

Attached is a new MNbenefits Application

Confirmation #:

Submission Date:

Expedited?:

Emergency:

Applicant Contact Info

Primary Applicant Name:

Case #:

Email:

Phone:

Tribal Nation:

Communication
Opt-In: ☐ Email ☐ Text

Household Members

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

Emergency Assistance EA/EGA

Emergency Type:

Comments:

Income Information

Social Security (RSDI) <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	Veterans' benefits <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	Contract for deed <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
Supplemental Security Income <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	Retirement or pension payments <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	Tribal payments <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
Child or spousal support <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	Annuities <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	Gifts <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
Unemployment <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	Trusts <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	Lottery/gambling winnings <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
Workers' compensation <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	Interest or dividends <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	Any other income <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____

Additional Income Comments:

Additional Application Information

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Expedited?:

Household Jobs

Employee Name	Employee Name	Employee Name	Employee Name
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
Employee Name	Employee Name	Employee Name	Employee Name
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
Employee Name	Employee Name	Employee Name	Employee Name
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