

Emergency Rental Assistance Program Information

Thank you for contacting Touchstone Mental Health about the City of Bloomington Emergency Rental Assistance Program. This packet includes information about the program, eligibility, required application materials, and instructions for submitting your application. It also includes forms that must be completed as part of your application.

Please review the information in this packet carefully to ensure that you are eligible for the program and your application materials are submitted correctly.

ABOUT THE PROGRAM

Touchstone has limited funding to provide a one-time payment for eligible households for either:

- Emergency rental assistance for past due rent
or
- Emergency utilities assistance for past due utility payments

PROGRAM ELIGIBILITY

To be eligible for the program:

- Applicants must:
 - Live in the City of Bloomington.
 - Have gross annual household income at or below 80% of the Area Median Income (AMI)- see chart below.
 - If seeking emergency rental assistance, have an eviction notice from landlord and be at risk of homelessness or housing instability.
 - If seeking emergency utility assistance, have a shut off notice.
- Applicants must reapply for additional funding beyond three months of rent assistance.

Eligibility at or below 80% of Area Median Income Guidelines		
Household Size	Household Income	
	Monthly	Annual
1	\$5708	\$68,500
2	\$6521	\$78,250
3	\$7338	\$88,050
4	\$8150	\$97,800
5	\$8804	\$105,650
6	\$9454	\$113,450
7	\$10,108	\$121,300
8	\$10,758	\$129,100

REQUIRED APPLICATION MATERIALS

To Apply for Emergency Rental Assistance Program:

- Complete the Rental Assistance Authorization to Release Information and Intake forms in this packet.
- Provide proof of the last 30 days of income for all adults in the household.
 - This includes all sources of income, such as wages, public benefits, social security, child support, etc.
 - If you have not received any income for the last 30 days, complete the Verification of Zero Income form (page 7 of this packet).
- Provide proof of the household size. Examples include a lease listing all household members, a current tax return, or a benefits statement
- Provide proof of the City of Bloomington address. Examples include a utility bill, benefits statement, or current tax return.
- Provide a copy of your most recent lease or notice of approval for tenancy.

HOW TO SUBMIT YOUR APPLICATION MATERIALS

Please Note:

- Your application is not complete until we receive all required application forms and documentation as specified in the “Required Application Materials” section of this packet. If your application is submitted without all required materials, it will not be processed.
- Allow up to 30 days to process your application. If approved, please allow an additional 30 days for your assistance check to be processed.
- Submitting an application does not guarantee approval.

You may submit your application forms and documentation as specified above in one of the following ways:

- Email your materials to: info@touchstonemh.org; subject line: Rental Assistance
- Mail your materials to: Touchstone Mental Health
2312 Snelling Ave.
Minneapolis, MN 55404
- In person: Drop off your materials at the address listed above.
- Fax your materials to: 612-874-0157

Rental Assistance Authorization to Release Information

This form gives Touchstone Mental Health staff permission to contact your landlord and/or property manager to gather the information specified below in order to 1) complete your Emergency Rental Assistance program application, 2) verify your eligibility for the program, and 3) provide rental assistance if it is determined you are eligible for the program. Though you may refuse to provide this authorization, without it, Touchstone will not be able to process your application or provide assistance.

Name of Landlord and/or Property
Manager:

Address:

Phone Number:

Email Address:

I authorize the property contact above to provide the information initialed and checked below with Touchstone staff.
Each item must be initialed and checked by client prior to signing.

Initial Check

- | | | |
|-------|--------------------------|--|
| _____ | <input type="checkbox"/> | My name, address, and phone number |
| _____ | <input type="checkbox"/> | Information on resources, benefits, and services I receive from YOU or YOUR programs |
| _____ | <input type="checkbox"/> | Information about my housing payments and history (rented or owned) |
| _____ | <input type="checkbox"/> | Copy of Eviction Notice |

- I understand that information Touchstone has about me may be given to or shared with people or organizations according to Touchstone's privacy policy.
- I understand that I am not required to authorize release of information. I also understand that without my authorization for release of this information, Touchstone will not have the information needed to provide assistance.
- I understand this release will expire one (1) year after I have signed it. I also understand that I can cancel this release at any time, but cancellation will not affect information released before I cancelled my consent.
- I am providing my signature electronically by typing my first and last name below.

Signature of Participant(s): _____/_____ Date: _____

Printed Name(s): _____/_____

Name of person signing for participant: _____ Reason Unable to Sign: _____

Signature of person who explained this form and your rights: _____

RENTAL ASSISTANCE INTAKE FORM

COMPLETING THIS INTAKE FORM

We need information about you, anyone living in your home, and your household income to determine if you are eligible for services.

YOUR INFORMATION

First Name: _____ Last Name: _____

Address: _____

City: _____ State: MN ZIP Code: _____

Phone Number: _____ Email: _____

What is your primary or preferred language? _____ Do you want an interpreter? Yes No

Work Status:

- Employed Full-Time (at least 30 hours)
- Employed Part-Time (less than 30 hours)
- Unemployed
- Retired

Applying for:

- Rental Assistance
- Utility Assistance

HOUSEHOLD INFORMATION

How many people are in your household?: _____

Household Status:

- Single Person
- Two Adults - No Children
- Single Parent
- Two Parents
- Multigenerational (3 or more generations)
- Other: _____

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Use these codes to identify Race, Gender, Education Level, and Health Insurance Status of each person in your household below.

Race: I =American Indian/Alaskan Native, A =Asian, B =Black or African American, P =Native Hawaiian or other Pacific Islander, W =White, IW =American Indian & White, IB =American Indian & Black , AW =Asian & White, BW =Black/African American & White, MR =Multi-Race, O =Other, NR =Choose not to respond

Gender: M =Male, F =Female, N =Non-Conforming

Education Level: 8 =0 - 8th Grade, NG =9-12 Non-Graduate, G =High School Graduate, GED =GED, 12 = 12th Grade and some post- secondary, CG =2 or 4 year College Degree, GD =Graduate Degree of other post-secondary school

Health Insurance: N =None, DP =Direct-Purchase, M =Military, MCARE =Medicare, MCAID =Medicaid, SC =State Children, SA =State Adult, E =Employer Based

Name of Household Member	Relationship to Applicant	Date of Birth MM/DD/YYYY	Veteran Yes or No	Active Military Yes or No	Disability Yes or No	Hispanic = Yes Not Hispanic = No	See Codes Above				
							Race	Gender	Education Level	Health Insurance	
Your Name	Self										

HOUSEHOLD NON-CASH BENEFITS

Check any benefit that you or your household currently receives:

<input type="checkbox"/> Nutrition Assistance (SNAP)	<input type="checkbox"/> Housing Choice Voucher	<input type="checkbox"/> Affordable Care Act Subsidy
<input type="checkbox"/> WIC	<input type="checkbox"/> HUD-VASH	<input type="checkbox"/> Childcare Voucher
<input type="checkbox"/> Earned Income Tax Credit (EITC)	<input type="checkbox"/> Permanent Supportive Housing	<input type="checkbox"/> Head Start
<input type="checkbox"/> Energy Assistance Program (EAP)	<input type="checkbox"/> Public Housing	

HOUSEHOLD INCOME

List the monthly amount of any income that you or your household currently receives. Please use gross income. Gross income is what you earn before taxes and deductions.

Source of Income	Applicant	Additional Household Member	Additional Household Member	Additional Household Member
Employment (Adults Only)	\$ _____	\$ _____	\$ _____	\$ _____
Self-Employment (Adults Only)	\$ _____	\$ _____	\$ _____	\$ _____
TANF/MFIP/GA	\$ _____	\$ _____	\$ _____	\$ _____
Child Support/Alimony	\$ _____	\$ _____	\$ _____	\$ _____
Social Security Income (SSI)	\$ _____	\$ _____	\$ _____	\$ _____
Social Security Disability Income (SSDI)	\$ _____	\$ _____	\$ _____	\$ _____
Social Security Retirement	\$ _____	\$ _____	\$ _____	\$ _____
VA Disability Compensation	\$ _____	\$ _____	\$ _____	\$ _____
VA Disability Pension	\$ _____	\$ _____	\$ _____	\$ _____
Retirement/Pension	\$ _____	\$ _____	\$ _____	\$ _____
Unemployment Insurance	\$ _____	\$ _____	\$ _____	\$ _____
Worker's Compensation	\$ _____	\$ _____	\$ _____	\$ _____
Private Disability Insurance	\$ _____	\$ _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____	\$ _____	\$ _____

My household has a financial hardship and has received NO income for the past 90 days.

ADDITIONAL INFORMATION

Are you interested in receiving additional services from Touchstone Mental Health?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you in need of additional employment, health, or housing resources?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

The information I have provided is true and correct. If needed I will provide documentation to verify my residency, the size of my household and income. I understand completion of this form does not guarantee that I will receive services from Touchstone Mental Health.

I am providing my signature electronically by typing my first and last name below.

Applicant
Signature

Date

Verification of Zero Income

Complete this form if your household has not received any income for the last 30 days.

Applicant First and Last Name: _____

On your Intake From you stated that your household has a financial hardship and has received NO income for the past 30 days. Please complete this form to confirm your expenses and verify your income.

HOUSEHOLD EXPENSES

Bill/Expense	Monthly Amount	Bill/Expense	Monthly Amount
Rent/Mortgage	\$ _____	Car Payment/Insurance	\$ _____
Food	\$ _____	Gas	\$ _____
Heat	\$ _____	Cable/Internet	\$ _____
Electric	\$ _____	Personal Items	\$ _____
Phone/Cell	\$ _____	Other Expenses	\$ _____

Please tell us how you have paid your household expenses.

HOUSEHOLD INCOME

During the last 30 days, did anyone living in your home have these sources of income?:

Please check all that apply.

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Full-Time Job | <input type="checkbox"/> Part Time Job | <input type="checkbox"/> Self-Employment | <input type="checkbox"/> Workers Compensation |
| <input type="checkbox"/> Unemployment | <input type="checkbox"/> Social Security | <input type="checkbox"/> Annuity Payments | <input type="checkbox"/> Pension |
| <input type="checkbox"/> Tribal Payments | <input type="checkbox"/> Rental Income | <input type="checkbox"/> Public Benefits | <input type="checkbox"/> Working for Cash |
| <input type="checkbox"/> Emergency Assistance | <input type="checkbox"/> Child Support | <input type="checkbox"/> Savings | |

For members of your household who are over 18 years of age and unemployed:

Name: _____	Last Date of Employment: _____
Name: _____	Last Date of Employment: _____
Name: _____	Last Date of Employment: _____

By signing this form, I affirm that the information I have provided is true and correct.

- I am providing my signature electronically by typing my first and last name below.

Applicant Signature: _____ Date _____