2026 STATEWIDE AFFORDABLE HOUSING AID/LOCAL AFFORDABLE HOUSING AID PROGRAM/LOCAL HOMELESS PREVENTION AID PROGRAM APPLICATION

Complete this form to apply for **emergency** rental housing assistance for Carver County's **Statewide Affordable Housing Aid, Local Affordable Housing Aid, or Local Homeless Prevention Aid** program. After you complete this application, it will be reviewed for eligibility. You may be contacted for additional information before receiving final approval or denial.

Maximum Assistance is **$4,000** and can be used **once** per 12 months. This includes use of either the Statewide Affordable Housing Aid program, Local Affordable Housing Aid program, or Local Homeless Prevention Aid program (cannot use multiple programs within a 12-month period).

**All household information provided will be verified prior to making determination on housing assistance including verifying information with the property owner/manager. A verbal conversation with a Carver employee from the financial assistance housing team is also required prior to making any determination on housing assistance. **

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

- contact information for your property manager/owner
- utility account numbers
- documentation (or pictures of them) of:
  - **Gross income from the last 90 days (rent cannot exceed 75% of net income)**
  - **Billing statement of rent/utilities owed (full payment toward need must have been made in last 3 months or applicant will be required to pay 15% of total bill)**
  - **Bank account(s) balance from within week of application**
  - **Proof of eviction/foreclosure/utility shutoff**
  - **ID**

ELIGIBILITY

Any Carver County household who is earning less than 80% of area median gross income and are experiencing one of the following:

- Living in overcrowded conditions in their current housing and require assistance to move into new housing that is not overcrowded.
  - Overcrowded is defined as having more than two (2) people per bedroom.
- Lacking a fixed, regular, and adequate nighttime residence and requires assistance to obtain new permanent housing.
- Possible eviction at current residence due to back owed rent.
- Requires assistance to secure more affordable housing.
- Utilities at rental property if there is a threat of shut off or eviction.

AMI	1	2	3	4	5	6	7	8
80%	6,079/mo	6,950/mo	7,817/mo	8,683/mo	9,379/mo	10,075/mo	10,771/mo	11,463/mo

Program rules and requirements are subject to change and ends each year when the county runs out of funding

QUESTIONS/APPLICATION SUBMISSION

Questions: Please contact Carver County at (952) 361-1600

Applications can be submitted via:

Carver County drop box located in the parking lot in front of the Chaska Government Center

Mailed to: Carver County 602 East Fourth St. Chaska MN 55318

Faxed to: (952) 361-1660

Emailed to: cssfinancial@co.carver.mn.us

Statewide Affordable Housing Aid, Local Affordable Housing Aid Program, or Local Homeless Prevention Aid Program Application

Personal Information:

Last Name:	First Name:	Middle Name:	
Street Address:	City:	State: MN	Zip Code:
E-mail Address:	Phone Number:	Preferred Communication – You may choose multiple: ☐ Email ☐Phone	
County: If you live outside of Carver County, you are <u>not</u> eligible for funding available through this application. Please contact your county of residence.			
Date of Birth:	Social Security Number:		
Will you need an interpreter for phone calls? ☐ Yes ☐ No What is your preferred spoken language? _____	Citizenship: ☐ U.S. Citizen or U.S. National ☐ Naturalized U.S. Citizen or Derived U.S. Citizen ☐ Not a U.S. Citizen		

PERSON 2			
Last Name:	First Name:		Middle Name:
Social Security Number:	Date of Birth:	Gender: ☐ male ☐ female	Relationship to You:
Citizenship: ☐ U.S. Citizen or U.S. National ☐ Naturalized U.S. Citizen or Derived U.S. Citizen ☐Not a U.S Citizen			

PERSON 3			
Last Name:	First Name:		Middle Name:
Social Security Number:	Date of Birth:	Gender: ☐ male ☐ female	Relationship to You:
Citizenship: ☐ U.S. Citizen or U.S. National ☐ Naturalized U.S. Citizen or Derived U.S. Citizen ☐Not a U.S Citizen			

PERSON 4			
Last Name:	First Name:		Middle Name:
Social Security Number:	Date of Birth:	Gender: ☐ male ☐ female	Relationship to You:
Citizenship: ☐ U.S. Citizen or U.S. National ☐ Naturalized U.S. Citizen or Derived U.S. Citizen ☐Not a U.S Citizen			

PERSON 5			
Last Name:	First Name:		Middle Name:
Social Security Number:	Date of Birth:	Gender: ☐ male ☐ female	Relationship to You:
Citizenship: ☐ U.S. Citizen or U.S. National ☐ Naturalized U.S. Citizen or Derived U.S. Citizen ☐Not a U.S Citizen			

PERSON 6			
Last Name:	First Name:		Middle Name:
Social Security Number:	Date of Birth:	Gender: ☐ male ☐ female	Relationship to You:
Citizenship: ☐ U.S. Citizen or U.S. National ☐ Naturalized U.S. Citizen or Derived U.S. Citizen ☐Not a U.S Citizen			

PERSON 7			
Last Name:	First Name:		Middle Name:
Social Security Number:	Date of Birth:	Gender: ☐ male ☐ female	Relationship to You:
Citizenship: ☐ U.S. Citizen or U.S. National ☐ Naturalized U.S. Citizen or Derived U.S. Citizen ☐Not a U.S Citizen			

Eligibility:

What situation/event led to your emergency housing/utility need?

_____

_____

Do you currently have any other applications for housing assistance pending with anyone else?

☐ Yes Where: _____

☐ No

Do you have a child or children in Carver County schools?

☐ Yes Where: _____

☐ No

Are you a Carver County resident who is earning less than 80% of area median gross monthly income?

☐ Yes

☐ No

What is your household's total monthly gross income? _____

List All Employers:

Employer 1: _____

Employer 2: _____

List any other source of income: _____

Which of the following is true?

☐ Living in overcrowded conditions in your current housing (defined by more than 2 people per bedroom).

☐ Lacking a fixed, regular, and adequate nighttime residence and need funds to secure new permanent housing.

☐ Eviction at current residence due to back owed rent.

☐ Needs funds to secure more affordable housing.

☐ Utility Shut off Notice or Eviction Notice for non-payment of utilities.

☐ Foreclosure

☐ None of the above. Explain: _____

Total Balance of all Bank Accounts: _____

Type of Assistance Needed and Amount:

Mortgage (can only help with mortgage if you have children in Carver County schools): _____

Rent: _____

Utility: _____

Security Deposit: _____

Please attach the following documentation:

- ID
- Verification of current income for last 90 days (paystubs, benefit letter, proof of unemployment).
- Bank account(s) balance from within week of application
- Verification of balance owed for rent, mortgage, or utility shutoff notice.
- Information for who/where payment should be made out to and sent.
- Copy of Lease Agreement.

Note: Further information or verification may be requested based on what type of assistance is needed.

Tennessen Warning:

Carver County is required to provide you with a Tennessen Warning prior to requesting personal information from you in accordance with MN Statute 13.04, subd. 2. We will collect private information about you, including information about your household, your housing situation, income, financial data, and other data to see if you qualify for benefits under the Statewide Affordable Housing Aid, Local Affordable Housing Aid, and/or Local Homeless Prevention Aid program. Benefits may include assistance with rent and/or utilities.

You are not legally required to provide Carver County with requested information, and there are no negative consequences for refusing to provide data, other than if you fail to provide certain requested information the County will not be able to determine if you are eligible for services or resources. Certain requested information is labeled as "optional" and not required to receive benefits or assistance.

This information will be accessed by Carver County staff that require access to process your application for services, including from Income Support Assistance, Human Services, Public Health, Behavioral Health, and Veterans Services. Data may be shared with Minnesota Housing (the State's housing finance agency), the Carver County Community Development Agency (CDA), your property management company, your mortgage lender, homeowner's insurance company, your local city government, and/or your utility companies (gas, electric, water).

Others who may have access to data about you include the Minnesota State Auditor, Minnesota Homeownership Center, Housing and Urban Development (HUD) and any entities or vendors that contract with the County to perform services, persons or entities with your written consent, persons authorized under a court order, and other entities and persons as required under state or federal law.

If you have any questions about this notice, please reach out to agency staff or send an email to cssfaquestions@co.carver.mn.us

Providing your initials acknowledges that you have read and understand the above Tennessen Warning _____

Certifications and attestations:

By checking each box and signing below, you are certifying and self-attesting to the following statements:

☐ 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 to share this information with community agencies funded from state, federal, and local resources for housing assistance.

Printed full name: _____

Signature: _____ **Date:** _____

Consent Release Regarding Employer, Mortgage, Rental Property, and/or Utility Assistance

EMPLOYER:

I give Carver County permission to contact my mortgage company regarding my application for Statewide Affordable Housing Aid, Local Homeless Prevention Aid, or Local Affordable Housing Aid.

Employer 1: _____

Contact Phone Number: _____

Employer 2: _____

Contact Phone Number: _____

MORTGAGE:

I give Carver County permission to contact my mortgage company regarding my application for Statewide Affordable Housing Aid, Local Homeless Prevention Aid, or Local Affordable Housing Aid.

Mortgage Company: _____

Contact Phone Number: _____

RENTAL:

I give Carver County permission to contact my property management company or others listed on the lease regarding my application for Statewide Affordable Housing Aid, Local Homeless Prevention Aid, or Local Affordable Housing Aid.

Property Management Company: _____

Contact Phone Number: _____

UTILITIES:

I give Carver County permission to contact my utility company(s) regarding my application for Statewide Affordable Housing Aid, Local Homeless Prevention Aid, or Local Affordable Housing Aid.

Utility Company: _____
Contact Phone Number: _____

Utility Company (if more than one): _____
Contact Phone Number: _____

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

Applicant Full Name (PRINTED):_____

Applicant Signature:_____ **Date:** _____

Do you need additional assistance in any of the below areas? If so, please check out Carver's Family Resource Center. The calendar of services can be found https://carvercountyfrc.org/.

- Employment
- Bilingual (English/Español) navigation and support to help you access food, housing, healthcare, employment, and other resources available in Carver County.
- Parent Support Outreach
- Healthcare Assistance
- Food Access
- Financial Counseling
- Further housing assistance

INTERNAL:

This application qualified for:

Statewide Affordable Housing Aid

Local Affordable Housing Aid

Local Homeless Prevention Aid

None