

Attached is a new MNBenefits Application

Confirmation #

Basic Information: Applicant

Name

Date of Birth

Sex

SSN

Email

Phone

Communication Opt-in

Household Size

(Information on additional household members will be included on the next pages.)

Income & Jobs

☐ Job Searching?

Employer/Business Name	Employer/Business Name	Employer/Business Name	Employer/Business Name
Self-employed?	Self-employed?	Self-employed?	Self-employed?
Pay Period	Pay Period	Pay Period	Pay Period
Wage Per Pay Period	Wage Per Pay Period	Wage Per Pay Period	Wage Per Pay Period
Gross Monthly Earnings	Gross Monthly Earnings	Gross Monthly Earnings	Gross Monthly Earnings

Additional Comments from Applicant

Attached is a new MNBenefits Application

Confirmation #:

Submission Date:

Expedited?:

Applicant Contact Info

Primary Applicant Name:

Email:

Phone:

Communication Opt-In: ☐ Email ☐ Phone ☐ None

Household Members

Name	DOB	SSN	Programs
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			