

**Services**

Administrative  
Child Support  
Community Corrections  
Health Services  
Income Maintenance  
Social Services  
Toll free

**Phone Numbers**

(218) 824-1140  
(218) 824-1260  
(218) 824-1135  
(218) 824-1080  
(218) 824-1250  
(218) 824-1140  
(888) 772-8211

**COMMUNITY SERVICES**

204 LAUREL ST.  
P.O. Box 686  
BRainerd, MN 56401  
WWW.CROWWING.GOV  
FAX (218) 824-1141  
EMAIL CWCSS@CROWWING.GOV

**OUR MISSION: SERVE WELL. DELIVER VALUE. DRIVE RESULTS.**

CWC-979  
05/25

Date: \_\_\_\_\_

Case #: \_\_\_\_\_

Attached is the application for Emergency Assistance. The documents below are required along with the completed application.

- Copy of your eviction notice or demand for rent
- Copy of utility disconnect notice
- Driver's license/photo ID
- Provide proof for the previous 60 days from date of application for all of the following:
  - Proof of income for all adults (18 and over) in the home
  - Proof of direct child or spousal support
  - Itemized bank statements for all accounts including Venmo, CashApp, etc.
  - Proof of rent/mortgage payments you have paid
    - Example: Copy of cashed checks, money orders or verification from landlord
  - Proof of utility payments you have paid
    - Utilities include electricity, natural gas, propane, water, trash
  - Proof of insurance payments you have paid
    - Insurance includes car, renters, homeowners (if not escrow), medical premiums
- Copy of current lease
- 2024 income tax return

If you have any questions, please contact our agency at 218-824-1250 and ask to talk to the Family Team Emergency Assistance worker.

**THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER.**

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**OUR MISSION: SERVE WELL. DELIVER VALUE. DRIVE RESULTS.**

CWC-231

09/25

Date: \_\_\_\_\_

Case #: \_\_\_\_\_

**Emergency Assistance Application**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Physical address: \_\_\_\_\_

Mailing address: \_\_\_\_\_

County: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN#: \_\_\_\_\_ Are you a U.S. Citizen? ☐ No ☐ Yes

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

May we contact you by text ( ☐ No ☐ Yes) or email (☐ No ☐ Yes)?1. Are you a family unit including a minor child under the age of 18? ☐ No ☐ YesIf no, are you a pregnant woman? ☐ No ☐ Yes2. Has a member of your household lived in Minnesota for thirty (30) days? ☐ No ☐ Yes3. Do you have an Electrical Disconnect? ☐ No ☐ Yes | Disconnect Date: \_\_\_\_\_4. Do you have an Eviction Notice? ☐ No ☐ Yes | Eviction Date: \_\_\_\_\_5. Do you have a Shut-Off Notice (heat)? ☐ No ☐ Yes | Shut-Off Date: \_\_\_\_\_6. Do you have a Mortgage Foreclosure? ☐ No ☐ Yes | Foreclosure Date: \_\_\_\_\_

7. What has happened that has put an additional burden on your budget?

Amount requested \$ \_\_\_\_\_ How much are you able to contribute? \_\_\_\_\_

Total # of people living in the household: \_\_\_\_\_ List name/relationship/age for all people in the household below:

**Name****Relationship****Age**Self

(List additional household members on back of this form)

I declare under the penalties of perjury that I have examined this application and to the best of my knowledge, it is a true and correct statement of every material point.

Signature \_\_\_\_\_

Date \_\_\_\_\_