

## Bring It Home Rental Assistance Participant Application

**Privacy Notice.** The household and Minnesota Housing Finance Agency (MHFA) must comply with the Minnesota Government Data Practices Act, [Minn. Stat. Ch. 13](#), as it applies to all data provided by MHFA under this agreement, and as it applies to all data created, collected, received, stored, used, maintained, or disseminated by the household under this agreement. The civil remedies of [Minn. Stat. 13.08](#) apply to the release of the data referred to in this clause by either the household or MHFA. If the household receives a request to release the data referred to in this Clause, the household must immediately notify MHFA. MHFA will give the household instructions concerning the release of the data to the requesting party before the data is released. The household's response to the request shall comply with applicable law.

The Bring it Home Rental Assistance Program, also referred to as “Bring It Home,” is a new program created to provide rental assistance for low-income families across Minnesota.

To be eligible for this program, applicants must:

- Be a Minnesota resident
- Have an annual income of up to 50% of the area median income, adjusted for family size
- Be a household that is paying more than 30% of the household's income on rent or is unhoused
- Be a household that is not currently receiving federal tenant-based or project-based assistance under Section 8 of the United States Housing Act of 1937, as amended

Priority for rental assistance must be given to:

- Households with children 18 years of age and under
- Household annual incomes of up to 30% of area median income
- Other priority populations identified by the Program Administrator

### Instructions

When filling out this application, use legal names for all household members. All household members 18 years of age and above must sign this application certifying that the information is true and accurate to the best of their knowledge.

**GENDER:** Male=**M**; Female=**F**; Other=**O**  
**RACE:** Asian=**A**; Black/African American=**B**; American Indian/Alaskan Native=**I**; Native Hawaiian/ Pacific Islander=**P**; White=**W**  
**ETHNICITY:** HISPANIC? (**Y/N**)

**Head of Household (HOH) Information**

Head Of Household Full Name			
Street Address	City	State	Zip Code
Phone Number	Email Address		
What is your preferred language?		Do you need an interpreter? <input type="checkbox"/> NO <input type="checkbox"/> YES	
Is anyone in your household pregnant? <input type="checkbox"/> NO <input type="checkbox"/> YES – who?		Do you currently have rental assistance? <input type="checkbox"/> NO <input type="checkbox"/> YES – which?	
Are you in a current rental agreement with a lease? <input type="checkbox"/> NO <input type="checkbox"/> YES	Current rent amount	Landlord	
Current living situation:			
<input type="checkbox"/> Own housing: mortgage	<input type="checkbox"/> Family/friends due to hardship		
<input type="checkbox"/> Renting housing: lease	<input type="checkbox"/> Jail or prison		
<input type="checkbox"/> Emergency shelter	<input type="checkbox"/> Hotel or motel		
<input type="checkbox"/> Hospital, treatment facility, etc.	<input type="checkbox"/> Not meant for housing: vehicle, outside, etc.		
	<input type="checkbox"/> Unknown		

**All Household Members (including head of household):**

Full Name	Relationship to HOH	Date of Birth	Disability (Y/N)	Full-Time Student (Y/N)	Gender (optional)	Race (optional)	Ethnicity (optional)

Do you have full legal and physical custody of your children?    Yes            No    If no, please explain custody arrangement and provide a copy of the custody arrangement: \_\_\_\_\_

## Household (HH) Income

List the monthly amount of gross income that your household receives. Gross income is the total income received before subtracting taxes or other deductions. All income listed will require additional proof to be provided.

Source of Income	Monthly Amount	Household Member	Information (company name/case number/etc.)
Employment	\$		
<i>Employment for other HH member</i>	\$		
<i>Employment for other HH member</i>	\$		
Social Security (SS)	\$		
<i>SS for other HH member</i>	\$		
<i>SS for other HH member</i>	\$		
SSDI	\$		
<i>SSDI for other HH member</i>	\$		
<i>SSDI for other HH member</i>	\$		
Annuities	\$		
Insurance Policies	\$		
Retirement Funds	\$		
Pension	\$		
Unemployment	\$		
Workers Compensation	\$		
Severance Pay	\$		
TANF/MFIP/MSA/GA	\$		
Alimony	\$		
Child Support	\$		
Regular Contribution/Gifts	\$		
Other:	\$		
Other:	\$		
Other:	\$		
Other:	\$		

Do you anticipate any changes in your income in the next 12 months? (Looking for work, applying for SSDI, etc.)

Yes    What changes: \_\_\_\_\_    No

### Household Assets (if applicable)

List all current amounts of assets in your household. All listed assets may require additional proof to be provided.

Asset	Current Amount	Household Member	Information (company/bank name where assets are held)
Savings Account	\$		
<i>Savings for other HH member</i>	\$		
<i>Savings for other HH member</i>	\$		
Checking Account	\$		
<i>Checking for other HH member</i>	\$		
<i>Checking for other HH member</i>	\$		
Cash	\$		
Revocable Trust	\$		
Rental Property Equity	\$		
Stocks/Bonds/CD/Mutual Funds	\$		
Retirement/401(K)	\$		
Annuity	\$		
Pension	\$		
Life Insurance Policy	\$		
Personal Property	\$		
Other	\$		
Other	\$		
Other	\$		

### Household Expense Information (if applicable)

<p>Does your household have childcare expenses (daycare, before/after school care) that allows the head of household to work or go to school full-time?</p> <p><input type="checkbox"/> NO <input type="checkbox"/> YES</p>	Monthly Childcare Expenses
<p>Does your household have out of pocket medical expenses?</p> <p><input type="checkbox"/> NO <input type="checkbox"/> YES</p>	Monthly Medical Expenses

## State Priority Population Verification

Does your household have children aged 18 years or younger?	<input type="checkbox"/> NO <input type="checkbox"/> YES
Is your household's annual income less than 30% of the Area-Median-Income?	<input type="checkbox"/> NO <input type="checkbox"/> YES

## Emergency Contact

Do you give permission to anyone outside of your household to help with this application process? (Before being able to speak with this individual, we will need a release of information.)

If yes, what is their name and contact information: \_\_\_\_\_  
\_\_\_\_\_

If you have a caseworker, please write their information here: \_\_\_\_\_  
\_\_\_\_\_

## Signatures From All Household Members 18 Years of Age and Older

By signing this form, you are certifying that, to the best of your knowledge, the provided information is true and accurate.

Head of Household Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Other Adult Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Other Adult Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Other Adult Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Other Adult Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Other Adult Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Other Adult Signature: \_\_\_\_\_ Date: \_\_\_\_\_