

# **ATTENTION CSBG APPLICANT**

**Only COMPLETE applications (with signatures) that include ALL required information and paperwork will be accepted and approved by the committee.**

**Completed applications may take up to 7-10 business days for the committee to make a determination.**

**For your application to be processed you will need to provide the following:**

Valid Picture Identification

Proof of **ALL** household income for the **last three (3) months**  
**THIS INCLUDES EVERYONE THAT LIVES IN THE HOME!!**

If you are requesting assistance with bills:  
Provide the entire current bill or bills.

If you are requesting assistance with rent:  
Provide letter from landlord with contact and rent information or a lease agreement  
Please note the landlord will be required to complete a W-9 IRS Form.

If you have ZERO income you MUST also include Zero Income Form.

**Failure to provide all this information will result in disqualification of your application.**

Please do not call for information about the status of your application. You will be notified by phone or letter regarding the committee's decision.

**No funds are distributed directly to the client. All payments will be made directly to the vendor.**

**Upper Arkansas Area Council of Governments:  
Samantha Hughes CSBG Coordinator  
Samantha.Hughes@UAACOG.com  
3224-A Independence Rd. Canon City, CO 81212  
For Questions, call 719-275-1675 Fax 719-275-2907**

## CSBG Program Guidelines

The purpose of this program is to aid low and very low-income families and individuals. **The program can assist in an emergency once every five years per family/individual/household.** This program has limited funds and is **not an entitlement program.** The following rules are to provide guidelines as to how the money will be dispersed. Families/ Households must meet the 200% FPL as well as other guidelines and requirements.

### Income Eligibility Levels

For reference, the updated income eligibility levels through 2021 are listed below. The Federal Government will release updated Federal Poverty Guidelines in 2022 and this chart will be updated to reflect those updated guidelines.

Number of Persons in Family/Household	100% Federal Poverty Level	200% Federal Poverty Level
1	\$12,880	\$25,760
2	\$17,420	\$34,840
3	\$21,960	\$43,920
4	\$26,500	\$53,000
5	\$31,040	\$62,080
6	\$35,580	\$71,160
7	\$40,120	\$80,240
8	\$44,660	\$89,320
	Add \$4,540 for each additional person	For families/households with more than 8 persons add \$9,080

1. The applicant must meet CSBG income guidelines. **Each applicant must provide proof of all household income for the last three (3) months.**
2. There is a cap per applicant (family/individual/household); with a once in five years policy regardless of the amount the applicant receives.
3. If the maximum amount will not cover the entire bill, the applicant must show how the remainder will be paid. If the committee feels that the applicant does not have the means to pay the remainder of the bill, and that the program's assistance will not rectify the situation, they may choose to not approve the application.
4. The applicant must show that this is not an ongoing problem.
5. The applicant must show that they have taken steps to correct the problem on their own, i.e., they have talked with the creditor/landlord and requested payment arrangements etc.
6. If the committee feels that the situation is the result of poor planning, living beyond your financial means regularly, or lack of future sustainability, we may choose not to approve the application.
7. The committee will have the right to reject any application that does not meet the above guidelines.

8. The committee will have 7-10 business days to make their decision. Each applicant will be notified by phone or in writing of the committee's decision.
9. If we are unable to contact you within 10 days after committee review, your application will be considered denied.
10. The committee reserves the right to change and/or amend the above-mentioned rules/guidelines.
11. If your application is denied and you have additional information, you must complete a new application to reapply.
12. Any falsification of information is punishable by law and will automatically disqualify applicant from receiving assistance now and in the future.
13. An appeal of your application determination is available. Contact Samantha Hughes for appeal information.
14. The applicant agrees to allow UAACOG to verify any information provided with other agencies and/or sources.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

**AFFIDAVIT OF LEGAL RESIDENCY**

I, \_\_\_\_\_, swear or affirm under penalty of perjury under the laws of the State of Colorado that (check one):

- \_\_\_ I am a United States citizen,  
           or  
 \_\_\_ I am a permanent Resident of the United States,  
           or  
 \_\_\_ I am lawfully present in the United States pursuant to Federal law.

I understand that this sworn statement is required by law because I have applied for a public benefit, or I am a sole proprietor entering into a contract or purchase order with the State of Colorado. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit or prior to entering a contract with the State. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (please print)

## Community Service Block Grant Application for Assistance

This information sheet must be completed by those seeking services. It will be kept on file for future reference and demographic purposes. **ALL INFORMATION WILL BE KEPT CONFIDENTIAL.**

Today's Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

COMPLETE Physical Address: \_\_\_\_\_

Mailing Address (if different than above): \_\_\_\_\_

\_\_\_\_\_

Phone number(s): \_\_\_\_\_

Email: \_\_\_\_\_

Type of assistance requested: \_\_\_\_\_

Amount requested \$ \_\_\_\_\_

Please explain the situation (use additional paper if needed, do not write on the back):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If the maximum amount granted will not cover the entire bill how will the remainder be paid? \_\_\_\_\_

What steps have you taken to solve the problem on your own? \_\_\_\_\_

How will you prevent a similar situation from happening in the future?

If you have recently left or lost your job, please explain:

Please list your last two employers (Name, phone#, and dates of employment):

Household Member	Employer Name & Position Held	Dates of Employment	Reason for Leaving	Employers Phone Number

Emergency Contact person and phone number: \_\_\_\_\_

Which best describes your family type? (check one)

- Single person
- Single parent male
- Single parent female
- Two parent household
- Two adults no children

What is your housing situation? (check one)

- Own
- Rent
- Homeless
- Other (explain): \_\_\_\_\_

## Total Household Income

Income must be disclosed for all individuals in household who are currently receiving income.

Please check this box if you receive **No Income**.  
**(If you checked the box above you will need to fill out a no income statement form)**

Check and disclose **ALL** forms of income you receive:

Please list names of individuals in the household who receives, next to the form of income received.

		Who is receiving	Amount Received
	Employment (Gross, before taxes)		\$
	TANF		\$
	SSI (amount before deductions)		\$
	Social Security (amount before any deductions)		\$
	Pension		\$
	Unemployment		\$
	SSDI		\$
	OAP		\$
	VA		\$
	Child Support (if not receiving, please explain)		\$
	Food Stamps (SNAP)		\$
	Other (explain)		\$
			\$

Please indicate if you have or are receiving any of the following:

	Section 8 Rental Assistance
	WIA
	Colorado Works
	WIC
	Area Agency on Aging
	Head Start
	Other (Explain)

**18 and older- No Income Statement**

If older than 18 and not receiving income, please state reason for no income:  
(ALL IN THE HOUSEHOLD OVER 18 WITH NO INCOME)

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If in school, please state school name and expected completion date:

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**Please check if anyone in your household has applied for the following:**

<input type="checkbox"/>	Registered at Workforce Center and are Actively Job Seeking: (understand that the committee will verify)
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Names: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<input type="checkbox"/>	Applied for WIC (understand that the committee will verify)
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Names: \_\_\_\_\_

<input type="checkbox"/>	Applied for Section 8 Rental Assistance and are on the waiting list. (understand that the committee will verify)
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Names of individuals on waiting list: \_\_\_\_\_  
\_\_\_\_\_

<input type="checkbox"/>	Applied at DHS for TANF
<input type="checkbox"/>	Applied at DHS for Food Stamps
<input type="checkbox"/>	Applied at DHS for Safe & Stable Families
<input type="checkbox"/>	Applied for Child Support Benefits
<input type="checkbox"/>	Applied for Social Security Benefits
<input type="checkbox"/>	Applied at other charities for assistance. Names of those Charities _____
<input type="checkbox"/>	Applied for Area Agency on Aging funding
<input type="checkbox"/>	Applied for OAP (Old Age Pension)
<input type="checkbox"/>	LEAP
<input type="checkbox"/>	Other (explain below)

## Monthly Budget Worksheet: Expenses

Expense item	Monthly Amount
Housing (rent or mortgage)	
Electricity	
Heating - Gas or other fuel	
Water	
Sewage	
Garbage	
Telephone	
Cable	
Internet	
Cell Phone	
Household maintenance and repair	
Home Furnishings and Equipment	
Auto Payments	
Auto Insurance	
Gasoline	
Auto Maintenance	
Food and Groceries (without food stamps)	
Food Eaten out	
Clothing	
Laundry Supplies	
Personal Care/ Hygiene Products	
Childcare - daycare, preschool	
Childcare - Diapers	
Childcare- formula, baby food	
Medical Insurance	
Medical- Doctor (copays)	
Medical- Dentist	
Medical Prescriptions	
Alcohol	
Tobacco	
Entertainment	
Education or Self Improvement	
Student Loans in repayment	
Credit Card payments	
Pay Day/ Cash Advance Loans	
Other Loans/ expenses (specify):	
<b>Monthly Expenses Total:</b>	



**Complete the following for EVERYONE in your household. For demographic use only if approved.**

Name (First and Last)	Relationship	Age	Male or Female	Ethnicity / Race (White, Hispanic, Black, Native American, Asian, Other)	Last Grade Completed (Adults over 24 years only)	Disabled? Y/N	Health Insurance? Y/N Please specify (private, Medicaid, Medicare, etc.)
	Self						

Application Checklist. All these documents must be turned in with your application. Your application will NOT be accepted without these documents. If you are looking for rental assistance for a lease you have not signed yet, contact information for the landlord and a W9 from the landlord is still required. Future medical and dental appointments will need a letter from the medical/ dental office with a quote for the procedure and an appointment date. **PAGES 2-9 MUST BE TURNED IN- LACK OF DOCUMENTATION OR INCOMPLETE APPLICATIONS WILL BE DISQUALIFIED**

- All signature lines signed
- All forms filled out and completed for all applicable areas
- Copy of VALID I.D.
- Copy of bill(s), lease, mortgage for which you are applying for assistance
- Documentation for the last three months for all income in the home (paystubs, child support payments, award letters)
- Zero income statement (only for those over 18 with no income; can be found on UAACOG.com under the CSBG tab)
- Utility disclosure form for those seeking utility assistance (can be found on UAACOG.com under the CSBG tab)