

Pope County Emergency Assistance Application

Name: _____ SSN: _____ Birth date: _____

Address: _____ Phone: _____

_____ Date moved to Minnesota: _____

Please list all people in your home (Let us know if you need more space):

Name	Birth date	SSN	Relationship	US Citizen (Y/N)
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Assets: Please list any liquid assets, or other assets that could be liquidated, such as checking, savings, CD's, Stocks, Bonds, retirement accounts, annuities, IRA, 401K, etc.

Please provide VERIFICATION of these assets

Type	Current Balance	Location
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Income: Please list any wages, self-employment, Social Security, retirement, disability income, etc

You will need to provide VERIFICATION of this income for the last 30 days.

Amount	How often received	Member Name	Employer Name or Source of income
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Have you received emergency assistance before? _____ If so, when? _____ For What? _____

Date emergency is needed: _____ Amount needed to resolve the emergency: _____

Please explain your emergency and provide a copy of your eviction or shut off notice, or other verifiable information of your inability to pay.

- I have reviewed my answers, believe they are all true and correct, to the best of my knowledge.
- I understand if I am approved, that I will not be eligible for this program again for 18 months from this date.

Signature of Person Making Application	Date
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County Agency Signature	Amount Approved/Denied	Date
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