



**Corporate Offices/Programs**

1210 23rd Ave S  
PO Box 683  
Waite Park, MN 56387-0683  
V/TTD/TTY 320.251.1612  
Fax 320.255.9518  
Toll Free 888.765.5597



**Transportation Department**

1200 23rd Ave S  
PO Box 683  
Waite Park, MN 56387-0683  
320.251.1612  
Fax 320.529.4841  
Toll Free 888.765.5597



Thank you for your interest in Property Tax Payment Assistance. Enclosed are the application materials for the program.

**You must return the following information:**

- Completed Application Form
- Completed Intake Form
- Completed Program Referral Form
- Signed and Dated Release of Information

**Copies of:**

- Income Verification from last 30 days
- Property Tax Statement

**Application and verifications can be returned the following ways:**

- Email as a PDF attachment [kelly.holtz@tricap.org](mailto:kelly.holtz@tricap.org) I do not accept pictures for applications and verifications.
- Fax (attn Kelly) 320-255-9518
- Postal mail or drop off at our Waite Park office – 1210 23<sup>rd</sup> Ave S, PO Box 683 – Waite Park MN, 56387

Clients will be responsible for paying a minimum of 10% and Tri-CAP will limit their contributions to a maximum of \$1,000.00. Applications are processed on a first come, first serve basis until funds are depleted. Our data practices policy is included with this letter for your information. If you have questions, please feel free to contact me.

Sincerely,  
Kelly Holtz Intake  
Specialist  
320.257.4515





**Benton, Stearns,  
and Sherburne  
counties only**



1210 23<sup>rd</sup> Avenue South  
Waite Park, MN 56387  
320-251-1612 (fax) 320-255-9518

## **PROPERTY TAX PAYMENT ASSISTANCE**

Application effective February 1, 2024

Date: \_\_\_\_\_ County: \_\_\_\_\_ Number in household: \_\_\_\_\_

Client Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address if different from above: \_\_\_\_\_

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

How did you hear about this program? \_\_\_\_\_

Are your property taxes escrowed into your monthly mortgage payment?  Yes  No

**Clients will be responsible for paying a minimum of 10% and Tri-CAP will limit their contributions to a maximum of \$1,000.00.**

### **Application Requirements (Please include copies with application):**

- Application Form
- Tri-CAP Intake Form
- Program Referral Form
- Signed and Dated Release of Information
- Income documentation for **prior 30 days** (pay stubs, income statements, etc.)
- Property Tax Statement

My signature below affirms the following:

- The information in this application is correct and I could be held civilly or criminally liable for any fraudulent information.
- I understand that filling out this application does not guarantee that my household will receive assistance from Tri-CAP.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

*Other Side- Office Use Only*

# PROPERTY TAX PROGRAM APPLICATION

*For Office Use Only*

Staff Name: \_\_\_\_\_

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

Client Name: \_\_\_\_\_

<b>Income Information:</b>	
30 Days Income = \$	Annual Income =\$
200% Guidelines for HH Size=        No \$	Certified Income Eligible    Yes /
<input type="checkbox"/> All other documentation received	
<input type="checkbox"/> Application approved    Date:	
<input type="checkbox"/> Application denied        Reason:	
<input type="checkbox"/> Denial letter sent        Date:	

Staff signature: \_\_\_\_\_

### Income Guidelines

Family Size	Annual Income
1	\$30,120
2	\$40,880
3	\$51,640
4	\$62,400
5	\$73,160
6	\$83,920
7	\$94,680
8	\$105,440
Each additional	\$10,760

320-251-1612  
Toll Free 888-765-5597  
Fax 320-255-9518



1210 -23<sup>rd</sup> Ave S  
PO Box 683  
Waite Park, MN 56387

**Intake Form**

Office use only CAP 60 Number: \_\_\_\_\_

DATE: \_\_\_\_\_

**Please complete for all family members. \*Use the Key below to complete the form.**

First, Middle, and Last Name	Relation-ship	Birth Date	Social Security Number	Gender M / F	Ed Level *	Disabled Y / N	Race *	Ethnicity Hispanic Y / N	Health Ins. Type *	Military Status *	Work Status *	Dis-connected Youth Y / N *
	SELF											

**\*Key**

**Education:** A – 0-8<sup>th</sup> grade B – 9-12<sup>th</sup>/Non -Graduate C – High School Diploma D –GED E – 12 + Some College F – 2/4 year College Grad G – Graduate other Post –Secondary School

**Race:** A – Asian B – Black M – Bi-racial/Multi-racial N – Native Hawaiian/Pacific Islander US – American Indian/Alaskan Native W – White O - Other:

**Health Insurance Type:** MA – Medicaid MC – Medicare SA – State Adult SC – State Children EMP – Employment Based VA - Military DP – Direct Purchase N -None O – Other:

**Military Status:** A – Active V – Veteran N – No Affiliation

**Work Status:** FT –Full Time PT –Part Time MW -Migrant Worker Ret-Retired LT -Unemployed More than 6 months U – Not in labor force ST –Unemployed less than 6 months

**Disconnected Youth:** Not working, Not in School (for 14-24 age group)

County of Residence:	Address	City	State	Zip
<b>Email:</b> <input type="checkbox"/> Check to receive communication via email		<b>Phone:</b>		<b>Alternative Phone:</b> <input type="checkbox"/> Check to receive communication via text message
Housing: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Homeless <input type="checkbox"/> Temporary Quarters <input type="checkbox"/> Other: <input type="checkbox"/> Other Permanent Housing	Family Type: <input type="checkbox"/> Single Parent Female <input type="checkbox"/> Single Parent Male <input type="checkbox"/> 2 Parent <input type="checkbox"/> Multi Gen. <input type="checkbox"/> Single Person <input type="checkbox"/> 2 Adults No Children <input type="checkbox"/> Non-Related Adults w/Children <input type="checkbox"/> Other:			Primary Language:
Are you registered to vote at your current address? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know				

Please complete for all family members. **\*\*Use the Key below to complete the form.**

Family Member Name	Income Type **	Monthly Income Amount

List all income for all household members. Types of income include:

**\*\*Key**

- **Wages**
- **Ret-Retirement Income**
- **RSDI-Retirement, Survivors, Disability Insurance**
- **Rent-Rental Income**
- **SS, SSI, SSDI-Social Security**
- **Pen-Pension/Annuity**
- **DIS-Long/Short Disability**
- **DFD-Contract for Deed Interest**
- **GA-General Assistance**
- **CS-Child Support**
- **MSA-MN Supplement Aid**
- **INT-Interest/Dividend Interest**
- **VA-Veterans Benefits**
- **AL-Alimony or Spousal Support**
- **DWP-Diversionsary Work Payments**
- **Tribal-Tribal Bonus, Judgements or Per Capita Payments**
- **MFIP**
- **UC-Unemployment Compensation**
- **WC-Workers Compensation**
- **Other; please specify**

**Non-cash Benefits: Please circle if your household receives any of the following:**

SNAP	WIC	Affordable Care Act Subsidy	Childcare Voucher	Housing Choice Voucher (Section 8)
HUD-VASH	Energy Assistance	Permanent Supportive Housing	Public Housing	

*If you need assistance in completing this application to accommodate a disability, you may request an accommodation at any time by contacting Tri-CAP via telephone, fax or e-mail.*

I have been informed of the Tri-CAP Appeal Process and my Data Privacy Rights through the Tri-CAP Tennessee Warning and have the right to request a copy of each.

In addition, I certify that the information provided on this application is true to the best of my knowledge.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date



1210 23<sup>rd</sup> Avenue South  
Waite Park, MN 56387  
320-251-1612 (fax) 320-255-9518

## PROGRAM REFERRAL FORM

**Are you interested in learning more about other programs? If so please check off the programs you would like to learn more about:**

NAME: \_\_\_\_\_

- Energy Assistance Program
- Supplemental Nutrition Assistance Program (SNAP) Application Assistance – formerly known as Food Stamps
- Financial Literacy Education Tools and Resources
- Landlord and Tenant Rights and Responsibilities
- Free Tax Preparation Services
- Pre-employment Education Program
- Vehicle Purchase Program
- Public Transportation
- Home Ownership Education

Are you needing assistance with something not listed above? If so, please explain below and Tri-CAP may be able to assist:





**Tri-County Action Program**  
1210 23<sup>rd</sup> Avenue South, PO Box 683  
Waite Park, MN 56387

**PERMISSION TO RELEASE OR OBTAIN INFORMATION**

**I HEREBY PERMIT Tri-County Action Program, Inc. to release or obtain information about:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**From the Provider/Agency listed below:**

PROVIDER	INFORMATION TO BE RELEASED/SHARED
Benton, Stearns, or Sherburne County Auditor/ Treasurer's office	Property Tax Information

**This permission to release/obtain information with the above provider/agency is requested for the following reason(s):**

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Determining Eligibility for Services | <input checked="" type="checkbox"/> Providing of Case Management Services |
| <input checked="" type="checkbox"/> Providing/Continuing Services        | <input checked="" type="checkbox"/> Referral Information                  |
| <input checked="" type="checkbox"/> Monitoring Progress on Program Goals | <input type="checkbox"/> Other (specify): _____                           |

**I understand that my records** are protected under State/Federal law and cannot be shared without my written permission unless otherwise provided for in the regulations. I also understand that I may cancel this permission at any time and that in any event this permission expires in one year from the date signed or upon the following conditions:

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

**I understand that information at Tri-County Action Program, Inc.** is limited to those staff whose work assignments reasonably require access to my data within the purpose specified in the services provided. Any release of private information is not allowed except as authorized above. (MN Statutes 13.04.02)

\_\_\_\_\_  
**Signature of Client**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Agency Witness**

\_\_\_\_\_  
**Date**



Corporate Offices/Programs  
1210 23rd Ave S  
PO Box 683  
Waite Park, MN 56387-0683  
V/TTD/TTY 320.251.1612  
Fax 320.255.9518  
Toll Free 888.765.5597



Transportation Department  
1200 23rd Ave S  
PO Box 683  
Waite Park, MN 56387-0683  
320.251.1612  
Fax 320.529.4841  
Toll Free 888.765.5597

## Data Privacy Notice & Consent

We collect personal information about the people we serve. This information is secured in our computer system and kept only as long as law requires.

### Why?

- To determine your eligibility in our programs and suggest other programs for which you may be eligible.
- So we can report the number of individuals our Agency has served and continue to receive funding for those services.
- So we can determine the services needed by individuals in our communities.

### Who can see information that is in Tri-County Action Program, Inc. possession?

Certain information you provide about you and your household is considered private data as defined by the Minnesota Government Data Practices Act. We will use your private data only when it is required for administration and management of the programs that you seek. The persons or agencies with whom this information may be shared include:

- Individuals engaged by this agency to help provide services to you and/or your household
- Auditors or funders who have legal rights to review the work of this agency
- Our Client Information Software Administrators
- The law says we have to report physical or sexual abuse of children and vulnerable adults. If we think there is abuse or neglect in your household, we will report it to Child or Adult Protection
- Law enforcement personnel in the case of suspected fraud, or if presented with a valid subpoena, warrant, or court order
- Other agencies or entities as allowed by federal or state law

### Your Rights

- You have the right to request a copy of this Data Privacy and Consent form
- You have the right to see and obtain copies of the data maintained on you. (Unless we cannot provide it because of certain legal proceedings.)
- You have the right to be told the contents and meaning of the data.
- You have the right to challenge the accuracy and completeness of the data.

If you choose to use these rights, contact, (in writing): Tri-County Action Program, Inc. Attn: Executive Director, 1210 23<sup>rd</sup> Ave S PO Box 683, Waite Park, MN 56387

*Helping People. Changing Lives.*  
| [www.tricap.org](http://www.tricap.org) |