



Thank you for your application for North Dakota Community Homeless Prevention and homeless mainstream resources.

Name: _____ Date: _____

The above-named person has completed an application for emergency assistance through SENDCAA, Presentation Partners in Housing, and Salvation Army.

Completion of this application does not guarantee assistance. Only 1 in 5 applications receive assistance.

Call or text (701) 566-0772 or email sendcaa.self.sufficiency@gmail.com with questions. This number is not answered immediately. Leave a message and you will be contacted in 2 business days.

DO NOT call SENDCAA to check on your application. You will be notified by mail if you have been approved or denied

DO NOT call SENDCAA for information about your appointment at other agencies. Contact the agency directly.

Applications are reviewed weekly

Applications that are not complete are immediately ineligible for assistance

Staff from one of three partner agencies will contact you within two weeks of your application to notify you if you were approved or denied for assistance.

See the back page for other resources.

Other ideas to avoid eviction

***Try a “payment plan” with your landlord. Get a written agreement of what you can pay each month or with each paycheck in addition to your monthly rent expenses.

***If you have a utility shut off, you must pay the past due portion, not the entire balance on the shut off notice. If your utility company is willing, get a written payment plan in place with the company.

***Try all other resources including religious organizations in your area. Most are restricted to one time per year assistance, but they can generally help in ways that community agencies can no longer assist.

***Call First Link (211) for additional resources not listed on this page.

*** SENDCAA offers one-on-one rental housing counseling, without financial assistance, to help households avoid eviction and develop skills to maintain housing. Call for more information.

***Landlord-Tenant Mediation is available for situations that might have a resolution. Contact SENDCAA or Lakes and Prairies Community Action for more information.

***Remember, in North Dakota you are not required to vacate a premise until a formal, court eviction has been filed. A “3-day notice” or “late rent” notice does not require a tenant to vacate. For questions or legal advice, contact your local Legal Services of ND at 1-800-634-5263.

St Vincent DePaul Society Holy Spirit conference: area north of 12 Ave N, from the Red River to I-29 in Fargo 701-232-5900 St. Anthony of Padua conference: area between Main Ave and 13 Ave S, from the Red River to I-29. 701-566-0638	St. Frances Thrift Store and Outreach 1425 1st Ave South 701-235-5944 Takes walk-ins Tu & Th 1-3pm Eviction required or must be homeless Arrears must be at least one month behind
Cass County Housing Authority 230 8th Ave. West, West Fargo 701-282-3443 Deposit Assistance of \$150-\$250 Must have 12-month lease	First Link – 211 - Ask for Communal Fund 701-235-7335 First time users call Mondays at 9am Second time users call Tuesdays at 9am

SouthEastern North Dakota Community Action Agency

Homeless Prevention Phoneline: (701)566-0772 Fax: (701)298-3115

sendcaa.self.sufficiency@gmail.com

Community Homeless Prevention Assistance Application

*Community Homeless Prevention assistance is designed to assist families, singles and youth who are at imminent risk of becoming homeless. The recipients of Homeless Prevention funding assistance must be low-income North Dakotans experiencing a housing crisis who are able to maintain housing after short-term assistance and services. By completing this application, you have applied for assistance from **SENDCAA, Presentation Partners in Housing, and the Salvation Army.***

Head of Household Name: _____ **Date of Birth** _____

(List additional members below or on back page)

Name: _____ Date of Birth _____

Name: _____ Date of Birth _____

Name: _____ Date of Birth _____

Name: _____ Date of Birth _____

CONTACT INFORMATION:

Address: _____
Street City State Zip

Phone #: () - May we leave a message at this number? ☐ Yes ☐ No

Email: _____

<u>Other Household Contacts</u>	<u>Name</u>	<u>Contact Number</u>
Case Manager		
Other Case Manager		
Landlord/Housing Agency		
Other _____		

***Please inform front desk staff if you are in need of a Release of Information to fill out for any of the above contacts.

Reason for Application:

<input type="checkbox"/> Court Eviction	<input type="checkbox"/> Staying at motel, no longer can afford
<input type="checkbox"/> Family/Friend asked you to leave	<input type="checkbox"/> Living in place no longer meant for habitation
<input type="checkbox"/> Family/Friend evicted you in writing	<input type="checkbox"/> Unsafe living situation
<input type="checkbox"/> Late rent (undocumented)	<input type="checkbox"/> Utility Disconnect
<input type="checkbox"/> Notice to evict	<input type="checkbox"/> Other _____

Amount Owed: \$ _____

Eligibility Determination Questions	
Is anyone in the family a Veteran?	Yes No
How much is your rent per month?	
How many bedrooms are in the apartment?	Studio 1 bdrm 2 bdrm 3 bdrm More than 3 bdrms
Do you receive any housing assistance?	Yes, from: _____ No
Have you been approved for LIHEAP energy assistance?	Yes, from: _____ No
What is your heat source?	Electric Fossil Fuel Natural Gas Propane

What other resources have you attempted to resolve this emergency? Resources include family, agency, church, etc.

Resource	Approval Amount & Date	Reason for Denial

****Please note: Due to funding limitations, we are only able to assist about 1 in every 5 (20%) of the people who apply for help. SENDCAA has a partnership agreement with other agency partners in the Fargo-Moorhead Community to work together to assist people in crisis. If SENDCAA is unable to assist, your information may be passed on to Salvation Army or Presentation Partners In Housing to meet your needs.***

Please explain your situation and why you are seeking assistance.

How do you plan to cover your rent and utility expenses monthly after getting caught up?

Monthly utility expenses \$_____

Do you have any sources of income in your household? *If so please list income sources and total amount:*

Yes	No	Source	Amount (Monthly)
		Employment	
		Unemployment	
		Child Support	
		SSI/SSDI	
		TANF/MFIP	
		General Assistance	
		Retirement	
		Veterans Benefits	
		Tribal Funds	
		Other:	
Total Monthly Income:			

Do you or anyone in your household have any of the following barriers that could make it difficult to seek or maintain housing? *(please check all that apply to your household)*

Yes	No	
		Is your safety currently at risk?
		Have you stayed in a shelter, place not meant for habitation, or transitional housing in the past 12 months?
		Are any adults or Head of Households under 25 in your household?
		Is anyone over the age of 60 years?
		Do you currently have a court date for an eviction?
		Does your family need 4 or more bedrooms?

Yes	No	
		Have you moved 2 or more times in the last school year?
		Have you ever been in a shelter, place not meant for habitation, or transitional housing before? If yes, how many times? _____
		Have you experienced homelessness 2 or more times in the last 5 years?
		Do you have any previous evictions on your record? If yes, how many? _____
		Do you have any outstanding bills owed to previous rental properties or utility companies?
		Have you ever been turned down for housing due to criminal history?
		Do you currently have a housing voucher or subsidy to help you pay rent each month? If yes, with what agency? _____
		Is anyone in the household currently pregnant?
		As a child, did you or any other adult in your household experience 2 or more of the following factors: <ul style="list-style-type: none"> • Homelessness • Foster Care • Physically, sexually, and/or emotionally abused • Moved four or more times • Family received public assistance

Yes	No	
		Are your utilities currently disconnected or scheduled for disconnection within 7 days?
		Does anyone in your household have poor or no rental history?
		Does anyone in your household have poor or no credit?
		Does anyone in your household have a disability (physical disability, mental health, drug or alcohol)?

I have completed this application to the best of my abilities. I have read and understand that funding is limited and that not all applications will be assisted. I understand that I may be contacted by another local agency to offer assistance if assistance is available to resolve this emergency. You will be contacted by one of the three partner agencies with approval or denial information within 5 business days. Please sign below.

Signature: _____ Date: _____