Color:	Part time	se Plate: se Plate: and/or another screet respects. I authorize w report from a credit ru y from present or prev n only and continues it o exceed one year, or	ning service. The forego whatever investigation the eporting agency. I autho ious employers, and crim n effect for one year, un as allowed by law.
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Rental Application: Anoka County Community Action Program

APPLICANT INFORMATION (Each adult applicant must complete a separate Rental Application) Applicant (Complete Legal Name): Driver's License Number: _____ E-mail address of Applicant: **RENTAL HISTORY** (please provide 3 years of rental history, continue on back if needed) City: _____ State: ____ Zip: ____ Phone Number: ______ e-mail address: _____ Landlord Name: Dates of Occupancy: From To Amount of Rent Paid: \$ Reason for Leaving: Previous Address: City: State: Zip: Landlord Name: _____e-mail address: _____e Dates of Occupancy: From To Amount of Rent Paid: \$ Reason for Leaving: ALL ADDITIONAL HOUSEHOLD MEMBERS (all applicants 18 and older must be screened) Name Relationship Name Relationship Name Relationship Income: Total Household Annual Income from all sources: \$ **STUDENT STATUS:** Are you a student? _____ If yes, Full time _____ Part time _____ Animals: Will any animals reside in the household: Yes No (Check One) If yes, details: AUTO(S): Make: _____ Model: _____ Color: _____ License Plate: ____ Make: _____ Model: ____ Color: ____ License Plate: ____ *Applicant processing by Minnesota Bureau of Criminal Apprehension, Rental Research Services, Yardi and/or another screening service. The foregoing information is supplied to the management to induce them to rent to me and is true and correct in all respects. I authorize whatever investigation the management considers appropriate. This investigation may include the exchange of information and a report from a credit reporting agency. I authorize the release of housing history from all present and previous landlords, income and employment history from present or previous employers, and criminal history from all state repositories and/or county criminal courts. This release is valid for this transaction only and continues in effect for one year, unless limited by state law, in which case the authorization continues in effect for the maximum period, not to exceed one year, or as allowed by law. Please indicate what Unit you are applying for? (List only one unit per application) Date Signature of Applicant For Office Use Only Unit # Applying For: ______ Date Application Received _____ Time Received: am/pm Rent for Unit: \$______ Deposit for Unit: \$_____ Move In Date Desired: _____ Application Processing Fee: \$______ Paid Not required (Project Based Section 8 Properties only)

Revised 12/07/2021

A rental application must be completed and processed for all prospective residents 18 years of age or older (and under age 18 if spouse, or co-head of household).

Each applicant must provide a valid local, state or federal government issued photo identification at the point of application for verification purposes.

Each member of any given household will need to disclose and document all social security numbers or execute a certification when a social security number has not been assigned. If a member of the household is less than 18 years of age, their parent or guardian will need to execute the certification.

Standard Lease Terms Eligibility Requirements:

- I. Income Newly qualifying households applying for housing are required to disclose all sources of income and unless prohibited by local governing agencies, may need to meet the minimum requirement of approximately 2 times the household's portion of the rent, but not to exceed the annual income boundaries of the governing program (if applicable). We require documentation of all income and assets, such as six (6) consecutive and most recent paycheck stubs, six (6) consecutive current bank statements, current statements from retirement or other assets, the previous years' tax return, etc.
- II. Rental/Credit History Applicants must provide current residency information including any out of state residences during the past five years. Each applicant's rental and credit history must reflect an overall good standing. A lack of credit and/or rental history, as opposed to poor credit and/or rental history will not result in an automatic decline.
- III. Public Records History Applicants must provide their full legal name and date of birth as well as any names the applicant may have been formerly known as. Each applicant's public records history must reflect an overall good standing. A lack of having a public record, as opposed to having a public record and/or history involving physical violence to a person or property, or record of other acts which may endanger or be perceived to endanger the health, safety, welfare, business practices and/or reputation of ownership, management, it's personnel and/or other residents will not result in an automatic decline.

If the findings of the overall review of information received on the applicant's consumer reports, rental application and during the interview related to eligibility are neither within the parameters for a Standard Lease Terms approval nor within the parameters for a Decline the applicant may remain eligible, under the direction of a Accept with Conditions.

Terms of an Accept with Conditions – Unless prohibited by local governing agencies, prior to the execution of the Lease Agreement the applicant in receipt of an Accept with Conditions outcome may be accepted upon the collection of an additional Security Deposit.

Applicants may be declined for the following:

- A. Falsification, misrepresentation or withholding of information or submission of inaccurate and/or incomplete information on any application or during the interview related to eligibility, award of preference for admission, family composition or rent.
- B. For adverse information received during the interview related to eligibility, received on the application and/or received from information contained in a consumer credit report or a public records history report.
- C. Anyone having been and/or in the process of being evicted from a previous landlord.
- D. Anyone currently in the process of filing bankruptcy.
- E. Anyone refusing to comply with housing program requirements, policies and/or procedures.
- F. Applications will not be approved from un-emancipated minors and/or persons under the age of 18 as head of household.
- G. Applications will not be approved from those that are not a U.S. Citizen, National or a Non-citizen with eligible immigration status, unless prohibited by local governing agencies.
- H. The household characteristics/number of occupants per apartment exceed the following guidelines:

Studio 1 occupant
1 bedroom 2 occupants
2 bedrooms 4 occupants
3 bedrooms 6 occupants
4 bedrooms 8 occupants

If an applicant is denied they will be notified by mail with a notice of adverse action or denial. If an applicant takes exception with the findings of the eligibility screening, the applicant is responsible for and has the right to contact the reporting agent/agencies. In the event the discrepancy can be cleared up, the applicant will be reconsidered on the basis of the new information.

ALL HOUSEHOLD MEMBERS 18 YEARS OF AGE OR OLDER MUST COMPLETE THE FOLLOWING DECLARATIONS:

I/WE HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE TERMS AND CONDITIONS THEREOF FROM WHICH MY/OUR APPLICATION WILL BE PROCESSED.

I/WE AUTHORIZE, ACCAP, THROUGH ITS EMPLOYEES AND DESIGNATED AGENTS, TO MAKE ANY AND ALL INQUIRIES, VERIFY AND OBTAIN DIRECTLY OR THROUGH INFORMATION EXCHANGED NOW OR LATER WITH RENTAL, CREDIT AND PUBLIC RECORD SCREENING SERVICES.

Prospective Resident	Date	Prospective Resident	Date

ACCAP will not decline any applicant or prospective renter on the basis of race, color, sex, national origin, religion, familial status, handicap or affectional preferences. ACCAP hereby reaffirms our commitment to do business in accordance with the Federal Housing Law (Fair Housing Amendment Act of 1988) and the Fair Credit Reporting Act (FCRA) Amendments – October 1, 1997.



Mov Annu Inter	e-in (Mi ual Rece im Rece ime sub ir Cert/A	ective Date:	Section	g Tax Credit Sec MA Oth	tion 236 tion 811 RIF eer Bldg/Unit #	Time Applica	tion Rec'd: tion Rec'd: t: \$
		ents, complete this questionnaire		n handwriting. List all	persons who will		
		o the head of household. Each he come and assets and sign and da					
		n existing household, only include				impleted by all applicant	wile is applying for
		Household Member's Nam	ie	Relationship	Date of Birth	Has/Will this person be a student* during this and/or the upcoming calendar year? YES/NO	Social Security Number (not required for agency deferred loans (except MARIF), HTC, HOME, or NHTF)
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2							
3		The state of the s				////	
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5							
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7		THE RESERVE OF THE STATE OF THE					
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* Include	public an	d private elementary, junior & ser	ilor high, coll	ege, university, technica	l, trade, and mecl	nanical schools. Do not inc	lude on-the-Job training courses.
		women was a second of the seco		Disclosure of Househo			
		nticipated income for the twelve ne or seasonal income even if co				In date or effective date	of recertification. Include all
ran chira,	part till	ic of seasonal medical event in ce		MEMBER RECEIVE OR		:11/6	
		(Check YES or NO to each					ge 2.):
YES	NO	1 4 Magan saladas (balada ava		la	-1-1		Gross Monthly Amt.
		Wages, salaries (include ove Does any member work for					
		!		no pays them in cash, i			.u. 6
				forces			
		II 4. Public Assistance (MFIP. GA.					. \$
			, MSA) <u>Ben</u>	efits are received by (t deposit check cash	. \$ h card \$
		5. Worker's compensation .	, MSA) <u>Ben</u>	efits are received by (circle one) direc	t deposit check cash	\$ h card \$. \$
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			Disclosure of Household Assets	-
YES		NO	DOES ANY HOUSEHOLD MEMBER (INCLUDING CHILDREN) HAVE MONEY HELD IN:	Current Balance
123			21. Checking Accounts	\$
			22. Savings Accounts	\$
			23. Cash cards used to receive government benefits or other income	\$
			24. Online or app accounts such as GoFundMe, Kickstarter, Fundly, local bank, Venmo, CashApp, etc	\$
			25. US Savings Bonds	\$
	İ		26. Trusts*	\$
			27. Securities	\$
			28. Whole or Universal Life Insurance Policy (do not include term life Insurance)	\$
			29. 401K*	\$
			30, IRA/KEOGH Accounts	\$
			31. Certificates of Deposit	\$
			32. Pension/Retirement/Annuity.	\$
			33. Money Market or Mutual Funds	\$
			34. Treasury Bills	\$
			35. Stocks	\$
			36. Lump Sum Payment (i.e., inheritance, insurance settlement, lottery winnings, capital gains)	\$
			37. Are any accounts held jointly with someone not in the unit? Which account and with whom?	
			38. Other (include cash on hand)	\$
*Include	لب Trus	sts, 401K, etc	, only if the accounts are accessible to the household prior to termination of employment, retirement, or death. If you are unsure, lis	t the account and It will be
verified.				
YES		NO		Value
			39. Do you now own a home or other real estate?	\$
			If yes, list address(es):	
	ı		40. Do you receive payments for a home you sold by contract for deed?	\$
			41. Do you have any coin collections, antique cars, gems/jewelry, stamps or any other items	\$
	1 1		held as an investment (wedding rings and personal Jewelry do not count)?	
	1 1		42. Are any assets held jointly with another person (e.g., real estate, coin collections, etc.)? List person,	
			asset(s) and percentage of ownership.	
				_
	Ш			
			DO NOT LEAVE THE GEOTION DI ANII/	
Fu 4	40		DO NOT LEAVE THIS SECTION BLANK. nd assets above, provide contact information for <u>all</u> "YES" checked items. All information must be verified. (If	a household member has
From 1-	44,	, income a	e of income and/or asset, use a separate line for each source. Use additional sheets, if necessary.)	a moduction member has
Item	Idii		Name and mailing address of income or asset source and educational institution for household	Contact name and
Numbe	r l	HH Mem	members age 18 or older.	phone/fax/email
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Please attach documentation available to verify income (e.g., divorce/settlement papers, tax returns, social security benefit award letter, etc.).

	Deductions and Allowances For Section 8/236 HUD programs only	v		/
) :	Day Care Day Oare Day	Yes	□ No	\$
- -	paid per month. Is any portion paid by another person or agency? f yes, name and address of provider	Yes	☐ No	
ŀ	Do you pay for a Care Attendant or any equipment for a handicapped member of the nousehold necessary to permit that person or someone else in the household to work? fyes, name and address of provider	Yes	□ / ⁄	\$
; -	paid per month. Is any portion paid by another person or agency? f yes, name and address of provider	Yes	☐ No	
В. Г	Medical – Complete If the head of household, co-head of spouse are at least 62 years old,			
ł	nandicapped or disabled. Do you have Medicare?	Yes	☐ No	\$
	Do you have any other kind of medical insurance? f yes, name and address of insurer	Yes	☐ No	\$
1	Do you receive medical assistance? If yes, do you have a monthly pend-down?	Yes	☐ No	\$
	Oo you pay for prescription medication? Name and address of pharmacy:	Yes	☐ No	\$
	Oo you have any non-prescription (over the counter) medication that your doctor has equested you to use on a regular basis (e.g., insulin, aspirin, etc.)?	Yes	☐ No	\$
	oo you have any outstanding medical bills on which you are paying? f yes, Indicate the types of bills owed:	Yes	No	\$
	oo you expect to have extraordinary medical/dental expenses in the next 12 months? If each list the amount and type of expense:	Yes	☐ No	\$
^	dame and facility where this can be verified:			
	octor's name and address:			

Please bring receipts for your non-prescription medication.

		Housen	na Questionnane
I/We hereby certify that I/We Hav	, ,		
period preceding the date of this question	onnaire. Any assets sold or disposed of for less tha	n Fair Market Value must be identi	fled below:
Household Member	Asset and Estimated Market Value	Date sold/disposed	Amount Received
			<u>\$</u>
			\$
	ADDITIONAL INFORMATIO	DN	
The following questions pertain to every items checked YES.	member of the household. Check either YES or N o	O in response to each question. Ad	d an explanation below for all
Yes No			
	d member, including children, live in the unit on a		•
	any change in your household (someone moving in	-	
	ember of the household have zero income? If yes, sehold receive rent assistance? If so, indicate from		
	old have any needs that might be better served by		
visual impairment		a unic which is accessible to perso	ns with thobility, hearing of
Explanation:			
Berger and the state of the sta			
	SIGNATURES		
the statements herein. I/we further un	tion is true and complete to the best of my/our knooderstand that any intentional misrepresentation of y of the aforementioned information changes, I/wo	n this form might result in a defaul	t in the rental agreement
Applicant/Resident Signature		Date	The state of the s
Applicant/Resident Signature		Date	
Applicant/Resident Signature	A STATE OF THE STA	Date	warmen
Applicant/Resident Signature		Date	
Head of household emall address:		Dhana	i
citiali dudi ess;		riiolie:	
This applicant/resident required assista	nce In completing the Household Questionnaire d	ue to:	
Assistance was provided by		Date	



Government Data Practices Act Disclosure Statement

	PRINT NAME(s) OF HOUSEHOLD MEMBERS SIGNING THIS FORM	
	SIGNING THIS FORM	
Minr	nesota Housing Finance Agency ("Minnesota Housing") is asking you to supply information that r	olates
	plication to occupy, or continue to occupy, a unit in the following property ("Property"):	ciaces
	Anoka County Community Action Program	
or confide Minnesota in this Disc of the Proprequest for 1. Mi a State or I used to es receive eith its contract	e of the information you are being asked to provide to Minnesota Housing may be considered postal under the Federal Privacy Act of 1974, and the Minnesota Government Data Practice Statutes chapter 13. Section 13.04(2) of that law requires that you be notified of the matters in closure Statement before you are asked to provide that information to Minnesota Housing. The corty ("Owner") may also ask you to supply information that relates to your application. The Or information is not governed by the Minnesota Government Data Practices Act. Innesota Housing is asking for information that is necessary for the administration and managem Federal program to provide housing for low and moderate-income families. Some information retablish your eligibility to initially occupy, or to continue to occupy, a unit in the Property and her State or Federal rental assistance. Some information may be used to assist Minnesota Housi tors for research purposes and the evaluation and management of some of the programs it operators of the programs in operators of the programs in operators of the programs and the evaluation and management of some of the programs it operators of the programs in operators of the program	es Act cluded owner's ment of may be d/or to ng and rates.
	s part of your application, you are asked to supply the information contained in each of the foll nts that are checked with an "X" (<u>all</u> checked boxes apply):	lowing
	Attachment 1 – For Section 8, 236, 202 & 811 Attachment 2 — For Housing Tay Credit, Section 1602, hand funded NCTC or hand funded LMIR F	irct
	Attachment 2 – For Housing Tax Credit, Section 1602, bond funded NCTC or bond funded LMIR F Mortgage, MARIF, HOPWA, HOME and National Housing Trust Fund	1150
	Attachment 3 – For Deferred Loans (not MARIF, HOPWA, HOME, or NHTF), Apartment Renomber 1997 Mortgages & non-bond funded NCTC or non-bond funded LMIR First Mortgages	vation

Each Attachment has two parts: Part A and Part B.

3. The information asked for under Part A of the checked Attachment(s) may be used by Minnesota Housing to establish your eligibility to occupy a unit in the Property or to receive State or Federal rental assistance. If you refuse to supply any portion of the information asked for under Part A of the checked Attachment(s), you may not qualify for initial or continued occupancy of a unit in the Property or for receipt of State or Federal rental assistance.

(Dta Prctcs Act (Tnnssn) Frm)

- 4. The information asked for under Part B of the checked Attachment(s) will help Minnesota Housing evaluate and manage some of the programs it operates and supplying this information will be very helpful to Minnesota Housing. Your failure to provide any of the information asked for under Part B of the checked Attachment(s) will not affect whether or not you qualify for initial or continued occupancy of a unit in the Property or for State or Federal rental assistance.
- 5. The Owner may also ask for information to determine whether or not it will rent a unit in the Property to you. Supplying or refusing to supply any information requested by the Owner will not affect a decision by Minnesota Housing, but could affect the Owner's decision of whether it will rent a unit to you. The determination by the Owner is separate from Minnesota Housing's determination and Minnesota Housing does not participate, in any way, in the Owner's decision.
- 6. All of the information that you supply to Minnesota Housing will be accessible to staff of Minnesota Housing and its contractors and may be made available to staff of the Office of the Minnesota Attorney General, the United States Department of Housing and Urban Development, the United States Internal Revenue Service, and other persons and/or governmental entities who have statutory authority to review the information, investigate specific conduct, and/or take appropriate legal action, including but not limited to law enforcement agencies, courts and other regulatory agencies. The information may also be provided by Minnesota Housing to the Owner's management agents of the Property.
- 7. This Disclosure Statement remains in effect for as long as you occupy a unit in the property and are a participant in the program(s) identified in #2, above.

I was (We were) supplied with a copy of and have read this Minnesota Housing Finance Agency Government Data Practices Act Disclosure Statement and the Attachment(s) identified in #2, above.

Head of household, spouse, co-head and all household members age 18 or older must sign below:

Applicant/Tenant Signature	Da	te
Applicant/Tenant Signature	Da	te
Applicant/Tenant Signature	Da	ate
A 1: 1/T 1 C: 1	D	1.
Applicant/Tenant Signature	Da	ate —————

(Dta Prctcs Act (Tnnssn) Frm)

Attachment 2

For units assisted with Housing Tax Credits, Section 1602, bond funded NCTC or LMIR First Mortgage, MARIF, HOPWA, HOME (HOME Rental Rehabilitation, HOME Targeted and HOME Affordable Rental Preservation) or National Housing Trust Fund

Part A

- 1. Household composition, *legal name(s), date(s) of birth, and relationship to the head of household of all household members
- 2. Amount and source of all earned and unearned income of all household members
- 3. Source, type, value and income derived from all household assets
- 4. Type, value and income derived from all household assets disposed of for less than fair market value within the past 2 years
- 5. Disabled or handicapped status of members of your household (for program eligibility, if applicable)
- 6. Current and/or previous housing history (for program eligibility, if applicable)

Tax Credits, section 1602 or bond funded NCTC or LMIR also require:

Student status of household members and, where applicable, evidence that student household meets Internal Revenue Code Section 42 or Section 142 (bond) eligibility

HOME also requires (where applicable):

Student status of household members and evidence of HOME student eligibility

MARIF also requires:

- Receipt of public assistance and/or rental assistance.
- Social Security Number or Alien Registration of MARIF-eligible household member
- Evidence of current or recent Minnesota Families Investment Program (MFIP) participant. "Recent MFIP participant" means a family who left MFIP for reasons other than disqualification from MFIP due to fraud no more than twenty-four (24) months prior to the family's application for tenancy in a MARIF unit, and whose income at the time of application is equal to or less than 160% of the federal poverty level for the family's size

Part B

- 1. Race
- 2. Ethnicity
- 3. Gender
- 4. Social Security Number or Alien Registration 5. Disability or mobility impaired status

^{*}For purposes of reporting to Minnesota Housing under HOPWA, participant names may be coded for confidentiality.

Attachment 3

For Deferred Loan Programs (other than MARIF or HOPWA), non-bond funded NCTC or LMIR First Mortgage, and Apartment Renovation Mortgage

Part A

- 1. Household composition including number of adults, number of children and legal name of the head of household
- 2. Gross Annual Household Income
- 3. Current and/or previous housing history (for program eligibility, if applicable) 4. Date of birth of all household members (for program eligibility, if applicable)

Part B

- 1. Date of birth of the head of household
- 2. Race of the head of household
- 3. Ethnicity of the head of household
- 4. Gender of the head of household
- 5. Disability or mobility impaired status of household members
- 6. Main source of income of the head of household

Ver. 12.2020 (Dta Prctcs Act (Tnnssn) Frm)

Date Received:

Anoka County Community Action Program, Inc.

1201 89th Avenue NE Suite 345
Blaine, MN 55434
Phone: 763-783-4747 Fax: 763-783-4700 Email: accap@accap.org

www.accap.org



CLIENT INTAKE FORM

			HEA	HEAD OF HOUSEHOLD	HOLD							
First Name	Middle Name		Last Name		Primary Phone	y Pho	ne	Sec	Secondary Phone	hone	Primary Language	anguage
	Address			City	ty		Zip	-		ш	Email	
			HOU	HOUSEHOLD MEMBERS	MBERS							
Full Name of all household members	1 members				Gender	Race	ıx	Work	Disability	_	Education	Health
including yourself) <u>+</u>	Date of Birth	Social Secu	Security Number	(see key)	(see kev)	Latino	Status (see kev)	(see key)	Status (see kev)	(see key)	Coverage (see kev)
Self (Same as above)			ı				□Yes					
							9 1					
0		/ /	ı				□Yes □No					
.1												
က်			ı	ı			°N 🗖					
			ı				□Yes					
5.		/ /	ı	ı								
							□Yes					
6.		, ,	ı	_								
1			,				□Yes					
7.							ON I					
				KEY								
ē	ø.	Work Status	atus	Disability		Milita	Military Status	_	Education		Health Coverage	rage
(M) Male (A) Asian (F) Female (I) American Indian/Alaskan Native (O) Other (B) Black/African American	/Alaskan Native nerican	(F) Full Time (P) Part Time (C) Contract		(N) None (P) Physical (M) Mental		(N) None (V) Vetera (A) Active	(N) None (V) Veteran (A) Active Status	(S) 0-8 th (N) 9-12 (G) (G) Highs	(S) 0-8th grade (N) 9-12 Non-Grad (G) Highschool Grad	(M) Medicaid, (S) Medicare (C) State Chil	(M) Medicaid/Minnesota Care (S) Medicare (C) State Child	ota Care
(W) Writte (M) Multi-racial (H) Native Hawaiian/Pacific Islander	Pacific Islander	(I) remporary (R) Retired (L) Unemployed 6 months or less	iths or less	(C) Cognitive (V) Visual (B) Blind (S) Speech				(E) GED/I (P) Some (D) 2 or 4	(E) GED/Equivalent (P) Some College (D) 2 or 4 year degree		(A) Military (D) Direct Purchase (E) Employer Coverage (N) No Hoofth Included	Φ {
		(W) Child- No work (N) Child- No work	eeking work	(C) Speech (H) Hearing (D) Deaf (A) Breathing (R) Orthopedic (O) Other								D.
											2/4/2022	

	HOUSEHO	HOUSEHOLD INCOME	
Name	Source and Monthly Income		7
Example: John Doe	C \$ 350		ney
	\$	(A) Annuities	(B) Self-Employed
	8	(C) Child Support	(S) Social Security
	€.		(I) Supplemental Security Income
•	· ·	(E) Earned Income/Wages	(H) Social Security Disability Insurance
•)	(F) No Income	(V) Veterans Benefits
	\$	(G) General Assistance	(Ú) Unemployment Benefits
3.	φ.	(M) MFIP	(W) Workers Compensation
	↔		(O) Other
	· \$	(R) Retirement	
Non-Cash Benefits	Household type	Housing Situation	Special Circumstances
SNAP □	Single person	☐ Rent	☐ Domestic Abuse
WIC .	Two parents with children	Own	☐ Pregnant Teen
LIHEAP/EAP	☐ Single parent- Female	Own home/rent lot	■ Non-Parent Caregiver
Housing choice voucher	☐ Single parent- Male	☐ Homeless	☐ Parenting
■ Public housing	□ Two adults/No children	Living with family/friends	☐ English Language Learner
Permanent supportive housing	■ Non-related adults with children	Other permanent housing	☐ TANF/MFIP/DWP
HUD-VASH	Multigenerational household	☐ Other	□ Other
☐ Childcare voucher	☐ Other		
Affordable Care Act Subsidy			
□ Other			

resources. If you complete this form, we will use the information to identify resources, provide you with information, coordinate services, and create summary data for evaluation and funding purposes. Only ACCAP Staff will use the data on this form. You must consent for ACCAP to share this information with any other agency This form asks for data about you and your family. If you decide not to complete this form, we may not be able to provide you with all helpful information and

States Department of Labor, the United States Department of Health and Human Services, and State and local education programs. I agree to allow Anoka County to share information with ACCAP. This consent will be valid for a period of one year or the duration of the services for which you are applying (if service is longer than one Consent to Exchange Information: I authorize Anoka County Community Action Program, Inc. (ACCAP) to share this information with county, state and local welfare agencies, community-based organizations, local, state, public and private human service and housing agencies, the MN Department of Jobs and Training, the United

Signature of Head of Household	_ Date
Signature of 2 nd Adult Household Member	_ Date
Signature of 3 rd Adult Household Member	Date
Signature of 4 th Adult Household Member	_ Date