



This program offers assistance to renter households in Saint Paul that face a pending eviction due to unforeseen circumstances when other services or funds are unavailable. Funding is limited to a one-time payment to the landlord of up to \$2,500 to cover late rent for eligible applicant households. Associated late fees or court fees may also be covered, so long as the total remains under the \$2,500 limit.

Eligibility

- Leased residence is within Saint Paul city limits & has an active lease
 - o The ERA program cannot assist with living situations such as emergency shelter, or where households do not reside in one place for more than 30 days.
- Recently experienced an unforeseen event resulting in an eviction notice
 - o 14-day notice of intent to evict (Notice to Quit), or
 - o Housing Court Summons
- Meet an income restriction of 80% Area Median Income or less
 - o Refer to the table to the right
- No member of the household has received funding from this program in the last 12 months

# of People in Household	Income Limit (80%AMI) 2025-2026
1	\$72,950
2	\$83,400
3	\$93,800
4	\$104,200
5	\$112,550
6	\$120,900
7	\$129,250
8	\$137,550

Attachments

To qualify for this program, all documents must be returned to staff via email at StPaulERA@stpaul.gov or contact staff for a time to drop off your documents at 651-266-6640.

Mark Once Complete:	Document	What type of document?
	Completed application	This document
	Evidence of current rent	Signed current lease, landlord attestation of rent paid, evidence of payments before late month, or oral lease agreement
	Evidence of pending eviction or a late rent notice	14-Day notice of intent to evict (Notice to Quit) or Housing Court Summons
	Applicant's verification of income	Follow instructions on page 3 of this document
	Landlord packet	Attached to application

Requesting an interpreter: ☐ Yes ☐ No
 If Yes, Language: _____

Current Housing Information

Applicant Name:

Full Address (Street, City, Zip)	Phone Number		
Email Address	Move-In Date	Date Lease Ends	
Amount of Rent that is Past Due	Late Fees	Court Fees	Monthly Rent
\$	\$	\$	\$

Brief description of your need for ERA funds? Please list a court summons date if you have one.

Have you applied to other assistance for your missing rent? If so, where and who are you working with?

Household Composition and Characteristics

Required			Optional			
Full Name (Last Name, First Name, M.I.)	Relationship To the head of household	Date of Birth Mm/dd/year	Racial Background (Note all that apply) African/African American (1) American Indian/Alaska Native (2) Asian (3) White/Caucasian (4) Native Hawaiian/Pacific Islander (5) Other (Please specify) (6) Prefer Not to Say (7)	Hispanic Ethnicity Y/N	Gender Male, Female, or Self-identify	Disabled Y/N
	Head of Household					

Total Annual Household Income: \$ _____

Income for household members must be included in the total. Examples of income sources to include: Earned Income, MFIP, GA, Social Security, SSI Disability, Compensation, Alimony, Child Support, Pensions, Trust Funds, Annuities, Tribal Income, Income from Rental Property, and Armed Forces Reserves.

Documentation to Send

Income earners only need to send proof of income for **one category**. Start with Category 1 and work your way down the list to determine which documentation to send.

Category 1	Category 2	Category 3	Category 4
Proof you are currently enrolled in any qualified program	Tax Return for the Most Recent Year	Proof of Income (Provide multiple documents listed here if applicable to your household)	Self Employment (Provide all documents listed here)
<ul style="list-style-type: none">• SNAP• WIC• Energy Assistance• CCAP• FAIM• Headstart• General Assistance• Minnesota Care• Medical Assistance for single adults over 18• EA/FHPAP within the last 90 days <p>**If you are enrolled in another program that you don't see, contact staff for eligibility</p>	<ul style="list-style-type: none">• Full Form 1040, filed and signed for all non-dependents above the age of 18.• If the head of household is a dependent on another tax return, use category 3 or 4.	<ul style="list-style-type: none">• Paystubs showing 60 days of earnings.• Social Security award letter• Documentation of child support, alimony, or foster care payments• Certification of zero income (see document on ERA website)	<ul style="list-style-type: none">• 1040 Return for Business including Schedule C• Documentation of gross receipts and/or Profit & Loss Statement

Landlord/Property Management Information	
Are you providing information about the property's landlord or property manager? Check the appropriate box on the right.	<input type="checkbox"/> Landlord <input type="checkbox"/> Property Manager <input type="checkbox"/> Not sure
Landlord or Property Manager Name	Landlord or Property Manager Phone Number
Street Number, Street Name, City, Zip (Optional)	Landlord or Property Manager Email Address

AUTHORIZATION TO RELEASE INFORMATION

I/We have applied for financial assistance from the City of Saint Paul's Emergency Rental Assistance Program. As part of the application process, the City of Saint Paul may verify information contained in my/our application and in other documents submitted as part of this application. This verification process may be conducted either prior to or subsequent to the disbursement of funds, and may be performed either by employees of the City of Saint Paul or by independent third parties, as a part of processing or validating compliance and qualifications for the Emergency Rental Assistance Program of the City of Saint Paul.

I/We authorize you to provide the City of Saint Paul, or its authorized contractors, any and all information and documentation that they request in conjunction with my application for emergency rental assistance. Such information includes, but is not limited to, employment history and income; bank, money market and similar account balances; credit history; and copies of income tax returns, W-2 documents, and paystubs. The City of Saint Paul may address this authorization to any party named in the application. With this authorization, I/we also authorize you to speak with the City of Saint Paul, or its authorized contractors about my/our application for financial assistance, and about my/our financial and earnings history and documents.

A copy of this authorization may be accepted as an original. Your prompt reply is appreciated. Thank you.

_____	_____	_____
Date	Applicant Print Name	Applicant Signature
_____	_____	_____
Date	Co-Applclicant Print Name	Co-Applclicant Signature

APPLICANT’S SELF-VERIFICATION CERTIFICATION

I swear under penalty of perjury that neither I, nor any member of my household has received assistance from the Saint Paul Emergency Rental Assistance Program within the past 12 Months.

I swear under penalty of perjury that I require funds from the Saint Paul Emergency Rental Assistance Program to prevent eviction, due to an unforeseen event that has resulted in an emergency.

I swear under penalty of perjury that I am not receiving any other source of public program assistance to pay for the expense(s) listed in this application (double-dipping).

I do hereby certify, and swear under penalties of perjury, that the information presented in this certification and application is true and accurate. I further understand that providing false or misleading information constitutes an act of fraud. False, misleading, or incomplete information may result in the denial of the application, the repayment of any funds received through the Emergency Rental Assistance Program, and other remedies available under the law.

_____	_____	_____
Date	Applicant Print Name	Applicant Signature
_____	_____	_____
Date	Co-Applclicant Print Name	Co-Applclicant Signature

**PRIVACY NOTICE, HOUSEHOLD DEMOGRAPHIC/PROJECT INFORMATION CONSENT FORMS,
AND TENNESSEN WARNING**

Portions of the funding used to assist you in your request for emergency rental assistance in Saint Paul, Minnesota may have been provided by the Housing and Redevelopment Authority of the City of Saint Paul, Minnesota ("HRA"), the State of Minnesota from the Local Affordable Housing Aid program ("LAHA") and/or the City of Saint Paul. The information attached hereto is being requested for the purpose of evaluating your application, determining compliance with Minnesota Human Rights laws, and to monitor compliance with federal, state and local law as well as monitoring the general performance of the various funding programs provided by the HRA, State of Minnesota LAHA and/or the City of Saint Paul. You are not required to furnish the information requested regarding race, ethnicity, and gender, but are encouraged to do so. Federal and State laws provide that a lender may not discriminate on the basis of this information, nor on your decision to provide it.

The disclosure of your Social Security number (s) or Minnesota Tax Identification number(s) may be mandatory for participation in this particular program, by virtue of the Minnesota Revenue Recapture Act of 1980 (Minnesota Statutes, Section 270A.01 to 270A.12) as well as State and City regulations/requirements which are required within LAHA and the City Code. Supplying such information could result in the application of state tax refunds to the payment of any tax delinquent indebtedness resulting from this or any other special financing Programs. Such information may also be made available to state or federal tax authorities and state and federal personnel involved in the collection of such obligations.

Use of the data requested in the attached form is limited to that necessary for the administration and management of the funding programs by HRA, the State LAHA program and the City, or those under contract with HRA or the City, or in instances where access to this data is authorized by federal and/or state law, it may be made available to other governmental entities.

I/We hereby authorize and consent to the above-described use of the attached information. With regard to the sharing of such information, I/we recognize that the authorizations provided under this document will expire one (1) year from the below listed date without any further action or notice by me/us. At any time prior to the natural expiration of the authorizations provided in this document, I/we may revoke such authorizations provided in this document, by giving written notice to HRA at the following address: Department of Planning and Economic of the City of Saint Paul, 1100 City Hall Annex, 25 West Fourth Street, Saint Paul, Minnesota 55102, Attn: Executive Director.

The data you are being asked to provide is subject to and defined in the Minnesota Government Data Practices Act, Minnesota Statutes Chapter 13. Under the Data Practices Act, some of this data is classified as public data, the remaining information classified as private or confidential. Private and confidential data is available only to you and the entities listed above with a bona fide need to know such information to process and make a decision on the approval of your application. Public data is available to anyone requesting it and consists of all data furnished in the application process that is not designated private or confidential.

I/We have read and understand the above information regarding my rights as a subject of government data.

Property Address: _____

_____	_____	_____
Date	Applicant Print Name	Applicant Signature
_____	_____	_____
Date	Co-Applciant Print Name	Co-Applciant Signature