

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 rental@accap.org 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 INFORMATION (Each adult applicant must complete a separate Rental Application)

Applicant (Complete Legal Name): _____ Phone Number: _____
Driver's License Number: _____ E-mail address of Applicant: _____

RENTAL HISTORY (please provide 3 years of rental history, continue on back if needed)

Present Address: _____ City: _____ State: _____ Zip: _____

Landlord Name: _____ Phone Number: _____ e-mail address: _____

Dates of Occupancy: From _____ To _____ Amount of Rent Paid: \$ _____ Reason for Leaving: _____

Previous Address: : _____ City: _____ State: _____ Zip: _____

Landlord Name: _____ Phone Number: _____ e-mail address: _____

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) _____

X _____
Signature of Applicant Date

Unit # Applying For: _____		Date Application Received _____	For Office Use Only
Rent for Unit: \$ _____		Deposit for Unit: \$ _____	Time Received: _____ am/pm
Application Processing Fee: \$ _____		Move In Date Desired: _____	
<input type="checkbox"/> Paid <input type="checkbox"/> Not required (Project Based Section 8 Properties only)			

Rental Application: Anoka County Community Action Program

APPLICANT INFORMATION (Each adult applicant must complete a separate Rental Application)

Applicant (Complete Legal Name): _____ Phone Number: _____
Driver's License Number: _____ E-mail address of Applicant: _____

RENTAL HISTORY (please provide 3 years of rental history, continue on back if needed)

Present Address: _____ City: _____ State: _____ Zip: _____

Landlord Name: _____ Phone Number: _____ e-mail address: _____

Dates of Occupancy: From _____ To _____ Amount of Rent Paid: \$ _____ Reason for Leaving: _____

Previous Address : _____ City: _____ State: _____ Zip: _____

Landlord Name: _____ Phone Number: _____ e-mail address: _____

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) _____

X _____
Signature of Applicant Date

		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: \$ _____		<input type="checkbox"/> Paid <input type="checkbox"/> Not required (Project Based Section 8 Properties only)	

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:

Household Questionnaire

Certification Effective Date: <input type="checkbox"/> Move-in (MI) _____ <input type="checkbox"/> Annual Recert (AR) _____ <input type="checkbox"/> Interim Recert (IR) _____ <input type="checkbox"/> Resume subsidy (IC) _____ <input type="checkbox"/> Other Cert/Add HH Member _____	Household qualifies for the following program(s): <input type="checkbox"/> Section 8 <input type="checkbox"/> Section 236 <input type="checkbox"/> Housing Tax Credit <input type="checkbox"/> Section 811 <input type="checkbox"/> HOME <input type="checkbox"/> MARIF <input type="checkbox"/> NHTF <input type="checkbox"/> Other _____	Date Application Rec'd: _____ Time Application Rec'd: _____ Rent Amount: \$ _____
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Property Name _____ Bldg/Unit # _____

Household Composition

Applicants/residents, complete this questionnaire in your own handwriting. List all persons who will be living in the unit. Give the relationship of each family member to the head of household. Each household member age 18 years or older and under age 18 if head, spouse, or co-head of household must disclose income and assets and sign and date this application. If this questionnaire is being completed by an applicant who is applying for occupancy with an existing household, only include the information for the new applicant.

#	Household Member's Name	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)
1					
2					
3					
4					
5					
6					
7					
8					

* Include public and private elementary, junior & senior high, college, university, technical, trade, and mechanical schools. Do not include on-the-job training courses.

Disclosure of Household Income

List current and anticipated income for the twelve-month period beginning on the anticipated move-in date or effective date of recertification. Include all full time, part time or seasonal income even if completing this application in the off-season.

DOES ANY MEMBER RECEIVE OR EXPECT TO RECEIVE

(Check YES or NO to each item, as applicable, and include gross monthly amount. List sources on page 2.):

YES	NO	Description	Gross Monthly Amt.
<input type="checkbox"/>	<input type="checkbox"/>	1. Wages, salaries (Include overtime, tips, bonuses, commissions, etc.)	\$
<input type="checkbox"/>	<input type="checkbox"/>	2. Does any member work for someone who pays them in cash, is self-employed or does "app" or "gig" work.	\$
<input type="checkbox"/>	<input type="checkbox"/>	3. Regular pay for a member of the armed forces	\$
<input type="checkbox"/>	<input type="checkbox"/>	4. Public Assistance (MFIP, GA, MSA) <u>Benefits are received by (circle one)</u> direct deposit check cash card	\$
<input type="checkbox"/>	<input type="checkbox"/>	5. Worker's compensation	\$
<input type="checkbox"/>	<input type="checkbox"/>	6. Unemployment benefits or severance pay	\$
<input type="checkbox"/>	<input type="checkbox"/>	7. Student financial assistance (public or private, not including student loans)	\$
<input type="checkbox"/>	<input type="checkbox"/>	8. Child support (check yes if you have a court order, even if you are not receiving the full amount awarded) .	\$
<input type="checkbox"/>	<input type="checkbox"/>	9. Alimony/Spousal Maintenance	\$
<input type="checkbox"/>	<input type="checkbox"/>	10. Social Security income (Including unearned income of minor children)	\$
<input type="checkbox"/>	<input type="checkbox"/>	11. Disability benefits including social security disability	\$
<input type="checkbox"/>	<input type="checkbox"/>	12. Regular payments from pensions (PERA, railroad, etc.)	\$
<input type="checkbox"/>	<input type="checkbox"/>	13. Regular payments from retirement benefits	\$
<input type="checkbox"/>	<input type="checkbox"/>	14. Death Benefits	\$
<input type="checkbox"/>	<input type="checkbox"/>	15. Regular payments from annuities or life insurance dividends	\$
<input type="checkbox"/>	<input type="checkbox"/>	16. Regular payments from inheritance, insurance settlement, lottery winnings, etc.	\$
<input type="checkbox"/>	<input type="checkbox"/>	17. Net income from rental property	\$
<input type="checkbox"/>	<input type="checkbox"/>	18. Regular cash and non-cash contributions, assistance with paying bills (Including utilities), or gifts from companies, agencies or individuals not living in the unit (not including groceries).	\$
<input type="checkbox"/>	<input type="checkbox"/>	19. Are any changes to income expected within the next 12 months due to a raise, bonus or other reason?	\$
<input type="checkbox"/>	<input type="checkbox"/>	20. Other (list) _____	\$

Household Questionnaire

Deductions and Allowances For Section 8/236 HUD programs only

	Amount	
A. Day Care		
Do you have childcare expenses for child/ren under age 13 because you work, are actively seeking employment or attending school?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
If yes, name and address of provider _____		
\$ _____ paid per month. Is any portion paid by another person or agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, name and address of provider _____		

Do you pay for a Care Attendant or any equipment for a handicapped member of the household necessary to permit that person or someone else in the household to work?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
If yes, name and address of provider _____		

\$ _____ paid per month. Is any portion paid by another person or agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, name and address of provider _____		

B. Medical – Complete if the head of household, co-head or spouse are at least 62 years old, handicapped or disabled.		
Do you have Medicare?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Do you have any other kind of medical insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
If yes, name and address of insurer _____		

Do you receive medical assistance? If yes, do you have a monthly spend-down?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Do you pay for prescription medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Name and address of pharmacy: _____		

Do you have any non-prescription (over the counter) medication that your doctor has requested you to use on a regular basis (e.g., insulin, aspirin, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____

Do you have any outstanding medical bills on which you are paying?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
If yes, indicate the types of bills owed: _____		

Do you expect to have extraordinary medical/dental expenses in the next 12 months? If yes, list the amount and type of expense:	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____

Name and facility where this can be verified: _____		

Doctor's name and address: _____		

Please bring receipts for your non-prescription medication.

Household Questionnaire

I/We hereby certify that I/We Have Have not sold or given away any assets for less than Fair Market Value during the two-year (24 month) period preceding the date of this questionnaire. Any assets sold or disposed of for less than Fair Market Value must be identified below:

Household Member	Asset and Estimated Market Value	Date sold/dsposed	Amount Received
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

ADDITIONAL INFORMATION

The following questions pertain to every member of the household. Check either YES or NO in response to each question. Add an explanation below for all items checked YES.

Yes	No	Question
<input type="checkbox"/>	<input type="checkbox"/>	Will any household member, including children, live in the unit on a less than full time basis?
<input type="checkbox"/>	<input type="checkbox"/>	Do you anticipate any change in your household (someone moving in or out) during the next 12 months?
<input type="checkbox"/>	<input type="checkbox"/>	Does any adult member of the household have zero income? If yes, name(s): _____
<input type="checkbox"/>	<input type="checkbox"/>	Does/will the household receive rent assistance? If so, indicate from what source (Section 8, Rural Development RA, etc.).
<input type="checkbox"/>	<input type="checkbox"/>	Does your household have any needs that might be better served by a unit which is accessible to persons with mobility, hearing or visual impairments?
Explanation: _____ _____		

SIGNATURES

I/we certify that the foregoing information is true and complete to the best of my/our knowledge and authorize the Landlord to make inquiries to verify the statements herein. I/we further understand that any intentional misrepresentation on this form might result in a default in the rental agreement and/or eviction of this household. If any of the aforementioned information changes, I/we agree to notify Landlord immediately.

Applicant/Resident Signature _____	Date _____
Applicant/Resident Signature _____	Date _____
Applicant/Resident Signature _____	Date _____
Applicant/Resident Signature _____	Date _____
Head of household email address: _____	Phone: _____

This applicant/resident required assistance in completing the Household Questionnaire due to: _____

Assistance was provided by: _____ Date: _____



Government Data Practices Act
Disclosure Statement

PRINT NAME(S) OF HOUSEHOLD MEMBERS SIGNING THIS FORM	

Minnesota Housing Finance Agency (“Minnesota Housing”) is asking you to supply information that relates to your application to occupy, or continue to occupy, a unit in the following property (“Property”):

Anoka County Community Action Program

Some of the information you are being asked to provide to Minnesota Housing may be considered private or confidential under the Federal Privacy Act of 1974, and the Minnesota Government Data Practices Act, Minnesota Statutes chapter 13. Section 13.04(2) of that law requires that you be notified of the matters included in this Disclosure Statement before you are asked to provide that information to Minnesota Housing. The owner of the Property (“Owner”) may also ask you to supply information that relates to your application. The Owner’s request for information is not governed by the Minnesota Government Data Practices Act.

1. Minnesota Housing is asking for information that is necessary for the administration and management of a State or Federal program to provide housing for low and moderate-income families. Some information may be used to establish your eligibility to initially occupy, or to continue to occupy, a unit in the Property and/or to receive either State or Federal rental assistance. Some information may be used to assist Minnesota Housing and its contractors for research purposes and the evaluation and management of some of the programs it operates.

2. As part of your application, you are asked to supply the information contained in each of the following Attachments that are checked with an “X” (all checked boxes apply):

- Attachment 1 – For Section 8, 236, 202 & 811
- Attachment 2 – For Housing Tax Credit, Section 1602, bond funded NCTC or bond funded LMIR First Mortgage, MARIF, HOPWA, HOME and National Housing Trust Fund
- Attachment 3 – For Deferred Loans (not MARIF, HOPWA, HOME, or NHTF), Apartment Renovation Mortgages & non-bond funded NCTC or non-bond funded LMIR First Mortgages

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.

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 _____ Date _____

Applicant/Tenant Signature _____ Date _____

Applicant/Tenant Signature _____ Date _____

Applicant/Tenant Signature _____ Date _____

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

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

Part B

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

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

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

HEAD OF HOUSEHOLD										
First Name	Middle Name	Last Name	Primary Phone	Secondary Phone	Primary Language	Address		City	Zip	Email
HOUSEHOLD MEMBERS										
Full Name of all household members including yourself	Date of Birth	Social Security Number	Gender (see key)	Race (see key)	Hispanic Latino	Work Status (see key)	Disability (see key)	Military Status (see key)	Education (see key)	Health Coverage (see key)
Self (Same as above)	/ /	- - -			<input type="checkbox"/> Yes <input type="checkbox"/> No					
1.	/ /	- - -			<input type="checkbox"/> Yes <input type="checkbox"/> No					
2.	/ /	- - -			<input type="checkbox"/> Yes <input type="checkbox"/> No					
3.	/ /	- - -			<input type="checkbox"/> Yes <input type="checkbox"/> No					
4.	/ /	- - -			<input type="checkbox"/> Yes <input type="checkbox"/> No					
5.	/ /	- - -			<input type="checkbox"/> Yes <input type="checkbox"/> No					
6.	/ /	- - -			<input type="checkbox"/> Yes <input type="checkbox"/> No					
7.	/ /	- - -			<input type="checkbox"/> Yes <input type="checkbox"/> No					
KEY										
Gender	Race	Work Status	Disability	Military Status	Education	Health Coverage				
(M) Male (F) Female (O) Other	(A) Asian (I) American Indian/Alaskan Native (B) Black/African American (W) White (M) Multi-racial (H) Native Hawaiian/Pacific Islander (O) _____	(F) Full Time (P) Part Time (C) Contract (T) Temporary (R) Retired (L) Unemployed 6 months or less (M) Unemployed more than 6 months (U) Unemployed not seeking work (S) Migrant Seasonal Farm worker (N) Child- No work	(N) None (P) Physical (M) Mental (C) Cognitive (V) Visual (B) Blind (S) Speech (H) Hearing (D) Deaf (A) Breathing (R) Orthopedic (O) Other _____	(N) None (V) Veteran (A) Active Status	(S) 0-8 th grade (N) 9-12 Non-Grad (G) Highschool Grad (E) GED/Equivalent (P) Some College (D) 2 or 4 year degree	(M) Medicaid/Minnesota Care (S) Medicare (C) State Child (A) Military (D) Direct Purchase (E) Employer Coverage (N) No Health Insurance				

HOUSEHOLD INCOME

Name <i>Example: John Doe</i>	Source and Monthly Income <i>C \$ 350</i>	Key
1.	\$ _____ \$ _____	(A) Annuities (B) Self-Employed (C) Child Support (S) Social Security (D) Dividends/Interest (I) Supplemental Security Income (E) Earned Income/Wages (H) Social Security Disability Insurance (F) No Income (V) Veterans Benefits (G) General Assistance (U) Unemployment Benefits (M) MFIP (W) Workers Compensation (R) Retirement (O) Other _____
2.	\$ _____ \$ _____	(A) Annuities (B) Self-Employed (C) Child Support (S) Social Security (D) Dividends/Interest (I) Supplemental Security Income (E) Earned Income/Wages (H) Social Security Disability Insurance (F) No Income (V) Veterans Benefits (G) General Assistance (U) Unemployment Benefits (M) MFIP (W) Workers Compensation (R) Retirement (O) Other _____
3.	\$ _____ \$ _____	(A) Annuities (B) Self-Employed (C) Child Support (S) Social Security (D) Dividends/Interest (I) Supplemental Security Income (E) Earned Income/Wages (H) Social Security Disability Insurance (F) No Income (V) Veterans Benefits (G) General Assistance (U) Unemployment Benefits (M) MFIP (W) Workers Compensation (R) Retirement (O) Other _____
4.	\$ _____ \$ _____	(A) Annuities (B) Self-Employed (C) Child Support (S) Social Security (D) Dividends/Interest (I) Supplemental Security Income (E) Earned Income/Wages (H) Social Security Disability Insurance (F) No Income (V) Veterans Benefits (G) General Assistance (U) Unemployment Benefits (M) MFIP (W) Workers Compensation (R) Retirement (O) Other _____
Non-Cash Benefits <input type="checkbox"/> SNAP <input type="checkbox"/> WIC <input type="checkbox"/> LIHEAP/EAP <input type="checkbox"/> Housing choice voucher <input type="checkbox"/> Public housing <input type="checkbox"/> Permanent supportive housing <input type="checkbox"/> HUD-VASH <input type="checkbox"/> Childcare voucher <input type="checkbox"/> Affordable Care Act Subsidy <input type="checkbox"/> Other _____	Household type <input type="checkbox"/> Single person <input type="checkbox"/> Two parents with children <input type="checkbox"/> Single parent- Female <input type="checkbox"/> Single parent- Male <input type="checkbox"/> Two adults/No children <input type="checkbox"/> Non-related adults with children <input type="checkbox"/> Multigenerational household <input type="checkbox"/> Other _____	Housing Situation <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Own home/rent lot <input type="checkbox"/> Homeless <input type="checkbox"/> Living with family/friends <input type="checkbox"/> Other permanent housing <input type="checkbox"/> Other _____
		Special Circumstances <input type="checkbox"/> Domestic Abuse <input type="checkbox"/> Pregnant Teen <input type="checkbox"/> Non-Parent Caregiver <input type="checkbox"/> Parenting <input type="checkbox"/> English Language Learner <input type="checkbox"/> TANF/MFIP/DWP <input type="checkbox"/> Other _____

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 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

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 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 year).

Signature of Head of Household _____ Date _____

Signature of 2nd Adult Household Member _____ Date _____

Signature of 3rd Adult Household Member _____ Date _____

Signature of 4th Adult Household Member _____ Date _____