



EMERGENCY GRANT APPLICATION

This Form is available in other formats upon request

DATE _____ APPLICANTS LEGAL NAME _____

PREFERRED NAME or PREVIOUS NAME _____

ADDRESS _____ APT# _____

DO YOU: RENT _____ OWN _____ MOBILE _____ LIVING WITH FAMILY or FRIEND _____

PHONE NUMBER WHERE YOU CAN BE REACHED _____

EMAIL ADDRESS (*ONLY if you would like to be contacted via email*) _____

LIST ALL HOUSEHOLD MEMBERS (Please Print)

*RACE Categories: C=Caucasian H=Hispanic L=Latino A=African AA=African American AS=Asian N=Native American M=Multiracial O=Other

LEGAL NAME	AGE	DATE OF BIRTH	RELATIONSHIP	*RACE
SELF			SELF	

PRESENT EMPLOYER _____ There since _____

City _____ State _____ Phone _____

PREVIOUS EMPLOYER _____ Dates There _____

City _____ State _____ Phone _____

ARE OTHERS IN YOUR HOUSEHOLD EMPLOYED? Yes ___ No ___ Where _____ How Long _____

DO YOU HAVE?

_____ Checking at Bank: _____ Balance _____

_____ Savings at Bank: _____ Balance _____

_____ Cash on Hand: _____ Balance _____

_____ Other Assets: _____ Balance _____

Have you been assisted by Dakota County Emergency Assistance or other Community Agencies in the last 12months? _____ if yes, for what purpose? _____

INCOME / EXPENSE REPORT for LAST 30 DAYS

Do you receive **food support** benefits? _____ How much \$ _____ Date Received _____

SELF: Hourly Wage _____ X Number of Hours per Week _____ X 4 = Gross Monthly Wage \$ _____

OTHER: Hourly Wage _____ X Number of Hours per Week _____ X 4 = Gross Monthly Wage \$ _____

OTHER SOURCES OF INCOME for LAST 30 DAYS

MFIP/DWP/GA CASH ASSISTANCE	\$ _____	UNEMPLOYMENT	\$ _____
PENSION / RETIREMENT	\$ _____	SOCIAL SECURITY OR SSI	\$ _____
CHILD SUPPORT RECEIVED	\$ _____	WORKERS COMPENSATION	\$ _____
ASSISTANCE FROM FAMILY/FRIENDS	\$ _____	OTHER	\$ _____

TOTAL MONTHLY GROSS INCOME \$ _____

EXPENSES AND AMOUNTS	\$ DUE MONTHLY	\$ PAID LAST 30 DAYS	\$ TOTAL PAST DUE
RENT, MORTGAGE, LOT RENT			
ELECTRIC			
GAS or PROPANE UTILITY			
FOOD			
WATER			
LAUNDRY			
CHILD CARE			
TRANSPORATION-GAS/TRAC			
CAR INSURANCE			
LOANS-CAR/STUDENT			
PRESCRIPTIONS			
MEDICAL INSURANCE PREMIUMS			
DOCTOR VISITS (COPAYS)			
MEDICAL BILLS			
CHILD SUPPORT			
PHONE			
EXTRA EXPENSES THIS MONTH			
CHARGE CARDS			
CABLE			
INTERNET / HOUSE PHONE			
CIGARETTES			
GAMBLING			
ALCOHOL			
BANK OVERDRAFTS			
COURT FINES			
TOTALS			

Everything that I have stated in this application is correct and truthful to the best of my knowledge. I understand that HFS will retain this application and supporting documentation whether or not the grant is approved.

Social Security Number _____

Signed _____ **Date** _____