

WASHINGTON CTY COMMNTY SERVICE
13000 RAVIN PARKWAY S.
COTTAGE GROVE MN 55016

9990923500022120

April 02, 2021 06:57 PM

CASE NUMBER: [REDACTED]

IMPORTANT INFORMATION REGARDING THIS DOCUMENT:

- * This information is available in other forms to people with disabilities by calling your county worker, [REDACTED] at [REDACTED].
 - * For TTY/TDD users, contact your county worker through the Minnesota Relay at 711 or (800) 627-3529. For the Speech-to-Speech Relay, call (877) 627-3848.
 - * The back of this page lists your appeal rights and responsibilities.
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NOTICE: A DECISION ABOUT YOUR MFIP BENEFITS

Beginning May 01, 2021 your MFIP grant will change from \$1252.00 to \$199.00 because:

Unearned income changed from \$0.00 to \$1053.00 (Auth:7,17,20,24)

You are eligible for the MFIP Housing Assistance Grant of \$110.00. (We take this action under Minnesota statute 256J.35(a).)

Your grant includes a food portion of \$89.00. (Auth:22.12)

BUDGET FOR MAY BENEFITHOUSEHOLD SIZE (3)

FAMILY WAGE LEVEL. . . \$ 1256.00
NET EARNED INCOME. . . \$ 0.00
DIFFERENCE \$ 1256.00

TRANSITIONAL STANDARD. \$ 1142.00
MONTHLY NEED \$ 1142.00
UNEARNED INCOME. . (-) \$ 1053.00
NET DEEMED INCOME. (-) \$ 0.00
CHILD SUPPORT EXCL (+) \$ 0.00
TRIBAL COUNTED INC (-) \$ 0.00
SUBSIDY/TRIBAL . . (-) \$ 0.00
SANCTIONS 0% . . . (-) \$ 0.00
FOOD PORTION \$ 89.00

GRANT AMOUNT. . . . \$ 199.00
PRORATED GRANT AMT. . \$ 0.00

AMT ALREADY ISSUED. . \$ 0.00
SUPPLEMENT. \$ 0.00
OVERPAYMENT . . . (-) \$ 0.00
ADJUSTED GRANT AMT. . \$ 199.00
RECOUPMENT AMOUNT (-) \$ 0.00

FOOD ISSUANCE \$ 89.00
STATE FOOD BENEFIT. . \$ 0.00
CASH ISSUANCE \$ 0.00
HOUSING ASST GRANT. . \$ 110.00

TOTAL GROSS INCOME is \$1053.00 this month. If your TOTAL GROSS INCOME
will be less than \$494.00 in MAY, call your worker right away.

***** IMPORTANT APPEAL RIGHTS! READ THIS NOW! *****

If you don't agree with the action taken on your case, you can appeal. To
keep your benefits until the appeal, you must appeal:

- * Within 10 days or
- * Before the first day of the month when the action takes place.

If you miss the 10 day deadline, you can appeal within 30 days from the
date you get this notice (90 days for Supplemental Nutrition Assistance
Program (SNAP)), but your benefits will not start again unless you win
the appeal. To find out more, read the back of the first page of this
notice.

WORKER: [REDACTED]

TELEPHONE: [REDACTED]