

THIS INFORMATION IS IMPORTANT, PLEASE READ IT CAREFULLY.



### American Rescue Plan Act Housing Rehabilitation Application Instructions



**Step 1: Complete and sign the following enclosed forms:**

- Housing Rehabilitation Application
- Privacy Notice form
- Borrower's Certification for Release of Information form\*
- Certification of Negative Economic Impact form

**Step 2: Find the type of income you and your household members have or receive, and fill out the top 1/2 of the corresponding form(s):**

**Type of Income:**

**Form to complete or submit:**

|  |  |
|--|--|
| Employment (wages or salary)   | Verification of Employment (enclosed)  |
| Assistance (public assistance, MFIP, AFDC, TANF, GA/Work Readiness, MSA) | Verification of Assistance (enclosed)  |
| Self Employment  | Send copies of the past three (3) years of IRS Federal Tax forms, including all required schedules.<br>Send a net worth statement (enclosed) for your business, signed by a third party.   |
| Social Security  | Copy of current year's award letter. If you do not have a copy go to: <a href="http://www.socialsecurity.gov/myaccount">www.socialsecurity.gov/myaccount</a> . Make an account and reprint the award letter. Or call 1-800-772-1213 for a mailed copy. |
| Rental Property Income   | Copy of IRS Federal Tax Schedule E, OR<br>Written statement from tenant.   |

\*All persons in the household over the age of 18 must report income and sign the Borrower's Certification for Release of Information form.

**Step 3: Gather the following documents:**

- Copy of the recorded Warranty Deed or Certificate of Title from the County Recorder
- Copy of your current property tax statement
- Copy of your current property insurance declarations page(s)
- Copy of most recent bank statement for all accounts & other assets
- Copies of your utility bills
- Copy of most recent mortgage statement

**Step 4: Send all the paperwork from Steps 1-3 to Lakes & Pines Community Action Council, Inc. at the address below. Due to the large amount of interest in this program, you will have 45 days to send your application and supporting paperwork to us. Please contact us at 800-832-6082 if you have any questions or need assistance.**

1700 Maple Avenue East - Mora, MN 55051-1227

Office & TDD - 320.679.1800 - FAX 320.679.6863

Special accommodations for people with disabilities upon request.

*Serving the counties of Aitkin, Carlton, Chisago, Isanti, Kanabec, Mille Lacs and Pine*

*An Equal Opportunity Employer & Contractor*

## Pine County Owner-Occupied Housing Rehabilitation Fact Sheet

Pine County has allocated grant funds for income-eligible homeowners to make health, safety & energy efficiency improvements to their homes from the American Rescue Plan Act. The maximum grant available is \$25,000 per property.

To qualify:

- Home must be in Pine County, homesteaded and must be the applicant's primary residence.
- Applicant must own the house, either free of debt, through a mortgage or recorded Contract for Deed.
- Applicant must have been negatively impacted by the COVID-19 pandemic.
- Taxes must be current, and proof of homeowner's insurance is required. Comprehensive Loss Underwriting Exchange (CLUE) reports will be pulled on every property.
- Applicant household gross (before taxes) annual income (including Social Security, wages and all regular sources) must be within the following limits (80% of the Median Family Income in Pine County \$63,400):

| Family Size    | 1 person | 2 persons | 3 persons | 4 persons | 5 persons | 6 persons | 7 persons | 8 persons |
|----------------|----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| <b>80% AMI</b> | \$41,750 | \$47,700  | \$53,650  | \$59,600  | \$64,400  | \$69,150  | \$73,950  | \$78,700  |
| <b>50% AMI</b> | \$26,100 | \$29,800  | \$33,550  | \$37,550  | \$40,250  | \$43,250  | \$46,200  | \$49,200  |

Source: [FY 2021 Income Limits for Pine County, MN](#)

Repairs that make the property more livable, energy efficient, safe and accessible for handicapped occupants, qualify under this program. These may include replacing or repairing:

- Plumbing, heating, ventilation, or electrical systems.
- Roofing, windows, doors, and siding.
- Ramps and accessibility conversions.
- Lead remediation for homes building prior to 1978.
- Radon mitigation.
- Wells or septic systems or private connections to municipal water & sewer services.

How this program works:

1. The applicant submits a completed application which includes the application, proof of ownership (copy of deed), proof of insurance (copy of declarations page) along with proof of income (past three months of pay stubs).
2. Application is reviewed and a letter is mailed/emailed to the applicant on the eligibility determination.
3. Property is inspected to determine the scope of work and the feasibility of a project.
4. The scope of work is developed into a bid package for the applicant to use to solicit at a minimum, two bids.
5. Bids are reviewed and contract(s) awarded to the lowest bidder.
6. Work must be completed and invoiced to Lakes & Pines, no later than September 30, 2024..
7. Invoice(s), sworn statement, lien waiver and completion certificate are submitted for processing.
8. Property is inspected to confirm the work was completed to the inspector's, applicant's and Lakes & Pines satisfaction and only then is the payment issued to the contractor directly.

Preference will be given to applicants who live outside areas already served by other rehabilitation programs (Small Cities Development Program or Federal Home Loan Bank); and applicants who have income at or below 50% the AMI (see chart above) and have members in their household who are disabled.

Applications are available electronically on the County's website: [www.co.pine.mn.us](http://www.co.pine.mn.us) or by contacting:  
Lakes & Pines CAC, Inc. 1700 Maple Ave E, Mora, MN 55051 | 320.679.1800 | [lap@lakesandpines.org](mailto:lap@lakesandpines.org)

**WHAT TO EXPECT  
AND WHAT NOT TO EXPECT  
FROM THE REHABILITATION PROGRAM**

The rehabilitation program staff will help applicants during the rehabilitation process, but applicants are responsible for making the choices and doing the following items:

- Applicants must provide the program staff with necessary information promptly.
- Applicants -not the program staff, choose contractors to submit bids.
- Applicants -not the program staff, select the contractor to do the work.
- Applicants sign Warranty Contracts with the selected contractor.
- Applicants work with the contractors to settle disagreements during the job.
- Applicants AND the program staff must be satisfied with the work performed by the contractor.
- Applicants must contact contractors to ask them to correct problems covered by the Warranty Contract after work has been completed.

Items to think about before participating in the rehabilitation program:

- Not all the work that owner's want done can always be done because of program constraints and requirements.
- Repairs will be made to help correct health & safety problems first.
- Do not expect the property to be completely "new" after work is done.
- Do not expect all floors, walls, ceilings, doors, windows, etc. to be completely plumb, level and square when work is done, as this can be impossible when working with older structures and pre-existing conditions.
- It can be stressful living in a home while a contractor is performing repairs.
- The program staff is NOT the contractor and CAN NOT guarantee that the applicant will be satisfied with the work done by the contractor that the owner selects to perform the work.

**PINE COUNTY AMERICAN RESCUE PLAN ACT  
HOUSING REHABILITATION APPLICATION**

FOR OFFICE USE ONLY:

|              |         |         |
|--------------|---------|---------|
| HOUSEHOLD #: | COUNTY: | STATUS: |
| PROGRAM #:   | AREA:   | DATE:   |

**PINE COUNTY**  
MINNESOTA



**PART I: APPLICANT INFORMATION**

|   |                      |                |                     |  |
|---|----------------------|----------------|---------------------|--|
| APPLICANT LAST NAME                       | FIRST NAME           | MIDDLE INITIAL | DATE OF APPLICATION |  |
| CO-APPLICANT LAST NAME                    | FIRST NAME           | MIDDLE INITIAL |                     |  |
| PROPERTY ADDRESS                          | CITY                 | STATE          | ZIP                 |  |
| MAILING ADDRESS (IF DIFFERENT FROM ABOVE) | CITY                 | STATE          | ZIP                 |  |
| ( )                                       | ( )                  |                |                     |  |
| PHONE NUMBER                              | DAYTIME PHONE NUMBER | COUNTY         | TOWNSHIP            |  |

**PART II: INCOME INFORMATION**

PLEASE CHECK ALL THAT APPLY:

|  |  |   |
|--|--|---|
| <input type="checkbox"/> SALARY/WAGES          | <input type="checkbox"/> GA/WORK READINESS         | <input type="checkbox"/> RETIREMENT/PENSION |
| <input type="checkbox"/> ALIMONY/CHILD SUPPORT | <input type="checkbox"/> UNEMPLOYMENT COMPENSATION | <input type="checkbox"/> MSA                |
| <input type="checkbox"/> SOCIAL SECURITY       | <input type="checkbox"/> AFDC/TANF/MFIP            | <input type="checkbox"/> INTEREST/OTHER     |
| <input type="checkbox"/> SELF EMPLOYMENT       | <input type="checkbox"/> SSI                       | <input type="checkbox"/> NO INCOME          |
| <input type="checkbox"/> FOOD STAMPS           | <input type="checkbox"/> VETERANS BENEFITS         | <input type="checkbox"/> MEDICAL AID        |

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. HOW MANY PEOPLE ARE CURRENTLY LIVING IN YOUR HOUSEHOLD? \_\_\_\_\_

2. HOW MANY ARE ADULTS (18+YRS) \_\_\_\_\_ HOW MANY ARE CHILDREN (UNDER 18) \_\_\_\_\_

4. HOW MANY PEOPLE IN THE HOME ARE CURRENTLY EMPLOYED? \_\_\_\_\_

5. ESTIMATE YOUR HOUSEHOLD GROSS ANNUAL INCOME: \_\_\_\_\_

6. DO YOU ANTICIPATE ANY CHANGES IN YOUR INCOME NEXT YEAR? \_\_\_\_\_

**PART III. FAIR HOUSING/EQUAL OPPORTUNITY REPORTING**

*THE FOLLOWING INFORMATION IS REQUESTED SOLELY FOR THE PURPOSE OF DETERMINING COMPLIANCE WITH FEDERAL LAWS. YOUR RESPONSE WILL NOT AFFECT THE CONSIDERATION OF YOUR APPLICATION. PLEASE CHECK ALL THAT APPLY.*

|   |   |
|---|---|
| <input type="checkbox"/> WHITE                                  | <input type="checkbox"/> SENIOR CITIZEN             |
| <input type="checkbox"/> BLACK/AFRICAN AMERICAN                 | <input type="checkbox"/> MARRIED                    |
| <input type="checkbox"/> ASIAN                                  | <input type="checkbox"/> SINGLE                     |
| <input type="checkbox"/> AMERICAN INDIAN/ALASKAN NATIVE         | <input type="checkbox"/> DIVORCED                   |
| <input type="checkbox"/> NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER | <input type="checkbox"/> WIDOWED                    |
| <input type="checkbox"/> OTHER:(SPECIFY)                        | <input type="checkbox"/> DISABLED, PLEASE DESCRIBE: |
| <input type="checkbox"/> HISPANIC ETHNICITY                     | _____   |
|   | _____   |
|   | _____   |

**PINE COUNTY AMERICAN RESCUE PLAN ACT  
HOUSING REHABILITATION APPLICATION**

**PART IV. HOUSEHOLD INFORMATION**

CHECK ONE:

|   |   |   |
|---|---|---|
| <input type="checkbox"/> SINGLE PARENT (MALE)   | <input type="checkbox"/> ADULTS WITH KIDS | <input type="checkbox"/> SINGLE             |
| <input type="checkbox"/> SINGLE PARENT (FEMALE) | <input type="checkbox"/> ADULTS NO KIDS   | <input type="checkbox"/> OTHER:(LIST) _____ |

PLEASE LIST EACH MEMBER OF YOUR HOUSHOLD:

|   | NAME | SOCIAL SECURITY # | DATE OF BIRTH | EDUCATION LEVEL | SEX |
|---|------|-------------------|---------------|-----------------|-----|
| 1 |      |                   |               |                 |     |
| 2 |      |                   |               |                 |     |
| 3 |      |                   |               |                 |     |
| 4 |      |                   |               |                 |     |
| 5 |      |                   |               |                 |     |
| 6 |      |                   |               |                 |     |
| 7 |      |                   |               |                 |     |
| 8 |      |                   |               |                 |     |

PLEASE LIST ALL HOUSEHOLD MEMBERS THAT HAVE MEDICAL COVERAGE:

\_\_\_\_\_

\_\_\_\_\_

PLEASE LIST ALL HOUSEHOLD MEMBERS THAT HAVE INCOME AND THE TYPE OF INCOME THEY HAVE:

\_\_\_\_\_

\_\_\_\_\_

**PART V. HOUSING INFORMATION**

PLEASE CHECK ALL THAT APPLY:

|   |   |
|---|---|
| <input type="checkbox"/> SINGLE FAMILY HOME         | <input type="checkbox"/> OWN FREE & CLEAR         |
| <input type="checkbox"/> MANUFACTURED HOME          | <input type="checkbox"/> BUYING WITH MORTGAGE     |
| <input type="checkbox"/> MULTI-FAMILY HOME (DUPLEX) | <input type="checkbox"/> BUYING CONTRACT FOR DEED |
| <input type="checkbox"/> SINGLE-WIDE MOBILE HOME    | <input type="checkbox"/> LIFE ESTATE              |

PLEASE ANSWER THE FOLLOWING QUESTIONS:

|   |  |
|---|--|
| 1 YEAR HOME CONSTRUCTED: _____                          | 4 NUMBER OF BEDROOMS: _____                              |
| 2 YEAR WELL INSTALLED: _____                            | 5 NUMBER OF BATHROOMS: _____                             |
| 3 YEAR SEPTIC INSTALLED: _____                          |  |
| 6 ARE YOU CURRENT WITH YOUR PROPERTY TAXES?             | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 7 DO YOU HAVE HOMEOWNERS INSURANCE?                     | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 8 NAME OF INSURANCE COMPANY/AGENT: _____                |  |
| 9 HOW LONG HAVE YOU OWNED THE PROPERTY? _____           |  |
| 10 HOW LONG HAS THE PROPERTY BEEN YOUR RESIDENCE? _____ |  |
| 11 IS YOUR PROPERTY LOCATED IN FLOOD PLAIN?             | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 12 DIRECTIONS TO YOUR HOME: _____                       |  |
| _____   |  |

**PINE COUNTY AMERICAN RESCUE PLAN ACT  
HOUSING REHABILITATION APPLICATION**

**PART VI. ASSET VERIFICATION**

*PLEASE LIST THE CASH VALUE OF ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS. IF MONEY IS OWED ON ANY ITEM, THE VALUE LISTED SHOULD EQUAL THE MARKET VALUE MINUS THE AMOUNT THAT IS OWED. SUBMIT PROOF OF ALL ASSETS LISTED WITH COPIES OF STATEMENTS WITH YOUR APPLICATION.*

- 1 CASH ON HAND, IN CHECKING ACCCOUNTS OR SAVINGS ACCOUNTS      \$ \_\_\_\_\_
- 2 CASH VALUE OF SAVINGS BONDS, IRAs, 401k, STOCKS, CDs, ETC.      \$ \_\_\_\_\_
- 3 REDEMPTION VALUE OF LIFE INSURANCE POLICIES      \$ \_\_\_\_\_
- 4 MARKET VALUE OF OTHER REAL ESTATE- **NOT INLCUDING YOUR HOME**      \$ \_\_\_\_\_
- 5 PERSONAL PROPERTY (EXCLUDE HOUSEHOLD FURNISHINGS, CLOTHING & ONE VEHICLE)      \$ \_\_\_\_\_
- 6 OTHER (LAND, INHERITANCE, INSURANCE SETTLEMENTS, ETC.)      \$ \_\_\_\_\_
- TOTAL**      \$ \_\_\_\_\_

*PLEASE LIST THE NAME AND ADDRESS OF THE INSTITUTIONS YOU HAVE ASSETS WITH:  
For example, list the bank you have your checking or savings account with, and/or the institution you have a 401k, stocks, CDs with.*

| NAME OF INSTITUTION | ADDRESS | CITY | STATE | ZIP |
|---------------------|---------|------|-------|-----|
|                     |         |      |       |     |
|                     |         |      |       |     |
|                     |         |      |       |     |
|                     |         |      |       |     |

**\*\*You may also include copies of statements you receive from the institutions.**

I (we) the undersigned, certify subject to penalty under law, that by signing this application, the information above is true and correct to best of my (our) knowledge. I (we) realize that giving false information will result in disqualifying from the program, and/or I (we) may be subject to a fine or imprisonment, or both, under provisions of the Minnesota Criminal Code, and/or I (we) may be required to return all or part of the rehabilitation funds to the entity in which they were borrowed from. I (we) hereby authorize Lakes & Pines Community Action Council, Inc. staff to enter my (our) home to identify work items necessary for the rehabilitation of my (our) home, to take photographs and to inspect work in progress while construction is occurring, during regular business hours. NOTE: The information requested in this application is legally required to determine if you qualify for participation in this rehabilitaiton program. A portion of the data is classified as "private data on individuals" under Minnesota Statutes 462.065. Use of data obtained is limited to the United States Department of Housing and Urban Development.

Your name, address and amount of assistance you receive is considered public data under the Minnesota Data Practices Act. The disclosure of your Social Security Number or Minnesota Tax Identification Number is mandatory for participation in this program, by virtue of the Minnesota Revenue Recapture Act of 1980 (Sections 270A.01-270A.12 of MN Statutes), as well as Section 270.66 of said Statutes. Supplying these numbers could result in the application of state tax refunds to the payment of any delinquent indebtbness to the entity lending the funds to us, resulting from this or other Small Cities Development Programs. These numbers may be made available to state tax authorities and state personnel involved in the collection of state obligations.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CO-APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

**PLEASE CONTINUE TO THE NEXT PAGE FOR IMPORTANT INFORMATION**





**IMPORTANT PRIVACY NOTICE  
READ THIS BEFORE FILLING OUT THE  
APPLICATION**

We are asking that you provide the information on the application form to determine if you are eligible to participate in the rehabilitation program.

Your name, address and the amount of assistance you receive are considered public data under the Minnesota Data Practices Act. Other information that you provide to the housing rehabilitation program about you and your household is considered private data.

We will use your private data only when it is required for administration and management of the program. Persons or agencies with whom this information may be shared include:

- Staff and other persons involved in program administration
- Local loan committee members who approve applications
- Auditors Who perform required audits of this program
- Members of the local governing board for the purpose of addressing/resolving applicant complaints (as addressed in the project’s policy and procedural manual)
- Those persons who you authorize to see it
- Law enforcement personnel in the case of suspected fraud or other enforcement authorities as required

We cannot release private data to anyone else or use the private data in any other way unless you give us permission by completing a consent form that we will provide. Please keep in mind, however, that data must be released if required by court order and in addition, your private data must be released if required by law that authorizes or requires such release of data.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Co-Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Minnesota Law gives you important rights in regard to information maintained about you. These include:

- The right to see and obtain copies of the data maintained on you
- Be told the contents and meaning of the data
- Challenge the accuracy and completeness of the data





**Borrower's Certification and Authorization**



**The undersigned certify the following:**

I/We have applied for a rehabilitation loan/grant through the American Rescue Plan Act (ARPA). In applying for the loan/grant, I/We completed a loan/grant application containing a variety of information on the purpose of the loan/grant, the amount and source of the down payment, employment and income verification, and asset and liability verification.

**Authorization to Release Information:**

To Whom It May Concern:

1. I/We have applied for loan/grant from the Pine County through ARPA funding. As part of the application process, Pine County and it's administrator of the loan/grant, Lakes & Pines CAC, Inc. may verify information contained in my/our loan/grant application and in other documents required in connection with the loan/grant, before the loan/grant is closed or as part of its quality control program.
2. I/We authorize you to provide Pine County/Lakes & Pines CAC, Inc. any and all information they request. Such information may include, but is not limited to, employment income, bank money market, and similar account balance and copies of income tax returns.
3. Pine County/Lakes & Pines CAC, Inc. may address this authorization to any party named in the loan/grant application.
4. A copy of this authorization may be accepted as an original.

---

|                      |      |                        |
|----------------------|------|------------------------|
| Borrower's Signature | Date | Social Security Number |
|----------------------|------|------------------------|

---

|                      |      |                        |
|----------------------|------|------------------------|
| Borrower's Signature | Date | Social Security Number |
|----------------------|------|------------------------|

\* This release will expire 90 days from the date of signature.



**Certification of Negative Economic Impact**

Pine County has dedicated some of its American Rescue Plan Act (ARPA) funding to help alleviate the negative economic impact that the COVID-19 pandemic had on Pine County residents, landlords and businesses. These funds can be used to make repairs to homes, rental units and commercial buildings to make them safe, healthy and less prone to spreading infectious bacteria, viruses, and the diseases they cause. Completion of this form is required to receive home/building rehabilitation funding.



Name: \_\_\_\_\_

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

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

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

**Please check the box(es) below to indicate which Executive Order from the Governor of Minnesota, had a negative economic impact on you, your family, or dependents. Select all that apply and be prepared to give a short description on page 2:**

- Executive Order 20-02: Temporary closure of schools
- Executive Order 20-04: Temporary closure of bars, restaurants, and other places of public accommodation
- Executive Order 20-08: Clarifying public accommodations under EO 20-04
- Executive Order 20-09: Delay of inpatient and outpatient elective surgery and procedural cases
- Executive Order 20-14: Suspending evictions and writs of recovery
- Executive Order 20-17: Clarifying application of EO 20-09 to veterinary surgeries and procedures
- Executive Order 20-18: Continuing the closure of bars, restaurants, and other places of public accommodation
- Executive Order 20-19: Authorizing the implementation of distance learning
- Executive Order 20-20: Directing Minnesotans to stay at home
- Executive Order 20-33: Extending stay at home order and temporary closure of bars, restaurants, and other places of public accommodation
- Executive Order 20-48: Extending and modifying stay at home order, continuing temporary closure of bars, restaurants, and other places of public accommodation, and allowing additional workers in certain non-critical sectors to return to safe workplaces
- Executive Order 20-73: Clarifying EO 20-14 suspending evictions and writs of recovery during the COVID peacetime emergency
- Executive Order 20-79: Modifying the suspension of evictions and writs of recovery
- Executive Order 20-81: Require face coverings in certain settings
- Executive Order 20-96: Restricting social gatherings, celebrations, and the hours and operations of bars, restaurants, and venues
- Executive Order 20-99: Implementing a four-week dial back on certain activities (November 18)
- Executive Order 20-101: Implementing a four-week dial back on certain activities (December 14)
- Executive Order 20-103: Extending and modifying EO 20-99



Applicant: Just fill out the top portion, your employer will fill out the rest.



**VERIFICATION OF  
EMPLOYMENT**

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State, Zip Code*

Employee Name: \_\_\_\_\_



The person named above has stated that they are now employed or has been employed by your firm. Their signature on the attached form provides you with permission to release the requested information. This request for verification of employment and earnings is required to establish eligibility for participation in a housing improvement loan program. The information you provide will be private and only used in establishing eligibility for this household. If you have any questions or need assistance with this form, please call 800-832-6082.

1. Is this person currently an employee? \_\_\_\_\_ Job position/title: \_\_\_\_\_
2. If not, is the situation temporary or permanent? \_\_\_\_\_
3. If the employee is seasonal or temporary, please give dates of lay-off periods: \_\_\_\_\_  
\_\_\_\_\_
4. Original hire date: \_\_\_\_\_ Termination date: \_\_\_\_\_
5. Current gross pay rate: \$ \_\_\_\_\_ per \_\_\_\_\_ Effective date of rate: \_\_\_\_\_
6. Average number of hours per week: *Straight time:* \_\_\_\_\_ *Overtime:* \_\_\_\_\_
7. Overtime rate: \$ \_\_\_\_\_ per \_\_\_\_\_
8. Expected change in gross pay rate: \$ \_\_\_\_\_ Effective date of rate change: \_\_\_\_\_
9. Amount of bonus, incentive pay, commissions or tips \$ \_\_\_\_\_ per \_\_\_\_\_
10. Does this person receive vacation with pay? \_\_\_\_\_ Sick leave with pay? \_\_\_\_\_
11. Amount deducted for health insurance: \$ \_\_\_\_\_ per \_\_\_\_\_ (*weekly, monthly, etc.*)

Name of person completing this form (please print): \_\_\_\_\_

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

Phone: (\_\_\_\_\_) \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form in the envelope provided to:  
**Lakes & Pines Community Action Council, Inc.**

1700 Maple Avenue East - Mora, MN 55051-1227

Office & TDD - 320.679.1800 - FAX 320.679.6863

Special accommodations for people with disabilities upon request.

Serving the counties of Aitkin, Carlton, Chisago, Isanti, Kanabec, Mille Lacs and Pine

An Equal Opportunity Employer & Contractor

Applicant: Just fill out the top portion.



VERIFICATION OF ASSISTANCE



Name of Agency: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State, Zip Code

Applicant Name: \_\_\_\_\_

The person named above has stated that he or she is now receiving financial assistance from your agency. Their signature on the attached form provides you with permission to release the requested information. This request for verification of assistance is required to establish eligibility for participation in a housing improvement loan program. The information you provide will be private and only used in establishing eligibility for this household. If you have any questions or need assistance with this form please call 800-832-6082.

- 1. Type of assistance provided: \_\_\_\_\_
2. Monthly amount: \$ \_\_\_\_\_
3. Amount of Child Support Bonus payment (if applicable): \$ \_\_\_\_\_
4. This payment is: [ ] Regular [ ] Sporadic
5. If it is sporadic, what was the total amount received for the past 12 months? \$ \_\_\_\_\_
6. Is the same amount likely to be received in the next 12 months? [ ] Yes [ ] No
7. Does the recipient receive any other income to the best of your knowledge? [ ] Yes [ ] No
If yes what is this source? \_\_\_\_\_
How much is received? \$ \_\_\_\_\_

Comments: \_\_\_\_\_

Name of person completing this form (please print): \_\_\_\_\_

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

Phone: (\_\_\_\_) \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form in the envelope provided to: Lakes & Pines Community Action Council, Inc. 1700 Maple Avenue East - Mora, MN 55051-1227 Office & TDD - 320.679.1800 - FAX 320.679.6863 Special accommodations for people with disabilities upon request. Serving the counties of Aitkin, Carlton, Chisago, Isanti, Kanabec, Mille Lacs and Pine An Equal Opportunity Employer & Contractor