COMMUNITY ACTION OF LARAMIE COUNTY

EQUAL HOUSING OPPORTUNITY

Community Action of Laramie County, Inc.
1700 Westland Rd., Cheyenne, Wyoming 82001
(307) 635-9291 FID_____

Application

Check what program(s) you are applying for.

☐ Transitional Housing ☐ Project Hope ☐ Project Hope Sublette/Lincoln
☐ Veteran Housing ☐ Case Management ☐ Adopt A Family/Special Event
☐ Wyoming In-Home Services ☐ Adult Glasses ☐ Children's Glasses

Applicant Information*:

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

Total number of people in the household:_____*

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

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	**Monthly Gross Amount**	**Household Member(s) Receiving Income**
Employment:	☐Yes ☐No $_____	_____
SSDI/SSI:	☐Yes ☐No $_____	_____
Retirement/Pension:	☐Yes ☐No $_____	_____
Unemployment:	☐Yes ☐No $_____	_____
Child Support:	☐Yes ☐No $_____	_____
TANF:	☐Yes ☐No $_____	_____
SNAP:	☐Yes ☐No $_____	_____
Worker's Compensation:	☐Yes ☐No $_____	_____
Recurring Contribution:	☐Yes ☐No $_____	_____
Alimony:	☐Yes ☐No $_____	_____
VA Disability:	☐Yes ☐No $_____	_____
VA Retirement:	☐Yes ☐No $_____	_____
Active Duty Pay:	☐Yes ☐No $_____	_____
Other:	☐Yes ☐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:

Turn in the following documents as it applies to you when you submit your application:

☐ Picture ID for each adult (18+)

☐ Social Security Card or Birth Certificate for each household member (not for ACP/FCC)

☐ Income for the past 6 months (Paystubs, SSDI/SSI Award Letter, TANF, Child Support, Unemployment, SNAP, Workers Compensation, VASC, Retirement, etc)

☐ **Six months of Checking Account, Savings Account, pay card, benefit card, etc. (not for ACP/FCC)**

☐ 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

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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Self-Sufficiency Transitional Housing Qualification Requirements

1. The apartments are unfurnished with the exception of a stove & refrigerator.
2. You **MUST** have verifiable income (employment, disability, retirement, etc …) to be accepted into the program.
3. Rent & Deposit:
   a.) Family Housing: Rent is $585.00 & the Deposit is $585.00
   b.) Single Room Occupancy (SRO): Rent is $310 & the Deposit is $310
4. Six (6) months of bank statements, pay card statements, benefit card statements, etc.
5. You must have a valid photo ID & social security card in your possession to apply.
6. No pets allowed. If you have an Emotional Support Animal (ESA) or Service Animal,
   a.) Only ONE ESA or service animal per household
   b.) they must have current inoculation records, updated annually,
   c.) verification the animal has been spayed or neutered,
   d.) written statement documenting the need for an ESA or Service Animal
   e.) any animal which may pose an unreasonable risk to the health or safety of others, including attack or fight trained dogs will not be allowed.
7. Transitional housing is not permanent housing. The lease is good for a year or less. The Tenant is expected to find permanent housing within that time frame.
8. You will be notified when an apartment becomes available, and you'll have 48 hours to contact the CALC housing manager. If your phone number has changed, your voicemail isn't set up, or you don't have the funds to pay the rent and deposit, your application will be denied.
9. No illegal drugs, alcohol, nor weapons will be in your apartment nor on CALC property at any time.

* Incomplete Applications will not be accepted at this time.