Renters' Support Fund Application

(ENGLISH BELOW)

*Esta forma es la solicitud oficial para aplicación de fondos de la Coalición de Inquilinos de Minneapolis (Minneapolis Renters Coalition Support Fund).*

*Los datos proveídos permanecerán anónimos y serán de-identificados. Datos e información demográfica será manejado solamente por la administración del fondo, La Asociación Vecinal del Parque de Powderhorn (PPNA), y permanecerá en posesión de PPNA por no mas de 7 años.*

*Este fondo si limite a ofrecer $300 por familia a 28 familias para tres meses, y el dinero se otorgará en una sistema lotería. La aplicación se abrirá a fin de cada mes. Después de que aplicación haya sido evaluada, se le contactara en dos días hábiles si su solicitud será otorgada. Por el momento, podrá esperar en recibir los fondos dentro de tres días hábiles.*

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This form is the official application to apply for the Minneapolis Renters Coalition Support Fund.

All data collected will remain anonymous and be de-identified. Data and demographic information will only be managed by the fund administrator, Powderhorn Park Neighborhood Association, and will remain in fund administrator’s possession for up to 7 years.

For the month of December, the fund will award 35 households a one-time payment of $900, and money is awarded on a lottery system. This application will be open until Saturday, November 20, at 12pm. After the application closes, you will hear within two business days if your request will be awarded. At that time, we will follow up about how and when you can expect to receive payment

NOTE: If you are having trouble filling out this form, or you have any other questions about our program, please direct your questions to Julia Hobart, julia@ppna.org call/text 612-446-4661.

**SECTION 1**

**1. Name | *Nombre***

Click or tap here to enter text.

**2. Email | *Correo electrónico***

Click or tap here to enter text.

**3. Phone | *telefono***

Click or tap here to enter text.

**4. Address | *dirección***

Note: You must live in Minneapolis to be eligible for this fund | *Debe vivir en Minneapolis para ser elegible para este fondo*

Click or tap here to enter text.

**5. Zip Code | *código postal***

Click or tap here to enter text.

**6. Preferred language | *Idioma preferido***

[ ] **English**

[ ]  **Spanish**

[ ]  **Other:** Click or tap here to enter text.

**7. Do you rent your home? | *alquilas tu casa?***

Note: You must be currently renting a home or using these funds to cover costs of moving into rental housing | *Actualmente debe estar alquilando una casa o usar estos fondos para cubrir los costos de mudarse a una vivienda de alquiler.*

[ ] **Yes | Si**

[ ] **No**

[ ] **Other:** Click or tap here to enter text.

**8. Do you spend more than 1/3 of your income on housing costs (rent and utilities) | *¿Gasta más de 1/3 de sus ingresos en costos de vivienda (alquiler y servicios públicos)?***

Note: Only households that spend 1/3 or more of their income on housing qualify for this fund | *Solo las familias que gastan 1/3 o más de sus ingresos en vivienda califican para este fondo*

[ ] **Yes**

[ ] **Other:** Click or tap here to enter text.

**SECTION 2**

**9. How will this support help change your current situation or stabilize your current situation? What will you use the money for? | *¿En qué se usará el dinero?***

Click or tap here to enter text.

**10. In order to help us continue to raise funds, will you share a few sentences on the importance and impact of how will this money help you? Your response will always remain anonymous. | *¿Para ayudarnos a seguir recaudando fondos, podría compartirnos sobre la importancia e impacto sobre cómo le ayudara el dinero?***

Click or tap here to enter text.

**Please share a document that helps demonstrate your situation or why this money is needed. A scanned image or picture is fine, and you can email documents to julia@ppna.org. For a list of examples of documents we are able to accept, visit ppna.org/renter-support-fund. If you are unable to share a document at this time, you can still submit your application and we will follow up. | *Por favor envíe un correo electrónico a Julia con la forma de verificación preferida (un escaneo o foto será suficiente). Por ejemples, mira ppna.org/renter-support-fund.***

**SECTION 3**

**This section is optional. We have a variety of partners who are excited to help serve the people we serve. We will use your responses to help connect you to our partner resources. We will reach out to you in the next month if we're able to connect you to a resource | *Esta sección es opcional. Tenemos una variedad de socios que están emocionados de ayudar a servir a las personas a las que servimos. Usaremos sus respuestas para ayudarlo a conectarse con los recursos de nuestros socios. Nos comunicaremos con usted en las próximas cuatro semanas si podemos conectarlo con un recurso.***

**Check any of the below resources that you might be interested in for you or someone you know | Marque cualquiera de los recursos a continuación que le puedan interesar para usted o su familia**

[ ]  Health Care (doctor, dentist, etc.) or Case Management | asistencia médica (doctor, dentista) o gestión de casos

[ ]  Mental Health therapy for individuals, couples, or families | Terapia de salud mental para individuos, parejas o familias.

[ ]  Health Insurance | seguro de salud

[ ]  Food Resources (SNAP benefits, food shelves, etc.) | Recursos de comida (SNAP, banco de alimentos)

[ ]  Legal Support | ayuda legal

[ ]  Financial Coaching or Banking | asesoramiento financiero, o ayuda para cuenta bancaria

[ ]  Chemical or Behavioral Health | recursos de salud química o del comportamiento

[ ]  Domestic Violence Services | servicios de violencia doméstica

[ ]  Advocating for your child in Minneapolis Public Schools | Abogando por su hijo en Minneapolis Public Schools

[ ]  Professional Training | entrenamiento professional

[ ]  Personal Development | desarrollo personal

**I give permission for Renter Support Fund Administrator to share my name and phone number with an organization that provides the resources above | Doy permiso para que el Administrador del Fondo de Apoyo al Arrendatario comparta mi nombre y número de teléfono con una organización que proporciona los recursos anteriores.**

[ ]  Yes

[ ]  No, I will reach out to organizations myself based on the information given to me | No, me comunicaré con las organizaciones en función de la información que se me proporcione.