

TCCAP Community Services Application Instructions

Attached is the TCC Community Services Application and Monthly Household Budget Estimate. Copies of supporting documents can be made when returning the application to one of the three offices.

- Crow Wing County – (218) 454-2595 · 2410 Oak St., Brainerd
 - Email: tara.coffman@tccaction.com
- Morrison & Todd County – (320) 632-3691· 609 13th Ave. NE, Little Falls
 - Email: lety.ambrizorozco@tccaction.com
- Fax: (320) 639-0042

- If you are seeking **vehicle related assistance** (a gas card or repair), please provide a copy of your valid MN driver’s license, proof of auto insurance, two (2) repair estimates, and proof of income.

*Note: For the **“Getting to Work”** program, also provide a copy of the vehicle title and applicants social security card.

- If you are seeking assistance with ***utilities**, please provide a copy of your MN Identification along with the most current utility bill and proof of income.

*Note: Applicants must receive/applied for Energy Assistance. To apply for this program, click on the county you reside in for contact information and application:

Crow Wing County	Morrison County	Todd County
Lutheran Social Services	Tri-CAP	Todd County
(218) 829-5000	(888) 765-5597	(320) 732-4516

- If you are seeking assistance with **home repair**, please provide a copy of your MN Identification along with two (2) repair estimates and proof of income.
- If you are seeking assistance with **rental payments**, please provide a copy of your MN Identification along with a copy of your lease, a statement noting the months/amounts past due and proof of income.
- If you are seeking assistance with a **food card**, please provide a copy of your MN Identification and proof of income.

Do not hesitate to contact the Community Service Department at 888-441-7215 if you have any questions.

TCCAP can help you apply for health insurance, apply for SNAP food assistance, prepare your tax returns, start a business, enroll in a matched savings program, access transportation loans, and apply for other emergency financial assistance. The “Family, Financial, and Emergency Services” are available to low-income residents and families in Crow Wing, Morrison, and Todd Counties.



For office use only: TCC FA/HV _____
 CAP60 Complete _____

Community Services Application

Applicant Information				*Use Status Codes Below			
Full Name		Date of Birth		Phone Number		Receive Texts? Y N	
Mailing Address			Unit	City, State & Zip Code		County	Social Security No.
Current Housing Own Rent Temporary Quarters Homeless			Email Address				
Gender* M F O		Race*		Hispanic Y N	Marital Status*		MN Driver's License:
Health Insurance Type*		Disabled Y N		U.S. Citizen Y N		If No, are you authorized to work in the U.S.? Y N	
Military /Veteran Status*		Work Status*		Job Title			
Primary Spoken Language English Spanish Somali Native American American Sign Language (ASL) French German Asian (which) _____ Other _____							
Current Student Y N		Start Date of Schooling: Expected Graduation Date:		Financial Aid Status*		Highest Grade Completed*	

*Status Codes					
Marital M = Married S = Single D = Divorced W = Widowed Gender Male Female Other	Insurance N = None P = Private/Direct Purchase V = VA MC = Medicare MD = Medicaid/ MA E = Through Employer O = Other (Please Explain)	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 Financial Aid Scholarship Student Grant Student Loan Work Study	Work FT = Full Time PT = Part Time Mig. = Migrant, Seasonal, or Farmer R = Retired U = Unemployed <input type="checkbox"/> Short Term (6 months or less) <input type="checkbox"/> Long Term (more than 6 months) <input type="checkbox"/> Not in Labor Force SE = Self Employed	Military NA = No Affiliation A = Active NG = National Guard/Reserved V = Veteran

Co-Applicant Information				*Use Status Codes Above			
Full Name		Date of Birth		Phone Number		Receive Texts? Y N	
Gender* M F O		Race*		Hispanic Y N	Marital Status*		MN Driver's License:
Health Insurance Type*		Disabled Y N		U.S. Citizen Y N		Military /Veteran Status*	
Work Status*		Job Title		Current Student Y N		Highest Grade Completed*	

Children / Other Household Member Information:					*Use Status Codes on Previous Page				
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	

Are you currently receiving, or have you received assistance from TCC in the past? Yes No

If yes, what program? _____

Type of assistance you are seeking...	*Please include copy of valid MN driver's license or valid Photo ID
<input type="checkbox"/> Vehicle Repairs, Purchase, or Insurance _____	<input type="checkbox"/> Gas Card <input type="checkbox"/> Bus Tokens <input type="checkbox"/> Food Card
<input type="checkbox"/> Rent / Deposit _____	<input type="checkbox"/> Other-please explain: _____
<input type="checkbox"/> Utility _____	_____
<input type="checkbox"/> House Repair _____	_____

IMPORTANT-APPLICANT MUST READ BEFORE SIGNING

I certify that the above 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: _____

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: \$ _____

Refugee Assistance

Received By: _____ Amount: \$ _____

Diversionary Work Program (DWP)

Received By: _____ Amount: \$ _____

Other

Received By: _____ Amount: \$ _____

For Office Use Only: Total Household Income: \$ _____

% Of Poverty: _____

“Getting to Work Program” Addendum

Only complete if seeking assistance for vehicle repairs AND are actively working or looking for work.

I am a single parent living with my child(ren): Y N

I live with my family, but I do not have any children: Y N

I am in a two-parent family living with my child(ren): Y N

I am not living with any family members: Y N

If disabled, is it a barrier to employment? Y N

Alien Registration # / Expiration Date: / /

Have you ever been convicted of a crime or felony? Y N

Hourly Wage or annual income of current/last job:

Have you been unemployed for 15 weeks or more of the past 13 months? Y N

I am the spouse of a veteran: If Male, are you registered with the Selective Service? Y N

Active Start Date: Active End Date:

Branch of Service

War/Campaign

Military Job Title

Type of Discharge

IMPORTANT – APPLICANT MUST READ BEFORE SIGNING – GETTING TO WORK CONSENT

I certify that the above information provided throughout this application is true and correct to the best of my knowledge. I am aware that the information I have provided is subject to review and certification and I may have to produce documents to support this application. I am also aware that I am subject to termination if I am found ineligible after enrollment and may be prosecuted for fraud and/or perjury. I allow the release of this information for verification purposes and understand that I will be used to determine eligibility.

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

Monthly Household Budget Estimate

Name: _____

Date: _____

BUDGET SUMMARY			
Monthly Income - Provide Proof/Statement		Expenses Sub-Totals (Office Completion)	
Wages		Housing Expenses	
Wages		Personal Expenses	
MFIP		Vehicle/Transportation	
Food Support		Insurance	
SSI/SSA		Loans/Credit	
Child Support		Taxes	
Other			
Monthly Income Total		Monthly Expenses Total	
Yearly Income Total		Yearly Expenses Total	
MONTHLY SUMMARY:		YEARLY SUMMARY:	

Housing Expenses	
Rent/House/Storage Payment	
Heat	
Electricity	
Telephone/Cell	
Water/Sewer	
Trash Pick-up	
Cable TV/Home Phone	
Internet/Home Phone	
Repairs/Maintenance	
Other	
Housing Expenses Sub-Total	

Insurance	
Health/Medical	
Medical Assistance	
Disability	
Dental/Vision	
Vehicle	
Renters/Homeowners	
Life	
Other - Retirement Acct	
Insurance Sub-Total	

Loans/Credit	
Student Loans	
Personal	
Credit Card	
Credit Card2	
Automobile	
Automobile	
Other	
Other	
Loans/Credit Sub-Total	

Personal Expenses	
Groceries	
Eating Out	
Household Supplies	
Clothing/Purchases/Haircuts	
Education-Personal	
Education-Children	
Newspapers/Magazines	
Medicines/Doctor/Dentist, Etc	
Gifts/Contributions/Dues	
Entertainment	
Cigarettes	
Pet Care/Food/Supplies	
Other	
Personal Expenses Sub-Total	

Vehicle/Transportation	
Down/Extra Payments	
Monthly Car Payment	
Gas/Oil/Lube	
Tires/Battery/Filters	
Repairs	
Licensing	
Vehicle/Transportation Sub-Total	

Taxes	
Federal/State Income (if self-employed)	
Property	
Other	
Other	
Taxes Sub-Total	