



RENTHELPMN COVID-19 Emergency Rental Assistance

Application for Assistance

To apply using this paper application, please fill out the applicable sections and sign the application where indicated. Mail or Fax your application as indicated on page 2 of the application.

How Much Assistance is Available?

Every household's situation is different, so the amount of assistance you may receive will be specific to your needs.

You may request assistance back to March 13, 2020. Prior expenses are not eligible.

Eligible costs include: rent, manufactured home lot rent, rental of a manufactured home, utilities including electric, gas, power, heat, water, sewer, bulk fuel, eviction costs, fees charged by your landlord, hotel costs if the hotel is your residence, and other costs related to keeping you in your home.

If you are requesting rental assistance, make sure the amount you request will be accepted by your landlord. If they challenge the amount, it can delay your application's processing.

Costs that are not eligible include: homeowner costs, homeowner utilities, landlord-paid utilities, landlord-paid property taxes, property insurance, phone, internet, renter insurance.

How can RentHelpMN help me?

Depending on your circumstances, RentHelpMN assistance may:

- Bring your delinquent rent or utility bill(s) current.
- Pay up to 3 months of future rent at a time, until funds run out.

What happens next?

If you qualify for rent assistance, we will request approval from your landlord/property manager. If your landlord/property manager approves, we will send payments directly to them to bring your rent current and pay up to 3 months of forward rent. If the landlord will not accept the funds through the program, you may be eligible to receive assistance directly to pay your rent.

If you qualify for utility assistance, we will work with your utility company(ies). If your utility company(ies) approve, we will send payments directly to them to bring your utilities current.

What else do I need to know?

For more information, call or text 211.

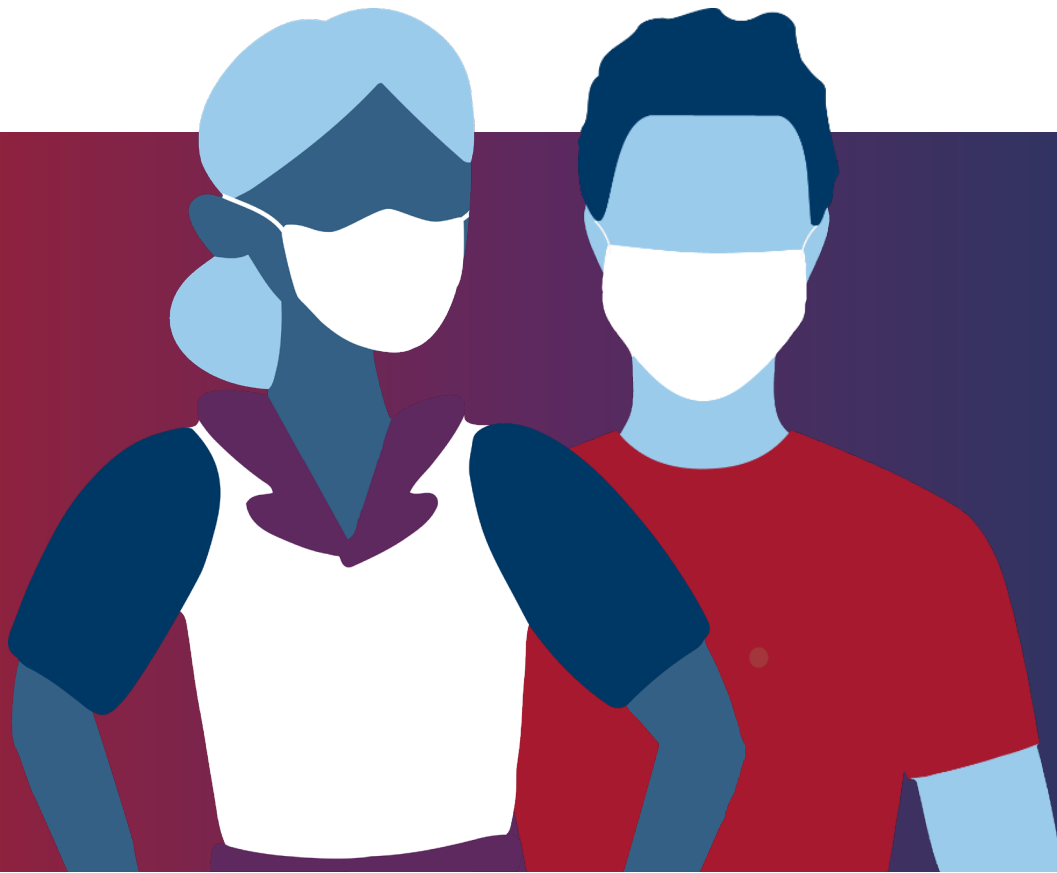
Please retain this page for your records.

Tennessee Warning:

The purpose of this notice is to enable you to make an informed decision about whether to give data about yourself. This information is being collected to facilitate the implementation of the Emergency Rental Assistance Program, to effectively manage and evaluate the program's effectiveness, to comply with reporting requirements to the United States Department of Treasury, and to efficiently administer future COVID-related housing assistance programs specifically authorized by the legislature or mandated by the federal government. You are not legally required to provide any of the requested data; however, if you do not provide the data, we may not be able to provide you with the services or resources you are requesting. Your data may be shared between the Minnesota Housing Finance Agency, local jurisdictions implementing the Emergency Rental Assistance Program (Anoka County, Dakota County, Hennepin County, Ramsey County, Washington County, the City of Minneapolis, the City of Saint Paul), the United States Department of Treasury, the program administrators and contractors, community agencies funded from state, federal, and local resources that help provide housing assistance, and the organization(s) identified as holding debt for which you are seeking assistance, and other parties the Minnesota Housing Finance Agency deems necessary. The data can also be shared upon court order or provided to the state or legislative auditor.

Privacy Act Notice:

Authority: The Minnesota Housing Finance Agency (MHFA) and the local jurisdictions (the counties of Anoka, Dakota, Hennepin, Ramsey, and Washington, and the cities of Minneapolis and Saint Paul, collectively the "local jurisdictions") are authorized to collect private data, which may include your social security number if voluntarily provided, by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), the Fair Housing Act (42 U.S.C. 3601-19), the Minnesota Government Data Practices Act (Minn. Stat. Ch. 13) (hereafter "MGDPA"), and by Minn. Stat. 462A.05. **Purpose:** Your private data, as defined by the MGDPA, is being collected by MHFA and the local jurisdictions to determine your eligibility toward the COVID-19 Emergency Rental Assistance Program. **Other Uses:** MHFA and the local jurisdictions also use your private data to effectively manage and evaluate the program's effectiveness, to comply with reporting requirements to the U.S. Department of Treasury, and to efficiently administer future COVID-related housing assistance programs specifically authorized by the legislature or mandated by the federal government. Your private data may be released to federal, state, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, your private data will not be otherwise disclosed or released outside of MHFA, the local jurisdictions, or their agents, contractors, or assigns, except as permitted or required by law. **Penalty:** You must provide all of the private data required to process your application and may provide any private data that is optional to process your application. Failure to provide any of the required data may result in a delay or rejection of your eligibility for emergency rental assistance.



RentHelpMN COVID-19

Emergency Rental Assistance

Application

If you have experienced hardship due to COVID-19 and need assistance to pay your rent or utility bills, you may be eligible for **RentHelpMN**.

To be eligible, you must answer ‘yes’ to all of the following statements:

- ☐ I am a renter household in Minnesota.
- ☐ My household income meets the Program’s limits.
- ☐ Someone in your household (1) qualified for unemployment or (2) had a decrease in income or increase in expenses due to COVID-19.
- ☐ Someone in your household is at risk for housing instability or homelessness.

To complete this application you will need to fill out all of the requested information, sign where indicated, obtain copies of required documents, and include both the signed application and all attachments in the enclosed, postage-paid envelope. Your application will not be processed until received. The mailing address is:

RentHelpMN
Loffler Document Services
1055 American Blvd E, Suite A
Bloomington, MN 55420

Fax number: **952-285-2318**

Do not send any original documents. Your application and all attachments will not be returned to you.

Tenant Documentation Checklist:

To process your application the RentHelpMN program needs to collect documents to show you are eligible and your expenses can be covered. Further information can be found at RentHelpMN.org or by calling 211.

Please have ready at least one in each category:

- 1. Identification document for the Head of Household**
State issued ID, driver’s license, passport, ITIN, Tribal ID, or other form of ID
- 2. Rental agreement**
A signed lease, or if you do not have one a signed statement from your landlord with your rent amount, or other documents that show you pay rent at your address
- 3. Income Eligibility Documents for All Adults**
A signed 1040 tax return document for the year 2020, or all W2s and 1099s, or pay stubs and pay documents for the last 2 months, or if you have no income you may self-attest.
- 4. Assistance Request Documents**
 - Past due rent statement, tenant ledger, or invoice from your landlord showing what you owe
 - Past due utility bills including water, sewer, power, gas, electric, fuels, trash
 - Bills for other housing expenses such as fees charged by your landlord

Any households that cannot provide requested documentation will be contacted during the application process to discuss options, which may cause delays in processing.



Assistance is provided on a fair and equal basis and the RentHelpMN program does not discriminate on the basis of race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, disability, familial status, gender identity or sexual orientation.

Application

Field partner code:
(if none, leave blank)

Please complete all of the following information. Once you have answered all questions, please sign and date the application and attachments.

If you have questions about any of the requested information or required documentation, or to request a reasonable accommodation, please call 211 for assistance.



Applicant Head of Household Information:

First Name:

Last Name:

Date of birth:

I am a renter.

Social security number:
(not required)

Tax identification number:
(not required)

Other ID number:
(not required)

How can we contact you?

Phone:

Secondary phone:

Email:

Family or friend phone or
email:

Agency or case manager
phone or email:

Race (select the one category that best applies to you):

American Indian – Anishinaabe / Ojibwe
American Indian – Dakota / Lakota
American Indian – Other North American Origin / Tribal Affiliation
American Indian – Central or South American Origin
American Indian – Other
Asian – Hmong
Asian – Indian
Asian – Chinese
Asian – Vietnamese
Asian – Other
Black – African American (family has been in the United States for multiple generations)
Black – Somali
Black – Ethiopian
Black – Other
Pacific Islander
White – European
White – Middle Eastern or North African
White – Other
Some Other Race
Multiracial – More than one broad race category applies
Prefer Not to Answer

Hispanic, Latinx or Spanish Origin (Select the One Category that Best Applies to You)

Hispanic/Latinx – Mexican
Hispanic/Latinx – Puerto Rican
Hispanic/Latinx – Cuban
Hispanic/Latinx – South or Central American
Hispanic/Latinx – Spanish Origin
Hispanic/Latinx – Other
Not Hispanic/Latinx
Prefer Not to Answer

Sex/Gender (check one):

Male	Female
Transgender Female	Transgender Male
Non-binary/Non-Conforming	Not Listed or Prefer Not to Answer

Primary language (check one):

- | | |
|---|----------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Hmong |
| <input type="checkbox"/> Somali | <input type="checkbox"/> Karen |
| <input type="checkbox"/> Oromo | <input type="checkbox"/> Other |
| <input type="checkbox"/> Prefer not to answer | |

Does any member of your household have a disability?

- ☐ Yes
 ☐ No
 ☐ I prefer not to answer

Street Address:

Street Address Line 1

Street Address Line 2

City _____, Minnesota

Zip Code: _____ County: _____

Household Information:

How many people live in your household, including all adults and children?

Select one:

My Mailing Address is the same as the property address.

My Mailing Address Is:

Mailing Address Line 1

Mailing Address Line 2

City

Zip Code: _____ County: _____

Additional Household Members Information (names and dates of birth are only required for adults):

Additional Household Members	First Name	Last Name	Date of Birth
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Member 1:

Member 2:

Member 3:

Member 4:

Member 5:

Member 6:

CHILDREN Household Members Birth Dates Only:

Child #1 Age	Child #2 Age	Child #3 Age	Child #4 Age	Child #5 Age	Child #6 Age
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Request for Additional Information

Have you applied for or received assistance from any other program such as COVID Housing Assistance Program, local government programs, Tribal programs for the same costs you are requesting in this application?

☐ No☐ Yes, but I am only asking for costs that have not been paid**Landlord information:**

Provide all information you have and RentHelpMN will contact your landlord

Property owner name:

Cell phone number:

Work phone number:

Email address:

Business name:

Landlord information, continued from page 6

Provide all information you have and RentHelpMN will contact your landlord

Mailing address (line 1):

Mailing address (line 2):

Mailing address state:

Mailing address zip:

Contact person name:

Contact person cell phone:

Contact work phone:

Email address:

Are you related to the landlord?

No

Yes

My eviction status is (check one):

I am behind but I have not received an eviction or lease termination notice

I have received a notice of eviction or lease termination

I have received a notice of nonrenewal of my lease

I have received an eviction summons (notice to appear in court)

I went to housing court and lost an eviction action

I have been served with a writ of recovery

Not Applicable

Request for Assistance

In this section please fill out all of the rent, rental fees, and utility costs you are applying to receive:



Rent Assistance

Who pays this bill? (household member name):

Total past due rent (\$):

As of date:

Total past due fees (\$):

Please include an itemized rent due statement or fill in the attached table on page 16.

Check here to request 3 future months of rent assistance (recommended):

Rent amount per month for future months: \$



Utility payments:

Water or Water/Sewage (if together)

Who pays this bill?

This bill is paid to:

Account number:

Amount past due:

Billing period:

Is this utility disconnected?

Yes

No

Sewer (if separate)

Who pays this bill?

This bill is paid to:

Account number:

Amount past due:

Billing period:

Is this utility disconnected?

Yes

No

Electric or Electric/Gas (if together)

Who pays this bill?

This bill is paid to:

Account number:

Amount past due:

Billing period:

Is this utility disconnected?

Yes

No

Gas (if separate)

Who pays this bill?

This bill is paid to:

Account number:

Amount past due:

Billing period:

Is this utility disconnected?

Yes

No

Utility payments, continued from page 8

Trash

Who pays this bill?

This bill is paid to:

Account number:

Amount past due:

Billing period:

Is this utility disconnected?

Yes

No

Bulk Fuels (firewood, heating oil, wood pellets, propane)

Who pays this bill?

This bill is paid to:

Account number:

Amount past due:

Billing period:

Is this utility disconnected?

Yes

No

I am requesting assistance for the rent, utility and other costs listed in this application through RentHelpMN. I understand any payments are subject to program eligibility, adequate verification, and available resources. The applicant and any co-applicants and residents 18 years and older (if any) (the "Household") authorizes all people, entities, or organizations identified as holding a debt for which assistance is sought to share, release, discuss, and otherwise provide all information needed to process the application, confirm the relationship and the debt owed, and address any issues related to the application with all government entities, program administrators, and contractors administering and/or processing applications under the COVID-19 Emergency Rental Assistance program. The Household agrees to execute any additional release of information that may be deemed necessary to process the application.

SIGN HERE:

Individual Applicant Request for Assistance and Duplication of Benefits Statement, Certification, and Subrogation Agreement

Identification of Other Benefits

The RentHelpMN program provides emergency assistance with rent and utility expenses and certain other expenses related to housing incurred as a direct or indirect result of COVID-19 on behalf of renter households. The program is federally funded and assistance can only be provided for expenses that are not otherwise being paid by a government program. You must not request assistance for any amount of your rent or other types of assistance sought that will be paid by another government program.

I certify that the information provided is true and accurate to the best of my knowledge. I understand that providing false, misleading or incomplete information may result in ineligibility for this program and other government assistance programs, repayment and recapture of funds, and other legal action. I agree to repay any funds received through this program for expenses that are paid by another source of government assistance.

SIGN HERE:

Household income and COVID-19 hardship

What should I include as income?

You should include all sources of income that you receive, and include the amount of income that you earn before any deductions are taken for insurance, taxes, retirement, Medicare, etc. Your total (gross) income is what will be considered for eligibility.

The following types of income are not included in income calculation:

- Earned income of minors (age 17 and under)
- One-time federal household stimulus payments
- Income of live-in health aids
- Non-cash benefits such as childcare or medical care assistance and food support
- One-time cash gifts, for example a birthday

To report 2020 1040 Adjusted Gross Income (or, report Last 60 Days Income below):

First and last names:

(List all household members 18 years and over)

**2020 1040
or Benefit Eligibility letter**
(Adjusted Gross Income)

\$

\$

\$

Household income and hardship, continued from page 10

2020 1040 Adjusted Gross Income, continued

First and last names:

(List all household members 18 years and over)

2020 1040

or Benefit Eligibility letter

(Adjusted Gross Income)

\$

\$

\$

Any adult household members stating they receive no income must complete a Certification of No Income on page 15

To report 1099, W2 or K1 income for 2020, enter the gross amount for ALL income types:

First and last names:

(List all household members 18 years and over)

Source of income:

(Business name, Social Security,
Unemployment, etc.)

Last 60 Days Gross Income

\$

\$

\$

\$

\$

\$

Household income and hardship, continued from page 11

To report monthly income for the past 60 days, enter the gross amount for ALL income types.

First and last names:

(List all household members 18 years and over)

Source of income:

(Business name, Social Security, Unemployment, etc.)

Last 60 Days Gross Income

\$

\$

\$

\$

\$

\$

Any adult household members stating they receive no income must complete a Certification of No Income on page 15.

Self-Certification of (I) Unemployment or (II) Decreased Income and/or Increased Expenses due, either directly or indirectly, to COVID-19:

Since March 13, 2020, a member of my household qualifies for unemployment benefits.

Date most recently unemployed:

Applied for unemployment:

Date unemployment awarded:

Date of re-employment:

Since March 13, 2020, a member of my household has experienced a reduction in household income, incurred significant costs, or experienced other financial hardship due directly or indirectly to the pandemic. The hardship includes (check all that apply):

Reduction in household income

Significant cost increases

Healthcare costs, including care at home for individuals with COVID-19

Purchase of personal protected equipment (i.e., gloves, face masks, face shields)

Penalties, fees, and legal costs associated with rental or utility payments owed

Payments for rent or utilities made by credit card

Moving costs to avoid homelessness or housing instability

Increased childcare costs

Internet access and computer costs required to work or attend school remotely

Alternative transportation costs

Forced leave from work due to school closure or childcare changes

Other

Household income and hardship, continued from page 12

Self-certification of Risk of Homelessness or Housing Instability:

The RentHelpMN COVID-19 Emergency Rental Assistance Program requires that since March 13, 2020, at least one member of the household can demonstrate a risk of experiencing homelessness or housing instability.

Risk of eviction

Risk of lease termination

Living “doubled up”, or in a residence that isn’t permanent for you

Struggling to pay rent and utilities, or rent and utilities are more than your household can afford

Relying on credit cards or depleting savings to pay for rent or utilities

Struggling to pay for essentials such as food, prescription drugs, childcare or transportation

Other

For applicants certifying other hardship and/or housing instability, please provide additional information explaining your situation here:

SIGN HERE:

Tennessen Warning and Privacy Act Notice

I have read and understand the Tennessen Warning and Privacy Act Notice provided with this application.

SIGN HERE:

Final Certification of Completeness

1. The income information provided is accurate and includes the income of all adults in my household from all applicable sources.
2. I am not receiving, and have not applied for, any other source of assistance to pay for the household-related expense(s) listed in this application.
3. The information presented in this application is complete and accurate to the best of my knowledge.
4. I certify that funds will be used for the purposes stated in the application and, if the funds are for prospective rent, I have a reasonable expectation that, for the months I receive rental assistance, the listed property will be my primary residence.
5. I understand that providing false representations constitutes an act of fraud. False, misleading, or incomplete information may result in the denial of my application, the repayment of any funds received through the RentHelpMN program, or other remedies available under law.
6. I have read and understand the Tennessen Warning given to me.
7. I understand this application is not a guarantee of assistance, that my application will be reviewed and must meet Program eligibility guidelines, that all assistance is subject to available resources, and applications will only be accepted while the Program is open.
8. I understand my mailed application and all attachments will be entered into the online application system for RentHelpMN after they are received so that they may be processed for assistance.

SIGN HERE:

TODAY’S DATE:



Attachment Checklist

Please include a copy of any and all documents that support your application for assistance. **Do not send original documents as they will not be returned to you.**

All Applications (all that apply):

Rent Agreement such as lease, expired lease, letter from your landlord outlining your rental arrangement, rent payment receipts

Rent Due Statement or Ledger from your Landlord

Utility Bills

Water or Water/Sewage (if together)

Sewer (if separate)

Electric or Electric/Gas (if together)

Gas (if separate)

Trash

Bulk Fuels (firewood, heating oil, wood pellets, propane)

Head of Household Only:

Identification such as a state-issued ID, driver's license, Tribal ID, international ID, passport

All Adults in Household (all that apply):

Income Documents that match your application:

1040

W2

1099

Pay Statements

Receipts

Other Eligibility Letters provided by government programs or affordable housing providers

Other Pay Documents

Sign the Certification of No Income, attached, for all adults with no income

Certification of No Income

Adult Household Member Name(s) for those certifying no income:

Within the last 12 months, did you receive income from any of the following sources?

Yes No

Wages, salaries, tips, bonus, commissions, etc.

Severance pay

Worker's compensation

Interest/dividends from assets, including bank accounts

Net income from the operation of a business or profession

Income from self-employment, including direct sales consulting (i.e. Mary Kay, Tupperware), Uber/Lyft services, or online sales

Unemployment benefits

Social Security or Supplemental Social Security Income (SSI)

Annuities, pensions, or retirement funds (i.e. IRA, 401K)

Insurance policies, disability, death benefits, or similar types of periodic receipts

Alimony or child support

Regular contributions or gifts received from organizations or other persons not residing in the dwelling (including online donations such as GoFundMe or through a local bank)

Temporary Assistance for Needy Families (TANF)

All regular pay, special pay, and allowances of a member of the Armed Forces, except the special pay to a family member serving in the Armed Forces who is exposed to hostile fire (e.g., in the past, special pay included Operation Desert Storm)

Any other source (if yes, explain)

Certification of No Income, continued from page 15

If you have entered 'no' for all of the questions on the previous page, the household members indicated may certify by signing below that they have no income.

I certify that the information provided is true and accurate to the best of my knowledge. I understand that misrepresenting household income may constitute fraud. If I indicated that my household has no income, I affirm that is accurate and I understand that I may be asked for additional information and documentation to determine eligibility, which may delay the processing of my application. I understand that providing false, misleading or incomplete information may result in ineligibility for this program, repayment or recapture of funds, and other legal action.

Household member 1:

SIGN HERE:

Today's date:

Household member 2:

SIGN HERE:

Today's date:

Household member 3:

SIGN HERE:

Today's date:

Household member 4:

SIGN HERE:

Today's date:

Past Due Rent

For past due rent, attach a statement or ledger or fill out the following to the best of your knowledge.

You may request up to 18 months of total assistance, though the award may be reduced by the program subject to funding availability and eligibility.

Select all months where back rent and fees are owed. You may request 3 months of forward rent starting after today's date.

Month	Original Amount Due	Amount I have paid	Fees due	Amount Still Due
April 2020				
May 2020				
June 2020				
July 2020				
August 2020				
September 2020				
October 2020				
November 2020				
December 2020				
January 2021				
February 2021				
March 2021				
April 2021				
May 2021				
June 2021				

Past Due Rent, continued from page 17

Month	Original Amount Due	Amount I have paid	Fees due	Amount Still Due
July 2021				
August 2021				
September 2021				
October 2021				
November 2021				
December 2021				
January 2022				
February 2022				