

Community Action Intake Form Instructions

If you are seeking assistance in the following programs, please fill out this application and return it to Community Action of Laramie County.

Project Hope

Intensive case management program supports a limited number of qualified individuals and or families who meet 200% of the federal poverty guidelines. Approved participant will enter a one-year commitment. You will receive intensive case management which will include but is not limited to achieving and or maintaining housing, enhancement of life skills addressing individual needs, building social skills and community relations and goal development to achieve an improved quality of life. Financial assistance available as needed on a case-by-case basis. Meeting with a case manager is important to the success of the program and frequency is based on your program needs and case manager determination.

Transitional Housing

Our transitional housing consists of single occupancy apartment that are offered to qualified individuals as well as larger apartment and or homes to assist low-income families. Income is required for participation in the program.

Please fill out this packet completely. If it is not filled out completely, it will not be accepted and will be returned. Make sure you check what program you are wanting to apply for. Fill out the back-ground check and the information release, sign and date and put your name where applicable. If you are selected, we will contact you to arrange payment for the background check. We will not submit it until you have made payment. We will need first month and deposit prior to leasing up. If you are selected.

Vision Care

CALC is a facilitator for the Lions Club in which clients living at or below the 125% FPL are eligible for a voucher that allows the individual a comprehensive eye exam, a pair of used frames and new lenses. Currently the vouchers through the Lion's Club are only for adults who have no other means to obtain a pair of glasses. The process of obtaining a voucher is individual contacts CALC and they are placed on a waitlist. We also offer Children's eyeglasses along with our vision care.

John J. Edmonds Veterans home

Our VA Bridge Housing program is a short-term program of 90 days or less offering case management and temporary housing to low- income veterans who have been issued a housing option by the local VA or Volunteers of America. If you are a veteran you can call Community Action of Laramie County and ask to talk to our Veterans coordinator, to get more information about our veteran's home bridge housing program.

Please read for the required documents that must be turned in when you complete this application.

Important document that are required

- Two forms of Identification. For each adult (Driver’s License, Social Security card, Birth Certificate, (we will not take a void license or expired license.)
- One form of ID for each child (SS Card, Birth Certificate.)
- Income for all members of the household past 60 days (EX. Pay stubs, employment verification, award letters for SS, SSI, SSDI, SNAP, T.A.N.F, POWER, Child support, VASC, Unemployment, Workers Compensations.)
- Checking/Saving account statement with itemized transactions for past 60 days. For all members in the household.
- Verification of all current monthly expenses must provide the bill, receipts, or bank statements, for all members of the household. (rent, motel, lot rent, electric/gas, propane, water, cell phone, cable, internet, taxes, homeowner insurance, day care, child support, car payments vehicle insurance, car repairs, monthly medical expenses, legal fees/fines, credit cards, pay day loans, cash advances.) For all members in the household.
- Additional rent or utility verifications (Lease Agreement, eviction notice, payment history from landlord for the past 6 months if applicable, utility shut off letter, be sure to include landlord contact info).
- If you are staying in a shelter, church, residential living facility please include a letter from the place you are staying stating you have been there. Or if staying in a hotel please provide your hotel receipt.

Please sign and date stating that you have read and have all documents ready to be turned in.

Applicant’s Signature: _____ Date: _____



**SELF
SUFFICIENCY**
OF LARAMIE COUNTY



To be filled out by Community Action Staff
Date Application Received: _____
All Documentation included: NO YES
Staff Initials: _____

PROGRAM APPLICATION

Check all that apply:

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



**COMMUNITY
ACTION** | OF LARAMIE
COUNTY

Household Information

Applicant's Name: _____

Spouse/Partner Name: _____

Driver's License # & State: _____

Driver's License # & State: _____

Last FOUR SSN#: XXX-XX-_____

Last FOUR SSN#: XXX-XX-_____

DOB: _____

DOB: _____

Phone #: _____

Phone #: _____

Email: _____

Email: _____

Student Status: F/T P/T N/A

Student Status: F/T P/T N/A

Disabling Condition: Yes No

Disabling Condition: Yes No

U.S. Military Veteran: Yes No Active

U.S. Military Veteran: Yes No Active

Marital Status: Married Separated Widowed

Marital Status: Married Separated Widowed

Divorced Domestic Partner Single

Divorced Domestic Partner Single

Race: White American Indian or Alaskan Native
 Black or African American Hawaiian or Pacific
Islander Other Multi-Race Refused

Race: White American Indian or Alaskan Native
 Black or African American Hawaiian or Pacific
Islander Other Multi-Race Refused

Ethnicity: Hispanic Non-Hispanic

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Education: 0-8 12+Some Post-Secondary
 9-12/Non-Graduate GED High School Grad
 Graduate of other post-secondary school

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 9-12/Non-Graduate GED High School Grad
 Graduate of other post-secondary school

Employment: Full Time Part Time
 Seasonal Retired

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 Seasonal Retired

Unemployed: Long term more than 6 months
 Not in labor force Short term 6 months or less

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 Not in labor force Short term 6 months or less

Health Insurance: None Direct- Purchase
 Military Medicare Medicaid Employment Based
 State Children State Adult Other

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 Military Medicare Medicaid Employment Based
 State Children State Adult Other

Children/Minors: Only list children who are dependents of persons on this application:

Check Student Status:

Name: _____ Current Age: _____ DOB: _____ F/T P/T N/A
Race: White American Indian or Alaskan Native Black or African American Hawaiian or Pacific Islander Other Multi-Race
Education: 0-8 8-12 Health Insurance: None Direct- Purchase Military Medicare Medicaid Employment Based
 State Children State Adult Other **Disabling Condition:** Yes No

Name: _____ Current Age: _____ DOB: _____ F/T P/T N/A
Race: White American Indian or Alaskan Native Black or African American Hawaiian or Pacific Islander Other Multi-Race
Education: 0-8 8-12 Health Insurance: None Direct- Purchase Military Medicare Medicaid Employment Based
 State Children State Adult Other **Disabling Condition:** Yes No

Name: _____ Current Age: _____ DOB: _____ F/T P/T N/A
Race: White American Indian or Alaskan Native Black or African American Hawaiian or Pacific Islander Other Multi-Race
Education: 0-8 8-12 Health Insurance: None Direct- Purchase Military Medicare Medicaid Employment Based
 State Children State Adult Other **Disabling Condition:** Yes No

Name: _____ Current Age: _____ DOB: _____ F/T P/T N/A
Race: White American Indian or Alaskan Native Black or African American Hawaiian or Pacific Islander Other Multi-Race
Education: 0-8 8-12 Health Insurance: None Direct- Purchase Military Medicare Medicaid Employment Based
 State Children State Adult Other **Disabling Condition:** Yes No

Name: _____ Current Age: _____ DOB: _____ F/T P/T N/A
Race: White American Indian or Alaskan Native Black or African American Hawaiian or Pacific Islander Other Multi-Race
Education: 0-8 8-12 Health Insurance: None Direct- Purchase Military Medicare Medicaid Employment Based
 State Children State Adult Other **Disabling Condition:** Yes No

Total number in household: _____

Are there any other household members not listed on this or a separate application (i.e., spouse, absent spouse, roommate, or other)?

NO YES If yes, please explain: _____

Does anyone in the household anticipate changes to "Student Status" within this calendar year? NO YES

If yes above, list name(s): _____ Anticipated Change(s): _____

Documents Needed:

**Current, valid picture ID & Social Security Card for each adult in the household
Social Security Card for each minor in the household**

Residency History

List the past two years of residency history. Please indicate periods of homelessness. If additional space is needed, use the back of the application:

Current Address: _____

City, State, Zip: _____

From: _____ To: _____

Rent Own Other _____

Landlord's Name: _____

Landlord's Phone #: _____ Rent Amount: _____

Previous Address: _____

City, State, Zip: _____

From: _____ To: _____

Rent Own Other _____

Landlord's Name: _____

Landlord's Phone #: _____ Rent Amount: _____

Employment History

Applicant's Current Employer:

Employer's Name: _____
 Street Address: _____
 City, State, Zip: _____
 Phone #: _____ Fax #: _____
 Supervisor's Name: _____
 Anticipated Gross Annual Income: _____
 If other, list source: _____

Spouse/Partner's Current Employer:

Employer's Name: _____
 Street Address: _____
 City, State, Zip: _____
 Phone #: _____ Fax #: _____
 Supervisor's Name: _____
 Anticipated Gross Annual Income: _____
 If other, list source: _____

Other Sources of Income (Does the Applicant or Spouse receive any of the following incomes?)

Applicant's Other Income:

Source:	Gross Amount Received:		
SSI/SSA:	<input type="checkbox"/> NO	<input type="checkbox"/> YES	\$ _____
Retirement/Pension:	<input type="checkbox"/> NO	<input type="checkbox"/> YES	\$ _____
Unemployment:	<input type="checkbox"/> NO	<input type="checkbox"/> YES	\$ _____
Recurring Contribution:	<input type="checkbox"/> NO	<input type="checkbox"/> YES	\$ _____
Alimony:	<input type="checkbox"/> NO	<input type="checkbox"/> YES	\$ _____
AFDC/TANF:	<input type="checkbox"/> NO	<input type="checkbox"/> YES	\$ _____
Child Support:	<input type="checkbox"/> NO	<input type="checkbox"/> YES	\$ _____
Workman's Comp:	<input type="checkbox"/> NO	<input type="checkbox"/> YES	\$ _____
Military Service:	<input type="checkbox"/> NO	<input type="checkbox"/> YES	\$ _____
Other:	<input type="checkbox"/> NO	<input type="checkbox"/> YES	\$ _____

Partner's Other Income:

Source:	Gross Amount Received:		
SSI/SSA:	<input type="checkbox"/> NO	<input type="checkbox"/> YES	\$ _____
Retirement/Pension:	<input type="checkbox"/> NO	<input type="checkbox"/> YES	\$ _____
Unemployment:	<input type="checkbox"/> NO	<input type="checkbox"/> YES	\$ _____
Recurring Contribution:	<input type="checkbox"/> NO	<input type="checkbox"/> YES	\$ _____
Alimony:	<input type="checkbox"/> NO	<input type="checkbox"/> YES	\$ _____
AFDC/TANF:	<input type="checkbox"/> NO	<input type="checkbox"/> YES	\$ _____
Child Support:	<input type="checkbox"/> NO	<input type="checkbox"/> YES	\$ _____
Workman's Comp:	<input type="checkbox"/> NO	<input type="checkbox"/> YES	\$ _____
Military Service:	<input type="checkbox"/> NO	<input type="checkbox"/> YES	\$ _____
Other:	<input type="checkbox"/> NO	<input type="checkbox"/> YES	\$ _____

Household Assets

Does any household member (including children) have a checking or savings account, IRA, CD, Bonds, Real Estate, or any other type of asset(s)? NO YES

If yes, list type of asset and name of institution:

Applicant	Spouse	Child	Type of Asset	Institution
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Has anyone in your household disposed of any asset(s) in the past twenty-four (24) months?

NO YES If yes, explain: _____

Documents Needed:

**60 days of checking and savings account information with itemized transactions
 Proof of earned income for ALL members of the household for the past 60 days**

Additional Documents Needed – if applicable

Eviction Notice, if currently renting – 6 months payment history from landlord, Copy of Lease Statement, Utility Shutoff Notices, Payment History from CLF & P, CHA Voucher, CHA TTP (Total Tenant Payment Form), Verification of Residency, Past Due Rent Letter, Letter or Lease Agreement from a Prospective Landlord. Other documents may be requested by the case manager.

Program Specific Information

***The following information only needed if applying for *Housing or Project Hope*:**

Do you have pets? NO YES If yes, how many? _____
What kind? _____ Weight: _____
What kind? _____ Weight: _____

Are any of these pets service animals? NO YES If Yes, do you have documentation? NO YES

Has anyone in your household been convicted of a felony? NO YES If yes, list name(s): _____

***The following information only needed if applying for the GPD Veteran Housing:**

Branch of Service: _____ VI-SPDAT Score: _____

Years of Service: _____

Discharge Status: _____

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

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

I/We hereby authorize Community Action of Laramie County, Inc. to make investigations to confirm the contents contained in this application. Furthermore, I/we authorize investigations be extended or for subsequent investigations to be completed in connection with an update, lease renewal, recertification, extension or collections, with respect or in connection with the rental or lease of a residency for which this application was made. I/We understand that these investigations might include, but not necessarily be limited to: past rental history, banking relations and criminal background check. I/We consent to these investigations and authorize landlord, property management company, banking institution and law enforcement agency to release to the above mentioned Company without any liability therefore, any information contained in the records concerning the undersigned applicant and knowledge and agree that any misrepresentation and/or omission of fact or detrimental information contained in this report shall constitute a default under the applicant's initial application/lease agreement and may, in the sole discretion of management, be grounds for denial of applicant's application or eviction proceedings. We further agree that the information contained in this application may be used in such investigation(s) and above mentioned Company shall be held harmless for any action or claim by me/us in connection with the use of the information contained herein or any investigation conducted by the above mentioned Company.

Background Check Charge – Applicant has to submit the sum of \$_____ which is a non-refundable payment, receipt of which is acknowledged by management. Such sum is not rental payment or deposit amount. In the event this application is approved or disapproved, this sum will be retained by management to cover the cost of processing application as furnished by applicant.

TITLE VII of the CIVIL RIGHTS ACT of 1966 makes discrimination based on race, color, religion, sex or national origin illegal. The Federal agency, which administers compliance with this law concerning this company, is The Department of Housing and Urban Development. EQUAL CREDIT OPPORTUNITY ACT - The Federal Equal Opportunity Act prohibits creditors from discriminating against credit applications on the basis of sex or marital status. The federal agency, which administers compliance with this company's Equal Credit Opportunity, is The Federal Trade Commission, Washington, DC 20580.

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

Applicant's Signature: _____ Date: _____

Spouse/Partner's Signature: _____ Date: _____

Did you check boxes for which program(s) you are applying for on the top of page 1?

Did you include all required documentation that applies to your case?

Any incomplete applications will not be considered



Community Action of Laramie County

Criminal background check authorization form

A criminal background check is required for Community Action of Laramie County Self-Sufficiency *Housing Program* and *Project Hope*. This check into official public records will determine the existence or non-existence of any record of criminal convictions. Federal and state law provides that certain housing programs within the State of Wyoming are unavailable to individuals who have plead guilty and/or been convicted of criminal conduct, based on the nature of the criminal violation and/or the type of position being sought. Prior criminal convictions do not automatically preclude housing. Any information received WILL NOT be shared with any other agency or individuals unless written permission/consent is given to this agency by the applicant.

*Name (Last, First, M.I.): **Please Print Clearly**

**List other names used, and dates of name change in the last ten (10) years:*

*Date of Birth: _____ (MM/DD/YYYY)

*Social Security Number (SSN): _____

*Has this SSN been issued in the last 90 days? Yes No

None of the information provided on this form will be used to discriminate against any applicant on the basis of race, color, national origin, sex, sexual orientation, genetic information, religion, age, disability or military status.

By signing this form, you authorize Day and Night process services and/or its designated third party to conduct a criminal background check. In addition, you acknowledge that any false or misleading statement, omission or failure to disclose information may disqualify you from housing or, if housed, may result in an eviction.

Applicant Signature

Date

**Community Action Staff*

Please send the results to: _____ Email: _____