

Corporate Offices/Programs

1210 23rd Ave S
PO Box 683
Waite Park, MN 56387
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.

Please note, Tri - CAP cannot assist with property taxes that are part of an escrow account.

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:

- Fax (attn Amanda) 320-255-9518
- Postal mail or drop off at our Waite Park office – 1210 23rd 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,
Amanda Anderson
Intake
Specialist
320.257.4515



Benton, Stearns, &
Sherburne counties only

1210 23rd Avenue South
Waite Park, MN 56387

- 320-251-1612
- 320-255-9518 (fax)

PROPERTY TAX PAYMENT ASSISTANCE

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: _____

Income Information:

30 Days Income = \$

Annual Income =\$

200% Guidelines for HH
Size= No
\$

Certified Income Eligible Yes /

☐ All other documentation received

☐ Application approved Date:

☐ Application denied Reason:

☐ Denial letter sent Date:

Staff signature: _____

Income Guidelines

Family Size	Annual Income
1	\$31,300
2	\$42,300
3	\$53,300
4	\$64,300
5	\$75,300
6	\$86,300
7	\$97,300
8	\$108,300
9	\$119,300
Each additional	\$11,000

Income Proof Guidelines

Application signed in:	Send proof of gross income received in:
January 2025	December 2024
February 2025	January 2025
March 2025	February 2025
April 2025	March 2025
May 2025	April 2025
June 2025	May 2025
July 2025	June 2025
August 2025	July 2025
September 2025	August 2025
October 2025	September 2025
November 2025	October 2025
December 2025	November 2025

320-251-1612
320-255-9518 (fax)



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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** – 0-8th grade **B** – 9-12th/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
Email:		Phone:	Alternative Phone:	
<input type="checkbox"/> Check to receive communication via email		<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
- **INT**-Interest/Dividend Interest
- **MFIP** - Minnesota Family Investment Program
- **VA**-Veterans Benefits
- **AL**-Alimony or Spousal Support
- **DWP**-Diversiory Work Payments
- **Tribal**-Tribal Bonus, Judgements or Per Capita Payments
- **UC**-Unemployment Compensation
- **WC**-Workers Compensation
- **Other**;please specify

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

SNAP or WIC	CS - Child Support	Affordable Care Act Subsidy	Childcare Voucher	Housing Choice Voucher (Section 8) or Public Housing
HUD-VASH	Energy Assistance	Permanent Supportive Housing	MSA --MN Supplement Aid	

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



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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
- ☐ Family Assets for Independence (FAIM) in Minnesota
- ☐ Rebuilding Lives
- ☐ Free Tax Preparation Services
- ☐ Volunteer Driver Program
- ☐ Delivering Reliable Independent Vehicle Empowerment (D.R.I.V.E) and Donated Vehicle Program
- ☐ Public Transportation
- ☐ Child Care Assistance

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



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):

☒

Determining Eligibility for Services

☒

Providing of Case Management Services

☒

Providing/Continuing Services

☒

Referral Information

☒

Monitoring Progress on Program Goals

☐

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

The mission of Tri-CAP is to expand the opportunities for the economic and social
Well-being of our residents and the development of our communities.

Equal Opportunity Employer
Reasonable Accommodations Available



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 23rd Ave S PO Box 683, Waite Park, MN 56387