

# 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.			

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**Emergency Assistance** EA/EGA

Emergency Type:

Comments:

**Additional application comments**

Household Jobs (CAF Questions 9, 10; CCAP Questions 5A, 5B)

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

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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

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Unearned Income Sources (CAF Question 14; CCAP Question 5C)

Income type	Person receiving income	Monthly Amount
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

Additional Income Comments (CCAP Question 5B)