

# Instructions for Carver County COVID Housing Assistance Fund Application

Complete this form to apply for emergency housing and utility assistance from the Carver County and the Carver County CDA Housing Assistance Fund.

After you complete this application, it will be reviewed, and you will be contacted for additional information before receiving final approval or denial. These verifications include:

To speed up processing, please attach verifications with this form, including

- Contact information for the landlord
- Current mortgage statement
- Current utility bills or other statements showing account numbers for utilities including gas, water, electricity, and septic (trash and internet are not eligible)
- Complete 2020 and 2021 (when they become available) tax returns and W2s
- Complete bank statements showing all pages for the last 60 days
- Documentation showing income for the last 60 days, this includes, but is not limited to: paystubs with year-to-date income shown, social security or other retirement benefit letter(s), child support and/or unemployment payment history
- Change of employment due to COVID-19
- Proof of increase costs from 2020 to current in childcare, internet/computer, utilities, or transportation (if applicable)
- Amount of rent/mortgage/HOA, property tax, insurance and/or utilities owed
- Additional documentation may be requested in order to evaluate each household's circumstances

## Eligibility

- Currently rent or own your primary housing within Carver County.
- U.S Citizen, LPR or other legal immigrant status or have dependent children in the home who are U.S. Citizens or have a legal immigrant status.
- Applicant household income of 100% or less of area median income (less than \$73,430 for household of 1; less than \$83,920 for households of 2; less than \$94,410 for households of 3; less than \$104,900 for households of 4 etc.).
- Applicants who
  - Have experienced a financial hardship directly or indirectly due to the pandemic:
    - Reduction in household income since March 1, 2020 because of
      - Employment loss
      - Loss of hours
      - Unable to work because of COVID or being quarantined and did not receive sick leave/PTO/COVID pay during that time
    - Significant cost increases (10%), including an increase in childcare, added internet/computer/utility costs due to being required to work from home/attend school from home, alternative transportation costs
    - Healthcare costs, including care at home for individuals with COVID
    - Forced to leave work because of loss of childcare/child in distance learning
- Do not have sufficient funds to cover housing or utility costs, including earned income, Minnesota Family Investment Program (MFIP), disability benefits, Unemployment Insurance, stimulus payments, etc.
- Have eligible expenses incurred since March 1, 2020.
- Applicants receiving subsidized housing based upon their income or other rental assistance are not eligible for help with their rent but may receive assistance for utilities if their utilities exceed their utility allowance.
- Those that have utilized other forms of emergency assistance for the current month do not qualify for the current month.
- At the time of application, applicants must not be facing eviction for other reasons other than non-payment.
- The emergency must not be caused by a family member's refusing employment or refusing training for employment without good cause.

## Questions/Application Submission

Questions: Please contact the CDA at 952-448-7715

Applications can be submitted via:

Mailed to/Dropped off: Carver County CDA 705 N Walnut St. Chaska MN 55318

Faxed at: 952-448-6506

Emailed to: [reception@carvercda.org](mailto:reception@carvercda.org)



# Carver County COVID Housing Assistance Fund Application

## Applicant Information

Last Name:		First Name:		Middle Name:	
Street Address:		Apt#:	City:	State: Minnesota	Zip Code:
E-mail Address:		Phone Number:		Preferred Communication <input type="checkbox"/> Phone <input type="checkbox"/> Email	
Date of Birth:			Social Security Number:		
Race (Optional): <input type="checkbox"/> White <input type="checkbox"/> Black / African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian / Native American <input type="checkbox"/> Native Hawaiian / Pacific Islander <input type="checkbox"/> Multiple Races <input type="checkbox"/> Other <input type="checkbox"/> Decline to answer			Ethnicity (Optional): <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		
			Gender (Optional): <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans/Non-Binary <input type="checkbox"/> Decline to Answer		
Disabling Condition (Optional): <input type="checkbox"/> Yes <input type="checkbox"/> No			Veteran Status (Optional): <input type="checkbox"/> Veteran <input type="checkbox"/> Non-Veteran		
Will you need an interpreter for phone calls? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you a U.S. Citizen? ____ Yes ____ No			
		What is your immigrant status? _____			
What is your preferred spoken language?		Highest level of education completed: ____ Highschool diploma/GED    ____ Some high school ____ Bachelor's degree    ____ Some college/trade ____ Graduate degree    ____ Associates degree			

## Co-Applicant Information

Last Name:		First Name:		Middle Name:	
Date of Birth:			Social Security Number:		

## Household and Income Information

A household includes everyone living in the unit. Gross income includes wage earnings before deductions, unemployment insurance, disability benefits, social security, county benefits, child support, etc. Income verification will be required for anyone earning income over the age of 18.	
Household Size: <input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8+ <input type="checkbox"/> 3 <input type="checkbox"/> 6	How much gross income did your household (all earners) receive in the last 30 days?
This is a single-parent household: ____ Yes ____ No	What was your gross income from 2020 (all earners)? (Gross income can be found on your 2020 tax form)
List ages of all dependents:	
Marital Status:	

**Please explain why you are unable to pay your housing/utility costs:**

**Please explain how you have been impacted by COVID19:**

**Are you a renter or homeowner?** \_\_\_\_\_ Renter \_\_\_\_\_ Homeowner

**Type of assistance needed and amount:**

Mortgage Payment: Amount \_\_\_\_\_ Time Period: \_\_\_\_\_

HOA Dues: Amount \_\_\_\_\_ Time Period: \_\_\_\_\_

Rent Payment: Amount \_\_\_\_\_ Time Period: \_\_\_\_\_

Utility Payment: Amount \_\_\_\_\_ Time Period: \_\_\_\_\_

Deposit Payment: Amount \_\_\_\_\_ Rental Unit Entry Date: \_\_\_\_\_

**Have you applied and/or received assistance since March 2020 with housing and/or utility expenses? Please indicate the agency and amount received:**

\_\_\_\_\_ Carver County CARES Housing Stability Program (fall 2020) Amount Received: \$ \_\_\_\_\_

\_\_\_\_\_ COVID-19 Housing Assistance Program (CHAP) (fall 2020) Amount Received: \$ \_\_\_\_\_

\_\_\_\_\_ Carver County Emergency Assistance Program Amount Received: \$ \_\_\_\_\_

\_\_\_\_\_ CAP Agency Energy Assistance Program Amount Received: \$ \_\_\_\_\_

\_\_\_\_\_ Carver County COVID Relief Fund (2021) Amount Received: \$ \_\_\_\_\_

\_\_\_\_\_ RentHelp MN/HomeHelp MN (2021-2022) Amount Received: \$ \_\_\_\_\_

## Certifications and Attestations

By initialing each line below, you are certifying and self-attesting to the following statements:

- \_\_\_\_\_ I certify that if I receive aid from another source to pay for this month's housing emergency costs identified above, I will notify my financial assistance provider immediately. I certify that I have not already received help from another source to pay for this month's housing emergency.
  
- \_\_\_\_\_ I attest that the information I provided on this form is true and accurate. I understand that I may be asked to provide further verification at a later point.
  
- \_\_\_\_\_ I approve Carver County and Carver County CDA to share this information with community agencies funded from state, federal and local resources for housing assistance.

## Authorization and Release to Verify

By initialing and signing this application below you are authorizing Carver County and Carver County CDA to verify with the appropriate agencies to understand the amounts and months you have previously received assistance for your housing and utility costs:

- \_\_\_\_\_ Carver County CARES Housing Stability Program
  
- \_\_\_\_\_ COVID-19 Housing Assistance Program (CHAP)
  
- \_\_\_\_\_ Carver County Emergency Assistance Program
  
- \_\_\_\_\_ CAP Agency Energy Assistance Program
  
- \_\_\_\_\_ Carver County COVID Relief Fund
  
- \_\_\_\_\_ RentHelp MN/HomeHelp MN

Printed full name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

## Consent for Release Regarding Rental, Mortgage and/or Utility Assistance

### Shelter

I give Carver County and the Carver County CDA permission to contact my Landlord, Management Complex, Mortgage Company/Service, HOA, Utility Company or others listed below. Fill out all applicable sections.

### Renters

This release is needed to verify the following so that eligibility can be determined:

- Eviction status, verification of payment history and household members.
- Verification of outstanding rental balance, including costs with the eviction
- Extension requests to stop the eviction process. Arrangement for payment, if eligibility is approved.
- If the landlord, management complex contacts the agency to inquire on the status of an assistance request.

Name of Landlord, Management Complex: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Name of Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Please complete the following information if there are others on the lease besides you or the co-applicant

Contact Phone Number: \_\_\_\_\_

Name of Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

### Homeowners

Mortgage company/service: \_\_\_\_\_ Investor: \_\_\_\_\_

Current monthly payment: \_\_\_\_\_ Interest Rate: \_\_\_\_\_ Fixed Rate % \_\_\_\_\_ ARM Rate %

If ARM: Rate prior to reset \_\_\_\_\_% Previous payment: \$ \_\_\_\_\_

Term type (30 year, 20 year, 2/28, etc.) \_\_\_\_\_

Current Principal Balance: \_\_\_\_\_

Delinquency: # Months behind \_\_\_\_\_ Past Due Amount \$ \_\_\_\_\_

Have you been behind on this mortgage before? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you received a loan modification before? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you talked to the mortgage company/service? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you heard from a foreclosure attorney? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is there a foreclosure sale (Sheriff's Sale) scheduled? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, date: \_\_\_\_\_

2<sup>nd</sup> Mortgage: Company \_\_\_\_\_ # Months Delinquent \_\_\_\_\_ Monthly Payment \_\_\_\_\_

3<sup>rd</sup> Mortgage: Company \_\_\_\_\_ # Months Delinquent \_\_\_\_\_ Monthly Payment \_\_\_\_\_

Property Taxes: Escrowed \_\_\_\_\_ Yes \_\_\_\_\_ No Amount Delinquent \$ \_\_\_\_\_

Homeowners Ins.: Escrowed \_\_\_\_\_ Yes \_\_\_\_\_ No Amount owed \$ \_\_\_\_\_

Policy lapsed? \_\_\_\_\_ Yes \_\_\_\_\_ No Notice of Force-placed? \_\_\_\_\_ Yes \_\_\_\_\_ No

*Homeowners Association or Mobile Home Park*

Name of HOA or Mobile Home Park: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Name of Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

# of Months Delinquent \_\_\_\_\_

Monthly Payment \_\_\_\_\_

*Utilities*

I give Carver County and Carver County CDA permission to contact others on the account and any of the gas, electric, water companies, including but not limited to the ones listed below, that I currently have for service or had within the last year, to determine my eligibility:

- CenterPoint Energy, Xcel Energy, McLeod Coop, Minnesota Valley Electric Cooperative
- City of Carver, Chanhassen, Chaska, Cologne, Hamburg, Mayer, New Germany, Norwood Young America, Victoria, Watertown and Waconia.

You can:

- Verify my payments for the last year and the amount and status of my bill(s).
- Obtain an extension from shut off, if necessary.
- Make arrangements for payment if I am eligible for assistance.

Utility company: \_\_\_\_\_

Account # \_\_\_\_\_

Accountholder's name: \_\_\_\_\_

Accountholder's phone/address/email if different than applicant: \_\_\_\_\_

Utility company: \_\_\_\_\_

Account # \_\_\_\_\_

Accountholder's name: \_\_\_\_\_

Accountholder's phone/address/email if different than applicant: \_\_\_\_\_

*Signature*

This release is valid for 1 year from the date I have signed below or 1 year from the date I withdraw it in writing. You do not have to sign this release. However, it is not possible to process your request if you choose not to.

I attest that the information I provided on this form is true and accurate. I understand that I may be asked to provide further verification at a later point.

Printed full name: \_\_\_\_\_

Signature: \_\_\_\_\_

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



Portions of the funding being used to assist you in your application to the Carver County Community Development Agency may have been provided by, Carver County ("CC"), the Carver County CDA ("CCCDA"), the Minnesota Housing Finance Agency ("MHFA"), the Metropolitan Council ("Met Council"), United States Department of Housing and Urban Development ("HUD") and/or other local, state or federal funding sources. The information attached hereto is being requested for the purpose of evaluating your application, determining compliance with the Minnesota Human Rights law and to monitor compliance with federal equal credit opportunity, fair housing and home mortgage disclosure laws for certain types of loans related to a dwelling, as well as monitoring the general performance of the various funding programs provided by the CC, CCCDA, HUD, MHFA, Met Council and/or other local, state or federal funding sources. You are not required to furnish the information requested regarding race, ethnicity and gender, but are encouraged to do so. Federal and State laws provide that a lender may not discriminate on the basis of this information, nor on whether you choose to furnish it.

The disclosure of your Social Security number(s) or Minnesota Tax Identification number(s) are (is) mandatory for participation in this particular program, by virtue of the Minnesota Revenue Recapture Act of 1980 (Minnesota Statutes, Section 270A.01 to 270A.12) as well as Federal regulations/requirements which are required within the funding programs. Supplying such information could result in the application of state tax refunds to the payment of any tax delinquent indebtedness resulting from this or any other special financing Programs. Such information may also be made available to state or federal tax authorities and state and federal personnel involved in the collection of such obligations.

Use of the data requested in the attached form is limited to that necessary for the administration and management of the funding programs by CC, CCCDA, HUD, MHFA, Met Council and/or other local, state or federal funding sources, or those under contract with CC, CCCDA, HUD, MHFA, Met Council and/or other local, state or federal funding sources, or in instances where access to this data is authorized by federal and/or state law, it may be made available to other governmental entities.

I/We hereby authorize and consent to the above-described use of the attached information. With regard to the sharing of such information, I/we recognize that the authorizations provided under this document will expire one (1) year from the below listed date without any further action or notice by me/us. At any time prior to the natural expiration of the authorizations provided in this document, I/we may revoke such authorizations provided in this document, by giving written notice to CCCDA at the following address: Carver County CDA, 705 Walnut Street, Chaska, MN 55318 Attn: Community Development Manager

The data you are being asked to provide is subject to and defined in the Minnesota Government Data Practices Act, Minnesota Statutes Chapter 13. Under the Data Practices Act, some of this data is classified as public data, the remaining information classified as private or confidential. Private and confidential data is available only to you and the entities listed above with a bona fide need to know such information to process and make a decision on the approval of your application. Public data is available to anyone requesting it and consists of all data furnished in the application process that is not designated private or confidential.

I/We have read and understand the above information regarding my rights as a subject of government data.

\_\_\_\_\_  
(Applicant)

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

\_\_\_\_\_  
(Co-Applicant)

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

Applicant Address: \_\_\_\_\_



**CONSENT:**

I authorize and direct any Federal, State or local agency organization, mortgage or loan company or other business, as well as the owner of the mortgage loan (such as Fanne Mae or Freddie Mac), or individual to release to the Carver County Community Development Agency (CDA), any information or materials needed to complete and verify my application to receive housing assistance and/or for participation in a housing rehabilitation program.

I understand and agree that this authorization or the information obtained with its use may be given to and used by the Carver County CDA in administering and enforcing program regulations. I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and participation in a loan or housing counseling program.

**COMPUTER & INFORMATION MATCHING:**

I understand and agree that the Carver County CDA may conduct computer matching to verify the information supplied for my application. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove that information. Carver County CDA may in the course of its duties exchange such automated information with other Federal, State or local agencies, including but not limited to: State Employment Security Agencies, Department of Defense, Office of Personnel management, the U.S. Postal Service, the Social Security, State & County agencies.

The groups or individuals that may be asked to release the above information (depending on program requirements) include but are not limited to:

- |                                  |                                |                                |
|----------------------------------|--------------------------------|--------------------------------|
| Mortgage/Loan Companies          | Past & Present Employers       | Veterans Administration        |
| Income Provision Agencies        | Retirement Systems             | Banks & Financial Institutions |
| Attorneys, Courts & Post Offices | Credit & Credit Law Bureaus    | State Unemployment Agencies    |
| Schools & Colleges               | Social Security Administration | Previous Landlords             |
| Enforcement Agencies             | Utility Companies              | Child Care Providers           |
| Medical Providers                | Support & Alimony Providers    | Insurance Companies & Agents   |
| Carver County                    | His House Foundation           |                                |

**CONDITIONS:**

I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in effect until my loan application has been completed or terminated or for 1(one) year, as needed to help my situation.

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Borrower	Print Name	Last 4 SS#	Date
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Borrower	Print Name	Last 4 SS#	Date
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Print Property Address, City, State, Zip