

<u>Services</u>	<u>Phone Numbers</u>
Administrative	(218) 824-1140
Child Support	(218) 824-1260
Community Corrections	(218) 824-1135
Health Services	(218) 824-1080
Income Maintenance	(218) 824-1250
Social Services	(218) 824-1140
Toll free	(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  Yes  
If no, are you a pregnant woman?  No  Yes
2. Has a member of your household lived in Minnesota for thirty (30) days?  No  Yes
3. 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

Self  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Age

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(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 \_\_\_\_\_