**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** | ☐Yes ☐No |
| **Email** |  | **Veteran** | ☐Yes ☐No ☐Active |
| **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 |

*\*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: ☐Yes ☐No $\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SSDI/SSI: ☐Yes ☐No $\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Retirement/Pension: ☐Yes ☐No $\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Unemployment: ☐Yes ☐No $\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child Support: ☐Yes ☐No $\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TANF: ☐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**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**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:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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.

Community Action of Laramie County, Inc.

1920 Evans Avenue

Cheyenne, WY 82001

307-635-9291