



**SELF
SUFFICIENCY**
OF LARAMIE COUNTY



Community Action of Laramie County, Inc.
1920 Evans Avenue
Cheyenne, Wyoming 82001
(307) 635-9291

Application

Check what program(s) are you applying for?

Date: _____

- Housing Project Hope COVID Relief Veteran GPD Program
 Guardianship Adult Glasses Children's Glasses

Applicant Information*:

Name		SSN	
Birth Date		Gender	
Phone		Disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No
Email		Veteran	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Active
Education	<input type="checkbox"/> 0-8 <input type="checkbox"/> 12+ Some Post-Secondary <input type="checkbox"/> College Grad <input type="checkbox"/> 9-12 Non Graduate <input type="checkbox"/> GED <input type="checkbox"/> High School Grad <input type="checkbox"/> Graduate of other Post-Secondary	Race	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Biracial/Multi-Racial <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other
Work Status	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Retired <input type="checkbox"/> Not in Labor Force <input type="checkbox"/> Unemployed Less than 6 months <input type="checkbox"/> Unemployed More than 6 months	Ethnicity	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Health Ins.	<input type="checkbox"/> None <input type="checkbox"/> Direct Purchase <input type="checkbox"/> Military <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> State Children <input type="checkbox"/> State Adult <input type="checkbox"/> Employment Based <input type="checkbox"/> Other	Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Separated <input type="checkbox"/> Widowed

**For households with more than one person, please request additional household member forms.*

Total number of people in the household: _____

Residency History:

Are you currently Homeless? Yes No

Current Address: _____ City, State, Zip: _____

Rent Own Other: _____ From (date): _____ To: _____

Landlord's Name: _____ Landlord's Phone: _____ Rent: \$ _____

Previous Address: _____ City, State, Zip: _____

Rent Own Other: _____ From (date): _____ To: _____

Landlord's Name: _____ Landlord's Phone: _____ Rent: \$ _____

Income Sources:

Source	Gross Amount	Household Member(s) Receiving Income
Employment:	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	_____
SSDI/SSI:	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	_____
Retirement/Pension:	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	_____
Unemployment:	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	_____
Child Support:	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	_____
TANF:	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	_____
Worker's Compensation:	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	_____
Recurring Contribution:	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	_____
Alimony:	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	_____
VA Disability:	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	_____
VA Retirement:	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	_____
Active Duty Pay:	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	_____
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	_____

Does any household member have any assets (this includes checking or savings account, IRAs, CDs, Bonds, Real Estate, etc)? Yes No

Type of Asset	Balance/Value	Institution	Asset Owner
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Has anyone in your household disposed of any asset(s) in the past twenty-four (24) months? Yes No

If yes, explain: _____

Briefly describe your situation and how Community Action can assist you:

Program Specific Information:

****The following information is only needed if you are applying for Transitional Housing or Project Hope:***

Does anyone in your household have a criminal history? Yes No

If yes, list name(s) and crime(s) w/date: _____

Do you have pets? Yes No If yes, how many? _____

Are any of these pets Service Animals/Emotional Support Animals? Yes No

Is there documentation? Yes No

Is the household composition expected to change in the next year (absent spouse, absent child, roommate, etc)?

Yes No If yes, explain: _____

Are there any students in the household? Yes No

Is any household member's student status expected to change in the next year? Yes No

List students in household: _____

****The following information is only needed if applying for the Veteran Housing Services***

Branch of Service: _____ VI-SPDAT Score: _____

Discharge Status: _____

Have you previously stayed in a GPD Program? Yes No If yes, how many times before? _____

HUD-VASH Case Manager Name: _____ VOANR Case Manager Name: _____

If there is a waitlist for a program, your name will not be added to the waitlist until all documentation is turned in.

Under penalty of perjury, I certify that the information presented in the application is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false information herein constitutes an act of fraud. False, misleading or incomplete information will result in denial of my application for services.

Head of household's Signature: _____ Date: _____

Other adult's Signature: _____ Date: _____

To be filled out by Community Action staff:
Date all documentation is received:

Staff Initials:

Please turn in the required documentation when you submit your application

- Picture ID for each adult (18+)
- Social Security Card or Birth Certificate for each household member
- Income for the past 2 months (Paystubs, SSDI/SSI Award Letter, TANF, Child Support, Unemployment, SNAP, Workers Compensation, VASC, Retirement, etc)
- Two months of Checking Account, Savings Account, pay card, benefit card, etc.
- Lease, mortgage, letter of residency from friend or shelter, hotel receipts
- Verification of current monthly expenses (Black Hills Energy, Board of Public Utilities, WiFi, phone bill, car payment, car insurance, medical bills, credit cards, etc)
- Eviction Notice if applicable

Required documents for specific programs

- If applying for COVID assistance: proof of how you were financially impacted by COVID (Ex. quarantined without pay or lost your job due to COVID)
- If applying for Transitional Housing, we need SIX (6) months of bank statements (checking and savings) and proof of all assets.
- If applying for housing or Project Hope, each adult (18+) needs to complete the background check authorization

The application process will not be completed until all required documentation is turned in. If you have questions about specific documents, please call Community Action of Laramie County as there may be a form we can use in place of a required document.

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