



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.

<p>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</p>	<p>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</p>
<p>Cass County Housing Authority 230 8th Ave. West, West Fargo 701-282-3443 Deposit Assistance of \$150-\$250 Must have 12-month lease</p>	<p>First Link – 211 - Ask for Communal Fund 701-235-7335 First time users call Mondays at 9am Second time users call Tuesdays at 9am</p>

SouthEastern North Dakota Community Action Agency

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

sendcaa.self.sufficiency@gmail.com

Community Homeless Assistance Application

Community Homeless Assistance is designed to assist families, singles and youth who are experiencing homeless. Please complete this application for consideration for homeless assistance. This application is intended for one-time assistance to access housing. Please complete a VI SPDAT to be entered onto the homeless programs prioritization list if one-time assistance will not be sufficient to meet your needs.

*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 adult members below or on back of application.)

Name: _____ Date of Birth _____

Name: _____ Date of Birth _____

Number of people in Household (including household head): _____

CONTACT INFO: *Where can we contact you to make follow-up referrals or obtain additional eligibility 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 SENDCAA staff if you are in need of a Release of Information to fill out for any of the above contacts.

Have you completed a VI-SPDAT? Yes No		Where did you do the assessment?
Are you currently working with a case manager? Yes No		Name of Case Manager:
To be completed by VI-SPDAT assessor OR case manager:		
Date	VI SPDAT Score:	
If the applicant scored higher than the mainstream resources category, how will the applicant maintain housing with only one-time assistance?		

Eligibility Determination Questions			
What is your current living situation?	<div>Shelter</div> <div>Place not meant for habitation</div> <div>Transitional Housing</div>		
Is anyone in the family a Veteran?	Yes		No
Do you have an apartment lined up?	Yes		No
Have you signed a lease? If so, how much is your rent?			
How many bedrooms are in the apartment?	<div>Studio</div> <div>1 bdrm</div> <div>2 bdrm</div> <div>3 bdrm</div> <div>More than 3 bdrms</div>		
Are you approved for any housing assistance?	Yes, from: _____		No

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

Yes	No	Circle Source/Type								Amount (Monthly)
		Employment	Unemployment	Child Support	SSI/SSDI	TANF	Retirement	Other		
		Employment	Unemployment	Child Support	SSI/SSDI	TANF	Retirement	Other		
		Employment	Unemployment	Child Support	SSI/SSDI	TANF	Retirement	Other		
		Employment	Unemployment	Child Support	SSI/SSDI	TANF	Retirement	Other		
Total Monthly Income:										

Please explain your need for homeless assistance:

If assistance is provided to you, what is your PLAN to sustain your household after the assistance is over? (Please list your immediate goals.)

**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. We strongly encourage you to seek additional resources while you wait to hear back on our decision. You may be required to exhaust other available resources prior to being approved for Community Homeless assistance.*

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. Please sign below. A letter will be mailed to your household explaining approval or denial of assistance.

Signature:_____ Date:_____