



INTERCONGREGATION COMMUNITIES ASSOCIATION

Food Shelf
11588 K-Tel Drive,
Minnetonka, MN 55343
Phone: (952) 938-0729
Fax: (952) 938-7822

www.icafoodshelf.org
Hours: Monday 10-6:30
Tuesday 10-3
Wednesday 9-3
Thursday 10-3

2024: Deposit Assistance

ICA understands that your financial crisis is of great concern to you.

The attached ICA application needs to be completed and returned with the following items:

1. Copy of driver's license or state ID card for the head of the household.
2. The last 30 days of ALL income for ALL household members. (Examples: paystubs, UIMN, SSI/SSDI, MFP, Child Support)
3. Current signed lease. (Your name must be on the lease.)
4. New landlord contact information: (Phone and email).

Note: You must have 30 days residency in ICA service area to apply for deposit assistance.

Please return completed application and supporting documents via email (see below), drop off at ICA during open business hours or fax (see above). We work as quickly as possible to process your request, but it may take up to **60 days** at this time. We look forward to working with you.

Please call the ICA appointment line if you need food at 952-938-0729.

Housing Services Assistance

Assistant Eligibility:

- You must reside within ICA's service areas; Hopkins, Minnetonka, Excelsior, Shorewood, Deephaven, Greenwood, and Woodland.
- You must provide proof of the emergency (ex. hospital bill, car repair bill, etc.)
- Denial letter from Hennepin County Emergency Assistance or Community Action Partnership of Hennepin County **BEFORE** applying to ICA.
- **Monthly Rent Payment:*** The amount owed must be less than our cap of \$1,800
- **Rental Deposit:****The amount owed must be less than our cap of \$1,500.
- **Utility Payment:**** The amount owed must be less than our cap of \$700.

Guidelines:

- Emergency requests must be due to an unforeseeable and unpreventable crisis.
- Assistance from ICA **MUST** be able to resolve your financial issue.
- You must have income **BEFORE** your application is considered.

Application Process:

- If requirements are met, the application can be printed from the ICA website (www.icafoodshelf.org) or by clicking on this link: <https://www.icafoodshelf.org/housing> or can be found on the website under "Get Help" and "Housing".
- Once the application is complete, please either mail it to ICA at 11588 K-Tel Drive, Minnetonka, MN 55343, hand deliver it to ICA's K-Tel location, or email it to application@icafoodshelf.org.
- ICA will not accept applications via phone.
- If the application is not complete, the application will be denied. You will have 10 days to supply the required information. If it is not received within 10 days, your file will be closed and you will have to start the application process over again. The application process may take up to **60 days** due to the high volume of applications.

YOU HAVE TO APPLY THROUGH ICA WEBSITE FOR ASSISTANCE

*Rental applications available 1-time every 24 months.

**Rental Deposit & Utility Assistance available 1-time every 12 months

ICA EMERGENCY FINANCIAL REQUEST

Name (First, Middle, Last) _____ Date _____

Address _____

City _____ Zip _____ Phone # _____

Name	Date of Birth	Race / Ethnicity	Relationship
1.			
2.			
3.			
4.			
5.			
6.			

Email _____

Apartment Name: _____ **Monthly Rent:** _____

Owner/Property Manager Name _____ Phone # _____

Email: _____

How long have you lived here? _____ Do you have a rent subsidy? No/ Yes- Type: _____

Income: Wages for the last 30 days _____, Other Income: _____

Type (please circle): Job Unemployment Child Support MFIP GA SSI/SSDI Retirement/Pension Other

Additional info/notes:

I hereby certify that this information is true and accurate to the best of my abilities. If you have a concern regarding ICA staff; volunteers, services, or procedures, please contact the Executive Director at 952-279-0291.

⇒ **Client Signature** _____ **Date** _____

Date	Service	Fund	Initials

ICA STAFF ONLY



CDBG Participant Intake Form

ICA

Name of head of household (first & last): _____

Name of program participant (if different): _____

Home Address: _____

Is a female the head of the household? Yes ___ No___ Is your household Hispanic? Yes ___ No___

Please check the box next to the race(s) appropriate for your household:

- White
- Black/African American
- American Indian/Alaskan Native
- Asian
- Native Hawaiian/Other Pacific Islander
- Other

What will be the gross income for all members of the household at the end of the year?

Income includes employment wages, self-employment, tips, unemployment compensation, Social Security/Disability payments, public assistance, MFIP, child support/alimony, interest/dividends from investments, rental property income, etc.

In the table below circle your household size and circle the corresponding income range in the same row:

FY 2023 Income Limits	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
30% AMI (extremely low)	26,100	29,800	33,550	37,250	40,250	43,250	46,200	49,200
50% AMI (low)	43,500	49,700	55,900	62,100	67,100	72,050	77,050	82,000
80% AMI (moderate)	66,300	75,750	85,200	94,650	102,250	109,800	117,400	124,950

MSA: Mpls/St. Paul Median Household Income: \$124,900

(Income limits effective 6-15-23)

I certify that the information provide on this form is accurate and complete. I authorize (ICA Food Shelf) to verify this information, if necessary, and to provide this form to Hennepin County as a condition of funding they provided to this agency.

Signed by Participant (head of household or guardian): _____ Date: _____

Warning: Section 7007 of Title 78 U.S. Code makes it a criminal offense to make false statements or misrepresentations to any Department of Agency of the U.S. as to matters within its jurisdiction.

(Note: Agency providing service can use this form or incorporate data elements into an agency form)



CDBG Verification of Past Due Rent

(updated 8/2023)

INSTRUCTIONS:

This is a written statement documenting the past due amounts for which CDBG Emergency Assistance is being requested. **Submission of the completed form and required supporting documentation is required to obtain assistance.**

Step 1: CDBG Public Services Contractor: complete organization information and contact details

Step 2: Tenant: must sign this form to allow the landlord to release the requested information.

Step 3: Landlord/or their representative: must complete and sign past due rent information (10 questions).

Step 4: Landlord/or their representative: must provide documentation of past due amounts.

Documentation includes:

- a copy of a rent ledger, or a past due rent notice or eviction notice or accounting record for tenant charges and payments and,
- a copy of a tenant lease if available
- multiple household members cannot receive separate assistance for the same unit, requested assistance must be for the whole household not individual members

Step 5: Landlord/or their representative: must return the form to the CDBG contractor/organization.

Step 6: CDBG Public Services Contractor: complete review of SAM-provide supporting documentation or sign noting verification of status

Step 1: CDBG Public Services Organization and Contact information

Public Services Contractor staff complete

Public Services Organization: _____

Organization Address: _____

Staff Contact Information: _____

Step 2: Program Participant Signature:

Tenant must sign to obtain assistance.

Program Participant (Tenant) Signature

Tenant Printed Name

Date

I hereby authorize the landlord or authorized representative to disclose my housing information to be used only in administration of the Hennepin County's CDBG Emergency Assistance Program.

Step 3: Landlord Past Due Rent Information (Landlord must complete questions 1-10 below)

To be completed by Property Manager or Owner only.

All boxes with past due amounts must have supporting documentation to demonstrate need (rent ledger, tenant account record, past due notice etc.)

Tenant Name _____

Tenant Address (must include city) _____

Landlord complete (questions 1-10 below). Include all requested information:

If a box is not applicable cross it out or put N/A

1. Will payment of the past due amount guarantee residency for an additional 30 days assuming tenant remains lease compliant in all other areas?	Yes	No
2. Is the landlord, or its property manager or owner, currently debarred, suspended, or otherwise excluded from the receipt of Federal funding or ineligible for participation in Federal assistance activities?	Yes	No

Rent and Fees:

2. What is the date the tenants lease began?	____/____/____					
3. What day of the month is the rent due?	____/____/____					
4. What is the current monthly rent for this tenant?	\$ _____					
5. What month(s) is the tenant's rent past due and what is the amount of rent that is past due for each of those months? (ok to include partial months past due amounts) <i>Example:</i> <table><tr><td><u>Month</u></td><td><u>Past due amt</u></td></tr><tr><td>June 2023</td><td>\$ 230.00</td></tr></table>	<u>Month</u>	<u>Past due amt</u>	June 2023	\$ 230.00	Month/Year	Past due amount
	<u>Month</u>	<u>Past due amt</u>				
	June 2023	\$ 230.00				
	____/____	\$ _____				
____/____	\$ _____					
____/____	\$ _____					
6. Are there any past due fees that must be paid to bring the account current?	Yes	No				
If yes to #6, what is the total amount past due fees, and what are the fees for? <i>Example:</i> Specify type of fees: garage for May, June and July 2023 \$50.00 per month Amount of fees past due \$150.00 NOTE: fees must be specified	Description	Amount				
		\$ _____				
		\$ _____				
		\$ _____				
		\$ _____				
7. Are there any past due utilities that must be paid to bring the account current?	Yes	No				
If yes to #7, what is the total of past utilities, and what month are they past due?	Month/Year	Past due amount				
	____/____	\$ _____				
	____/____	\$ _____				
	____/____	\$ _____				

8. What is the total amount that is required to bring the tenant account current (including rent, fees and utilities)?
 NOTE: This total must equal the amounts in the blue column.

\$ _____

Other assistance:

9. Is any portion of the rent subsidized by another program (for example: Section 8, Section 811, HOME TBRA, etc.) If yes to #9 above: write in name of Agency and amount	Yes	No
	Agency: _____	Amount: \$ _____
10. Has the landlord received a guarantee of Payment from any other agency on behalf Of the tenant for the past due amount of rent? If yes to #10 above: write in name of Agency and amount	Yes	No
	Agency: _____	Amount: \$ _____

Note: Include copies of the current rent ledger and landlord's W9. These documents are required to process payment.

NOTE: IT is helpful for the landlord to include the address of where to send check. Please note if different than W-9; (Agency can omit or alter this section to meet the organizations needs

I certify that the information provided above is complete and accurate.

Landlord Signature (Supply contact information below, as applicable.)	Landlord Printed Name	Date
Phone Number: _____	ORGANIZATION'S NAME	
Email: _____	Verified at https://sam.gov/content/exclusions	
Fax Number: _____		

Step 5: Mail the form back to:

Agency and address listed under **Step 1** of this form:

Step 6: CDBG Public Services Contractor: complete review of SAM-provide supporting documentation or complete box below noting verification of status

ORGANIZATION'S NAME Use Only:
 Verified at <https://sam.gov/content/exclusions>
 on date: _____

I am applying for emergency assistance.

My situation is directly related to Covid-19. (Circle One)

YES

NO

Please explain your situation:

*** All information you provide about yourself and your household is considered private data as defined by the Minnesota Government Data Practices Act.**

Why do we ask for this information?

- To tell you apart from other people with same or similar name.
- To help you get financial or social services from ICA or other community resources.
- To make reports as required by your funders.

Do you have to answer the questions we ask?

- We encourage you to answer all of the questions on the application. Your answers determine your eligibility for services provided by this agency.
- If you do not provide the information requested, we might not be able to determine your eligibility for the services you request.

With whom may we share information?

- Employees of other state, county, local, federal, collaborative and non-profit agencies in order to provide requested services or comply with financial audits.
- Other agencies in order to collect reimbursement for financial services through ICA.
- Other staff members or volunteers at ICA.

Exceptions to Data Privacy Rights:

- Information that mandates reporting to Child or Adult Protection
- Information may be released to protect the health and safety of others or yourself
- Your file is subpoenaed by a court of law

Client Grievance Procedure:

If you have a complaint regarding ICA staff, volunteers or services please direct your concerns to the Executive Director- 952-938-0291. You have the right to review info and revoke consent at any time.

I have reviewed this data privacy notice.

⇒ **Signature** _____ **Date** _____

INTERCONGREGATION COMMUNITIES ASSOCIATION

Administration: 12990 St. Davids Road, Minnetonka, MN 55305

Food Shelf: 11588 K-Tel Drive, Minnetonka, MN 55343

Phone: 952.938.0729/ fax: 952.938.7822

RELEASE OF INFORMATION

ICA is requesting permission to release information you have given us and to obtain information from agencies or persons listed on this form. This information will allow us to serve you better.

I understand that:

- This information cannot be released without my consent.
- I have the right to look at and have copies of all written information the agency releases.
- This consent for release of information will expire one year after I have signed it.
- I can withdraw my consent at any time. Withdrawing my consent will not affect information the agency has already released.
- This information may be shared with ICA staff to assist in providing services to me. Aggregate data (without my identification) may also be shared with funders and partners of ICA.

I authorize ICA to release my name, address, phone number, and/or obtain information from the following entities. Please Initial all of the following:

<u>Contact Info</u>	<u>Purpose</u>	<u>Initials</u>
US Federal Aid / state of MN / MN Housing ajg	Funding/Reimbursement	
Hennepin County / Case# ajg	Emergency Assistance Information	
Property Manager	Rental Housing Information	
EFSP (FEMA) ajg	Reporting/Reimbursement	
CDBG ajg	Reimbursement	
City of Minnetonka / Hopkins ajg	Funding/Reimbursement	
Utility / Acct # Centerpoint energy #10620098-3	Funding/Reimbursement	
Other		

I understand that I am not required to agree to this release of information. However, without this information, ICA may not be able to provide the services I am requesting or obtain other assistance for me.

⇒ **Participant Name:** _____ **Date:** _____

⇒ **Participant Address:** _____

⇒ **Participant Signature:** _____

ICA Case Manager: _____

ICA Services & Area Resources



ICA Food Shelf is a nonprofit social services agency that serves the communities of Hopkins, Minnetonka, Excelsior, Shorewood, Deephaven, Greenwood, and Woodland.

MAKING A FOOD APPOINTMENT WITH ICA FOOD SHELF

★ To make a food shelf appointment (including mobile food shelf) call 952-938-0729.

Phones are answered between 9:30 a.m. and 3:30 p.m. Monday through Friday (except holidays). ★

Emergency food is available without an appointment during operating hours.

ICA Food Shelf at K-Tel

11588 K-Tel Drive, Minnetonka, MN 55343

Hours:

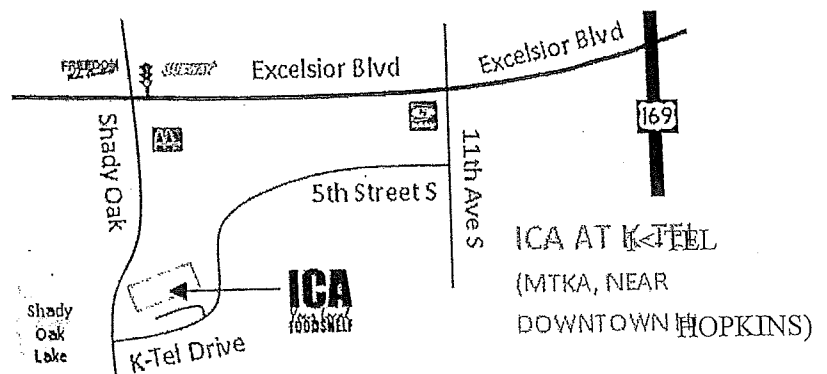
Monday — 10:00 a.m. — 6:30 p.m.

Tuesday — 10:00 a.m. — 3:00 p.m.

Wednesday — 9:00 a.m. — 3:00 p.m.

Thursday — 10:00 a.m. — 3:00 p.m.

Friday* — Closed



*Fridays: Emergency bags available at our St. David's location 9:30am-3:30pm: 12990 St Davids Road, Minnetonka.

SERVICES OFFERED THROUGH ICA

Food Services:

- ICA provides nutritious, well-balanced food for the families we serve. Each family is required to schedule a food appointment. ICA cannot accommodate walk-ins for full food service.
- If you need to cancel your food appointment, please call ICA to let us know. This will open the appointment for someone else.

Financial Assistance and Referrals Services:

Case Managers – Felicia 952-279-0285 or Charmaine 952-279-0295

- ICA provides financial assistance on a case-by-case basis for rent and utilities as well as provides referrals to area service agencies.
- If you are in need of a bus pass, please contact an ICA Case Manager.
- Relate Counseling at ICA: Call or text Relate at 612-440-6460 to schedule an ICA appointment on Wednesdays 9:00 - 11:00am.

Employment Services:

Employment Consultant - Kerri 952-279-0286

- ICA provides job support services, including resumes and cover letters, interview skills, identifying employment interests and skills, developing networking skills, and identifying resources to find available positions.

Area Resources

GENERAL ASSISTANCE

- 2-1-1 United Way First Call For Help 651-291-0211 or 211
- ResourceWest - 1011 1st St. S., Ste 109, Hopkins (Wells Fargo Bank Building) 952-933-3860
- Social Security Administration 1-800-772-1213

ECONOMIC ASSISTANCE AND/OR EMERGENCY ASSISTANCE - HENNEPIN COUNTY

- Hopkins, 1011 1st St S (Wells Fargo Bank Building) 612-596-1300 or www.mnbenefis.mn.gov

ECONOMIC ASSISTANCE AND/OR ENERGY ASSISTANCE

- Community Action Partnership of Hennepin County (CAP-HC) 952-930-3541
www.caphennepin.org

FINANCIAL COUNSELING

- Lutheran Social Services (LSS) 1-888-577-2227
Free budget counseling, debt management plans, and financial education

FOOD ASSISTANCE

- Fare for All 763-450-3880
Low cost monthly food packages, various locations
- Women, Infants and Children (WIC) 612-348-6100
Food and nutrition for pregnant & breastfeeding women, infants & children up to five years old
- Nutrition Assistance Program for Seniors (NAPS) 651-484-8241
Nutrition program for income eligible adults 60 years or older
- Hennepin County Food Support (SNAP) 612-596-1300
Monthly food support www.mnbenefits.mn.gov
- MN Food Help Line 1-888-711-1151 or www.mnfoodhelpline.org
Providing solutions for household food needs

TRANSPORTATION

- Metro Mobility 651-602-1111
Call Metro Mobility to apply for eligibility
- Transit Link 651-602-5465
Contact Transit Link for ride availability in your area. Assistance
For your return fare from ICA is available. Inquire at ICA's front desk.
- Transportation Assistance Program (TAP)
ICA Case Managers can register TAP cards to those who are income eligible for \$1 bus rides.

HOUSING

- Housing Link - An internet housing search with subsidized housing list www.housinglink.org
- Home Line - Tenants' rights organization 612-728-5767

EMERGENCY HOTLINES

- Sojourner Project Inc. 952-933-7422 Provides women & children experiencing domestic violence with support, temporary crisis housing, legal, medical and other assistance. Domestic Violence hotline open 24 hours a day.
- COPE 612-596-1223
Hennepin County mental health crisis hotline
- Metro KeepSafe Suicide Prevention / Crisis Team text: ** 274747 (must use stars)
- National Suicide Prevention 24/7 Lifeline 1-800-273-TALK (8255)