

CARES Emergency Services Application

Applicant Information								
Full Name				Date of Birth / /		Phone Number () -		Receive Texts? Y N
Mailing Address		Unit	City, State & Zip Code			County		
Current Housing Own Rent Temporary Quarters Homeless				Email Address				
Marital Status		Gender M F	US Citizen Y N	Race		Hispanic Y N	Disabled Y N	Military /Veteran Status
Health Insurance Type		Work Status		Current Student Y N		Highest Grade Completed		MN Driver's License

Status Codes					
Marital M = Married S = Single D = Divorced W = Widowed	Insurance N = None P = Private / Direct Purchase V = VA MC = Medicare MD = Medicaid/ MA E = Through Employer O = Other (Please Explain)	Work FT = Full Time PT = Part Time Mig. = Migrant, Seasonal, or Farmer R = Retired U = Unemployed *If unemployed please specify long-term (more than 6 months), Not in labor force, or short-term (less than 6 months)	Race N = American Indian/Alaskan B = Black/African American P = Hawaiian or Pacific A = Asian W = White M = Bi-racial or Multi-Racial O = Other (Please Explain)	Grade Level 0-8 9-12 = No diploma GED HSG = Graduated Some College 2-year or 4-year Degree	Military NA = No Affiliation A = Active NG = National Guard / Reserved V = Veteran

Co-Applicant Information								
Full Name				Date of Birth / /		Phone Number () -		
Marital Status		Gender M F	U.S. Citizen Y N	Race		Hispanic Y N	Disabled Y N	Military/Veteran Status
Health Insurance Type		Work Status		Current Student Y N		Highest Grade Completed		MN Driver's License

Children/ Other Household Member Information:						Use Status Codes Above			
1.									
Full Name		Date of Birth / /	Gender M F	Race	Hispanic Y N	Disabled Y N	Current Grade	Health Insurance	Relationship
2.									
Full Name		Date of Birth / /	Gender M F	Race	Hispanic Y N	Disabled Y N	Current Grade	Health Insurance	Relationship
3.									
Full Name		Date of Birth / /	Gender M F	Race	Hispanic Y N	Disabled Y N	Current Grade	Health Insurance	Relationship
4.									
Full Name		Date of Birth / /	Gender M F	Race	Hispanic Y N	Disabled Y N	Current Grade	Health Insurance	Relationship
5.									
Full Name		Date of Birth / /	Gender M F	Race	Hispanic Y N	Disabled Y N	Current Grade	Health Insurance	Relationship

Has the COVID-19 Pandemic affected you personally?

Yes

No

If yes, please explain: _____

Are you currently receiving, or have you received assistance from TCC in the past?

Yes

No

If yes, what program? _____

List all sources of Income:

*Please list all amounts as the amount received MONTHLY

Employment

Received By: _____ Amount: \$ _____

Received By: _____ Amount: \$ _____

Unemployment

Received By: _____ Amount: \$ _____

MFIP

Received By: _____ Amount: \$ _____

Food Support

Received By: _____ Amount: \$ _____

General Assistance

Received By: _____ Amount: \$ _____

Pension

Received By: _____ Amount: \$ _____

SSI

Received By: _____ Amount: \$ _____

Social Security

Received By: _____ Amount: \$ _____

Child Support

Received By: _____ Amount: \$ _____

Other

Received By: _____ Amount: \$ _____

For Office Use Only: Total Household Income: \$ _____ % Of Poverty: _____

Type of assistance you are seeking:

*Please include copy of valid MN driver's license or valid photo id

Car Repairs, Purchase or Insurance _____

Rent / Deposit _____

Utility _____

House Repair _____

Gas Card Medical Use Other

If other, please explain: _____

Food Card _____

IMPORTANT – APPLICANT MUST READ BEFORE SIGNING

I certify that the following information provided throughout this application is true and correct to the best of my knowledge. I am also aware that the information I have provided is subject to review and verification. I allow the release of the information to TCC staff for verification purposes and understand that it will be used to determine eligibility. I also acknowledge that by supplying my email address I agree to receive emails regarding TCC programs and services.

Applicant Signature: _____ **Date:** _____

Co-Applicant Signature: _____ **Date:** _____

Below is a list of documents required to complete your application. Copies can be made at any office when you drop off your application, just have the required documents with you.

- If you are seeking vehicle related assistance, please provide a copy of your valid MN driver's license, proof of auto insurance, and two (2) repair estimates.
- If you are seeking assistance with utilities, please provide a copy of the most current utility bill.
- If you are seeking assistance for a home repair, please provide two (2) repair estimates.
- If you are seeking assistance for rental payments, please provide a copy of your lease and statement from your landlord.