2023 Rental Assistance

ICA understands that your financial crisis is of great concern to you. We ask that you work with your landlord to arrange a payment plan and/or remove any late fees.

*If you have questions about your rights as a tenant or concerns about your landlord, please contact HOME-line at 612-728-5767.

The attached ICA application needs to be completed and returned with the following items:

1. **Copy of driver's license or state ID card for the head of the household.**

2. **The last 30 days of ALL income for ALL household members.** (Examples: paystubs, UIMN, SSI/SSDI, MAP, Child Support)

3. **Current lease.** (Your name must be on the lease.)

4. **Documentation of your crisis.** (You must prove why you are behind on rent).

Please return completed application and supporting documents via email (see below), drop off at ICA during open business hours or fax. We work as quickly as possible to process your request, but it may take up to 7-10 days at this time. We look forward to working with you.

Please send completed form via one of the options below.
Return in-person: 11588 K-Tel Drive Minnetonka, MN 55343
Email: application@icafoodshelf.org
Fax: (952) 938-7822

Please call the ICA appointment line if you need food: 952-938-0729.
# ICA EMERGENCY FINANCIAL REQUEST

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<tr>
<th>Name</th>
<th>Date of Birth</th>
<th>Race / Ethnicity</th>
<th>Relationship</th>
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<td>-Head of Household-</td>
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**Apartment Name:**

**Monthly Rent:**

**Owner/ Property Manager Name:**

**Email:**

**Phone#**

**How long have you lived here?**

**Do you have a rent subsidy? NO / YES- type:**

**Income: Wages for the last 30 days**

**Other Income:**

**Type (please circle): Job Unemployment Child Support MFIP GA SSI/SSDI Retirement/Pension Other**

**Additional info / notes:**

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**CONFIDENTIAL**

Name (First, Middle, Last) | Date

Address | Apt. #

City | Zip | Phone #

Email

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I hereby certify that this information is true and accurate to the best of my abilities. If you have a concern regarding ICA staff, volunteers, services, or procedures, please contact the Executive Director at 952-279-0291.

Client Signature ________________________________ Date ________________

ICA STAFF ONLY

<table>
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<tr>
<th>Date</th>
<th>Service</th>
<th>Fund</th>
<th>Initials</th>
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INTERCONGREGATIONAL COMMUNITIES ASSOCIATION

12990 St. Davids Road
Minnetonka, MN 55305
Phone: (952) 938-0729

Food Shelf:
11588 K-Tel Drive
Minnetonka, MN 55343
Fax: (952) 938-7822
Website: www.icafoodshelf.org

Rental Housing Information Form

I hereby authorize the landlord or authorized representative to disclose housing information to be used only in administration of ICA’s Financial Assistance Program.

Resident Signature ________________________________ Date ________________

**Relationship Managers will contact landlords to complete this form. Thank You.

To be completed by Property Manager or Owner only:

Tenant's Name ____________________________________________

Current Address __________________________________________

1. On what date did (will) the tenant move in? ________________

2. How many people live in this unit? ________________

3. What is the actual monthly rent for this unit? $ ________________

4. Is the rent subsidized? Yes No If yes, what does the tenant pay? ________________

5. Has the landlord received guarantee of payment from any other agency on behalf of the tenant for the same month/s requested for assistance in this application? Yes No If yes, who? ________________

6. Date when current rent is/was due: ________________________________
Money Owed by Tenant:

Total due or past due rent for month/year __/____ $__________
(Not including deposits, late fees or other fees)

Security deposit (if owed) $__________

Fees owed (please specify):________________________ $__________

Total Amount Due: $__________

Will payment guarantee residency for an additional 30 days Yes No
provided resident remains lease compliant in all other areas?

IF APPROVED, where should the check be mailed?

Make Check Payable To:__________________________________________

Address: _______________________________________________________
Street Address          City, State           ZIP

Printed Name/Title of person completing this form: __________________________

Phone Number: __________________________ Email: __________________________
Fax Number: __________________________

X

__________________________________________
Signature of Landlord/ Property Manager/ Authorized Rep        Date

Please fax to: (952) 938-7822 or email completed form to application@icafoodshelf.org.

INTERCONGREGATION COMMUNITIES ASSOCIATION
Administration: 12990 St. Davids Road, Minnetonka MN 55305 Food Shelf:
11588 K-Tel Drive, Minnetonka MN 55343 phone: 952.938.0729 / fax: 952.938.7822

RELEASE OF INFORMATION

ICA is requesting permission to release information you have given us and to obtain information from agencies or persons listed on this form. This information will allow us to serve you better. I understand that:

- This information cannot be released without my consent.
- I have the right to look at and have copies of all written information the agency releases.
- This consent for release of information will expire one year after I have signed it.
- I can withdraw my consent at any time. Withdrawing my consent will not affect information the agency has already released.
- This information may be shared with ICA staff to assist in providing services to me. Aggregate data (without my identification) may also be shared with funders and partners of ICA.
I authorize ICA to release my name, address, phone number, and/or obtain information from the following entities. PLEASE Initial ALL of the following:

<table>
<thead>
<tr>
<th>Contact Info</th>
<th>Purpose</th>
<th>Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>US Federal Aid / state of MN / MN Housing</td>
<td>Funding/Reimbursement</td>
<td></td>
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<tr>
<td>Hennepin County / Case#</td>
<td>Emergency Assistance Information</td>
<td></td>
</tr>
<tr>
<td>Property Manager</td>
<td>Rental Housing Information</td>
<td></td>
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<tr>
<td>EFSP (FEMA)</td>
<td>Reporting/Reimbursement</td>
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<tr>
<td>CDBG</td>
<td>Reimbursement</td>
<td></td>
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<tr>
<td>City of Minnetonka / Hopkins</td>
<td>Funding/Reimbursement</td>
<td></td>
</tr>
<tr>
<td>Utility / Acct</td>
<td>Funding/Reimbursement</td>
<td></td>
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<tr>
<td>Other</td>
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</tbody>
</table>

I understand that I am not required to agree to this release of information. However, without this information, ICA may not be able to provide the services I am requesting or obtain other assistance for me.

Participant Name: ___________________________ Date: __________

Participant Address: ____________________________________________

Participant Signature: _________________________________________

ICA Case Manager: _____________________________________________

Notice of Data Privacy Practices / Covid-19 Verification

I am applying for emergency assistance.
My situation is directly related to Covid-19. (Circle One) YES NO

Please explain your situation:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
*All information you provide about yourself and your household is considered private data as defined by the Minnesota Government Data Practices Act.*

Why do we ask for this information?

• To tell you apart from other people with same or similar name.
• To help you get financial or social services from ICA or other community resources. To make reports as required by our funders.

Do you have to answer the questions we ask?

• We encourage you to answer all of the questions on the application. Your answers determine your eligibility for services provided by this agency.
• If you do not provide the information requested we might not be able to determine your eligibility for the services you request.

With whom may we share information? We will only share information about you as needed.

• Employees of other state, county, local, federal, collaborative and non-profit agencies in order to provide requested services or comply with financial audits.
• Other agencies in order to collect reimbursement for financial services through ICA.
• Other staff members or volunteers at ICA.

Exceptions to Data Privacy Rights:

• Information that mandates reporting to Child or Adult Protection

• Information may be released to protect the health and safety of others or yourself

• Your file is subpoenaed by a court of law

Client Grievance Procedure:
If you have a complaint regarding ICA staff, volunteers or services please direct your concerns to the Executive Director — 952.938-0291. You have the right to review info and revoke consent at any time.

I have reviewed this data privacy notice.

Signature ___________________________ Date _______________

CDBG Participant Intake Form

ICA

Name of head of household (first & last): ____________________________________________

Name of program participant (if different): _________________________________________

Home Address: __________________________________________________________________
Is a female the head of the household? Yes 0 No

Is your household Hispanic? Yes [2 No

Please check the box next to the race(s) appropriate for your household:

- [ ] White
- [ ] Black/African American
- [ ] American Indian/Alaskan Native
- [ ] Asian
- [ ] Native Hawaiian/Other Pacific Islander
- [ ] Other

What will be the gross income for all members of the household at the end of the year?
Income includes employment wages, self-employment, tips, unemployment compensation, Social Security/Disability payments, public assistance, MFIP, child support/alimony, interest/dividends from investments, rental property income, etc.

In the table below circle your household size and circle the corresponding income range in the same row:

<table>
<thead>
<tr>
<th>Household Size</th>
<th>Household Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Below $24,650 $24,651 - $41,100</td>
</tr>
<tr>
<td>2</td>
<td>Below $28,200 $28,201 $46,950</td>
</tr>
<tr>
<td>3</td>
<td>Below $31,700 $31,701 - $52,800</td>
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<tr>
<td>4</td>
<td>Below $35,200 $35,201 $58,650</td>
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<tr>
<td>5</td>
<td>Below $38,050 $38,051 - $63,350</td>
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<tr>
<td>6</td>
<td>Below $40,850 $40,851 - $68,050</td>
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<tr>
<td>7</td>
<td>Below $43,650 $43,651 - $72,750</td>
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<tr>
<td>8</td>
<td>Below $46,500 $46,501 - $77,450</td>
</tr>
</tbody>
</table>

I certify that the information provided on this form is accurate and complete. I authorize (ICA) to verify this information, if necessary, and to provide this form to Hennepin County as a condition of funding they provided to this agency.

Signed by Participant (head of household or guardian):________________________Date:__________

Warning: Section 7001 of Title 78 U.S. Code makes it a criminal offense to make false statements or misrepresentations to any Department of Agency of the U.S. as to matters within its jurisdiction. can use this form or incorporate data elements into an agency form

(Note: Agency providing service)
ICA Services & Area Resources

ICA is a nonprofit social services agency that serves the communities of Hopkins, Minnetonka, Excelsior, Shorewood, Deephaven, Greenwood, and Woodland.

MAKING A FOOD APPOINTMENT WITH ICA

★ To make a food shelf appointment (including mobile food shelf) call 952-938-0729. Phones are answered between 9:30 a.m. and 3:30 p.m. Monday through Friday (except holidays). ★ Emergency food is available without an appointment during operating hours.

ICA at K-Tel: 11588 K-Tel Drive, Minnetonka, MN 55343

Hours:
- Monday - 10:00 a.m. - 6:30 p.m.
- Tuesday — 10:00 a.m. — 3:00 p.m.
- Wednesday — 9:00 a.m. — 3:00 p.m.
- Thursday — 10:00 a.m. — 3:00 p.m.
- Friday — Closed

SERVICES OFFERED THROUGH ICA

Food Services:
- ICA provides nutritious, well-balanced food for the families we serve. Each family is required to schedule a food appointment. ICA cannot accommodate walk-ins for full food service.
- If you need to cancel your food appointment, please call ICA to let us know. This will open the appointment for someone else.

Financial Assistance and Referrals Services:
- ICA provides financial assistance on a case-by-case basis for rent and utilities as well as provides referrals to area service agencies.
- If you are in need of a bus pass, please contact an ICA Relationship Manager.
- Relate Counseling at ICA: Call or text Relate at 612-440-6460 to schedule an ICA appointment on Wednesdays 9:00 - 11:00 am.

Employment Services:
- Employment Consultant - Kerri 952-279-0286
- ICA provides job support services, including resumes and cover letters, interview skills, identifying employment interests and skills, developing networking skills, and identifying resources to find available positions.
Area Resources

GENERAL ASSISTANCE
• 2-1-1 United Way First Call For Help 651-291-0211 or 211
• ResourceWest - 1011 1st St. S., Ste 109, Hopkins (Wells Fargo Bank Building) 952-933-3860
• Social Security Administration 1-800-772-1213

ECONOMIC ASSISTANCE AND/OR EMERGENCY ASSISTANCE - HENNEPIN COUNTY
• Hopkins, 1011 1st St S (Wells Fargo Bank Building) 612-596-1300 or www.mnbenefis.mn.gov

ECONOMIC ASSISTANCE AND/OR ENERGY ASSISTANCE
• Community Action Partnership of Hennepin County (CAP-HC) 952-930-3541 www.caphennepin.org

FINANCIAL COUNSELING
• Lutheran Social Services (LSS) 1-888-577-2227
  Free budget counseling, debt management plans, and financial education

FOOD ASSISTANCE
• Fare for All 763-450-3880
  Low cost monthly food packages, various locations
• Women, Infants and Children (WIC) 612-348-6100
  Food and nutrition for pregnant & breastfeeding women, infants & children up to five years old
• Nutrition Assistance Program for Seniors (NAPS) 651-484-8241
  Nutrition program for income eligible adults 60 years or older
• Hennepin County Food Support (SNAP) 612-596-1300
  Monthly food support www.mnbenefits.mn.gov
• MN Food Help Line 1-888-711-1151 or www.mnfoodhelpline.org

TRANSPORTATION
• Metro Mobility 651-602-1111
  Call Metro Mobility to apply for eligibility
• Transit Link 651-602-5465
  Contact Transit Link for ride availability in your area. Assistance
  For your return fare from ICA is available. Inquire at ICA's front desk.
• Transportation Assistance Program (TAP)
  ICA Case Managers can register TAP cards to those who are income eligible for $1 bus rides.

HOUSING
• Housing Link - An internet housing search with subsidized housing list www.housinglink.org
• Home Line - Tenants' rights organization 612-728-5767

EMERGENCY HOTLINES
• Sojourner Project Inc. 952-933-7422 Provides women & children experiencing domestic violence with support, temporary crisis housing, legal, medical and other assistance. Domestic Violence hotline open 24 hours a day.
• COPE 612-596-1223
  Hennepin County mental health crisis hotline
• Metro KeepSafe Suicide Prevention / Crisis Team text: ** 274747 (must use stars)
• National Suicide Prevention 24/7 Lifeline 1-800-273-TALK (8255)

ICA - phone: 952-938-0729 - fax: 952-938-7822 - email: ica@icafoodshelf.org - www.icafoodshelf.org (August 2023)