



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, if self Employed most recent 1099 form 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.**
- **ACCAP cannot provide you with the status of your application. Phone calls and/or emails will not be returned regarding the status of your application. You will be notified if your application is approved or denied.**

Applications may be mailed, emailed to rental@accap.org or dropped off at ACCAP, or faxed to 763-783-4700. **Application emailed must be in PDF format, all others will not be accepted.**

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.

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 # or State ID # _____ State _____ E-mail address of Applicant: _____
Birthdate: _____ Social Security Number: _____

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: _____

**Does/will the household receive rent assistance? If so, indicate from what source?
(Section 8, Rural Development RA, etc.) YES or NO**

*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)	

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 # or State ID #: _____ State: _____ E-mail address of Applicant: _____
Birthdate: _____ Social Security Number: _____

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: _____

**Does/will the household receive rent assistance? If so, indicate from what source?
(Section 8, Rural Development RA, etc.) YES or NO**

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



Affordable Housing Program Pre-Application

Please print legibly. This must be filled out completely. If anything is left blank your application will not be accepted.

List **all** anticipated occupants of the apartment including unborn children and live-in aides.

*Relationship to the head of household **must be** spouse (legal), co-head, other adult, dependent, foster child/adult or live-in aide.

	First Name	Last Name	Date of Birth	Relationship to the Head of Household*	Are you or will you be a student in K- 12 th grade, or at college or university in 2024? Check Yes or No		Check full-time OR part-time for each student.	
					Yes	No	Full	Part
1				Head				
2								
3								
4								

List the monthly income before taxes or any deductions for each occupant. Income includes employment, Social Security, SSI, public assistance, self-employment (such as Uber, Lyft, Door Dash, etc.), unemployment, disability benefits, pension payments, and any other income.

Occupant # _____ Monthly income \$ _____ Source of Income _____

Occupant # _____ Monthly income \$ _____ Source of Income _____

Occupant # _____ Monthly income \$ _____ Source of Income _____

Occupant # _____ Monthly income \$ _____ Source of Income _____

List the total balance of assets for each occupant including checking, savings, 401K, other retirement accounts, pensions, annuities, money market, Go Fund Me, Venmo, Cash App, house or land owned, stocks, investments, and any other assets. **This includes any accounts for minors listed above.**

Occupant #1 total assets _____ Occupant #2 total assets _____

Occupant #3 total assets _____ Occupant #4 total assets _____

I/We certify the information provided in this pre-application is true and correct. I understand my having provided any false information will result in my/our application being canceled or denied or in termination of my housing. I understand I/we am required to provide documentation of income, assets, and student status for all occupants with seven days of my initial application with Management. Failure to provide documentation timely will result in cancellation or denial of my application.

All adults (18 and older) listed above must sign and date this pre-application.

Head of Household Signature Date

Adult Signature Date

Adult Signature Date

Adult Signature Date

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:
 - 1 bedroom 1 - 2 occupants
 - 2 bedrooms 2 - 4 occupants
 - 3 bedrooms 3 - 6 occupants
 - 4 bedrooms 4 - 8 occupants
 - 5 bedrooms 5 - 10 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 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



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 ACCAP 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		Head			
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		Gross Monthly
Amount			
		1. Wages, salaries (include overtime, tips, bonuses, commissions, etc.)	\$
		2. Does any member work for someone who pays them in cash, is self-employed or does "app" or "gig" work.	\$
		3. Regular pay for a member of the armed forces	\$
		4. Public Assistance (MFIP, GA, MSA) <u>Benefits are received by (circle one)</u> direct deposit check cash card	\$
		5. Worker's compensation	\$
		6. Unemployment benefits or severance pay	\$
		7. Student financial assistance (public or private, not including student loans)	\$
		8. Child support (check yes if you have a court order, even if you are not receiving the full amount awarded) .	\$
		9. Alimony/Spousal Maintenance	\$
		10. Social Security income (including unearned income of minor children)	\$
		11. Disability benefits including social security disability	\$
		12. Regular payments from pensions (PERA, railroad, etc.)	\$
		13. Regular payments from retirement benefits	\$
		14. Death Benefits	\$
		15. Regular payments from annuities or life insurance dividends	\$
		16. Regular payments from inheritance, insurance settlement, lottery winnings, etc.	\$
		17. Net income from rental property	\$
		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).	\$
		19. Are any changes to income expected within the next 12 months due to a raise, bonus or other reason?	\$
		20. Other (list) _____	\$

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/disposed	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	
<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:** _____

ANNUAL STUDENT CERTIFICATION

Effective Date: _____
 Move-in Date: _____
(MM/DD/YYYY)

This Annual Student Certification is being delivered in connection with the undersigned's application/occupancy in the following apartment:

Head of Household Name: _____ Unit Number: _____
 Property Name: ACCAP Building Address: _____

Check A, B, or C, as applicable (note that students include those attending public or private elementary schools, middle or junior high schools, senior high schools, colleges universities, technical, trade, or mechanical schools, but does not include those attending on-the-job training courses):

- A. _____ Household contains at least one occupant who is not a student and has not been/will not be a student for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). *If this item is checked, no further information is needed. Sign and date below.*
- B. _____ Household contains all students, but is qualified because the following occupant(s) _____ is/are a PART TIME student(s) who have not been/will not be a full time student for five months or more of the current and/or upcoming calendar year. *Verification of part-time student status is required for at least one occupant. If this item is checked, . Sign and date below. Verification of part time student status is required for at least one occupant.*
- C. _____ Household contains all students who were, are, or will be FULL-TIME students for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). *If this item is checked, questions 1-5, below **must be** completed:*

- | | | |
|---|-----|----|
| 1. Is at least one student receiving Temporary Assistance to Needy Families (TANF), otherwise known as Minnesota Family Investment Program (MFIP)? (provide release of information for verification purposes) | YES | NO |
| 2. Does at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar, federal, state or local laws? (attach verification of participation) | YES | NO |
| 3. Is at least one student a single-parent with child(ren) <i>and</i> this parent is not a dependent of someone else, <i>and</i> the child(ren) is/are not dependent(s) of someone other than a parent? (attach student's and if applicable, divorce/custody decree or other parent's most recent tax return) | YES | NO |
| 4. Are the students married and entitled to file a joint tax return? (attach marriage certificate or tax return) | YES | NO |
| 5. Does the household consist of at least one student who was under the care and placement responsibility of the state agency responsible for administering foster care? (provide verification of participation) | YES | NO |

*Full-time student households that are income eligible and satisfy one of the above conditions are considered eligible. If C is checked and questions 1-5 are marked **NO**, or verification does not support the exception indicated, the household is considered ineligible.*

Under penalties of perjury, I/we certify that the information presented in this Annual Student Certification is true and accurate to the best of my/our knowledge and belief. I/we agree to notify management immediately of any changes in this household's student status. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the lease agreement.

All household members age 18 or older must sign and date.

Signature	(Date)	Signature	(Date)
Signature	(Date)	Signature	(Date)

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 <small>(see key)</small>	Race <small>(see key)</small>	Hispanic Latino	Work Status <small>(see key)</small>	Disability <small>(see key)</small>	Military Status <small>(see key)</small>	Education <small>(see key)</small>	Health Coverage <small>(see key)</small>
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 (C) Child Support (D) Dividends/Interest	(B) Self-Employed (S) Social Security (I) Supplemental Security Income
2.	_____ \$ _____ \$	(E) Earned Income/Wages (F) No Income	(H) Social Security Disability Insurance (V) Veterans Benefits
3.	_____ \$ _____ \$	(G) General Assistance (M) MFIP	(U) Unemployment Benefits (W) Workers Compensation
4.	_____ \$ _____ \$	(W) DWP (R) Retirement	(O) Other _____
<p style="text-align: center;">Non-Cash Benefits</p> <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 _____	<p style="text-align: center;">Household type</p> <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 _____	<p style="text-align: center;">Housing Situation</p> <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 _____	<p style="text-align: center;">Special Circumstances</p> <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 _____