

CSBG EMERGENCY ASSISTANCE: Fremont, Chaffee, Custer, and Lake Counties

Important information for applicants:

Only complete applications can be accepted and considered. Please ensure the following is attached before submitting your application:

- ✓ A valid picture government issued I.D. for everyone in the household over the age of 18 and proof of residency of the county you are applying in.
- ✓ Proof of household income for the most recent 3 months, for each person over the age of 18 in the household.
- ✓ All pages and signature lines are filled out and pages 1-8 are turned in.
- ✓ Please submit your bill, quote for service, invoices, lease, mortgage statement, etc. for consideration.

Rent	Mortgage	Utilities	Emergency Hotel	Medical	Dental	Vision	Auto repair	Appliance
Copy of signed lease. <u>*If new move in, deposit must be paid first before CSBG services can be applied. CSBG services cannot be used for deposits.</u>	Copy of statement. <u>CSBG services cannot be applied unless anything over the grant amount is paid first as mortgage companies will not accept partial payments in a payment period.</u>	Copy of statement. <u>A utility disclosure form is required.</u> This can be found at uaacog.com > Services > CSBG *For firewood or propane quote from filling company.	Letter from hotel stating cost, check in and check out dates. * 3-night stay limit due to structural damage to home, transitional housing situation, or fleeing domestic violence.	Copy of statement or treatment plan with cost after insurance is applied.	Copy of statement or treatment plan with cost after insurance is applied.	Copy of statement or treatment plan with cost after insurance is applied.	Copy of quote from 2-3 auto shops. * For tires must provide letter from shop stating condition of tires and level of need to replace.	2-3 quotes or proof of cost for repair or replacement.

-Applicants should be advised that this program, income eligibility, and its scope of services, are subject to funding availability and change.

-This is not a cash assistance program. All payments are made directly to the vendor and not the client.

-Your application may take 7-10 business days to process.

-This program cannot pay for deposits of any kind.

CSBG Program Guidelines

The goal of this program is to remove a family or individual out of crisis and to support financial stability and self-sufficiency. The purpose of this program is to aid low-income families and individuals as defined by CSBG Program Income Eligibility/ Federal Poverty Level. *This guideline is subject to change.* Please visit uaacog.com > Services > CSBG to find the most current income eligibility information.

1. The applicant must meet CSBG income guidelines. Each applicant must provide proof of all income in the household for each person over the age of 18.
2. The maximum grant amount is \$1000.00. Applicants should be advised that not all applicants will receive the maximum grant amount.
 - This program can only assist a household once every five years. *This is subject to change.* This is regardless of the amount the applicant receives.
3. If the maximum grant amount will not cover the entire request, the applicant must be able to provide proof that the applicant can manage the remainder before the CSBG program makes a payment, additional resources are assisting, or a reasonable payment arrangement has been established with the vendor.
 - If the applicant cannot provide proof that the amount over the grant amount cannot be assisted with other resources or the applicant cannot manage the remainder, the application will be denied due to future sustainability.
 - If the maximum grant amount will not rectify the financial situation the application will be denied.
4. If it is found that the request is an ongoing issue or will be an ongoing issue the application will be denied.
5. The applicant should show that they have taken steps to resolve the issue on their own such as presenting a payment arrangement with the vendor.
6. If the request is found to be the result of poor planning, living beyond financial means or lack of future sustainability the application will be denied.
7. CSBG Coordinator/ responsible CSBG staff have the right to deny any application that does not meet the above guidelines or incomplete applications.
8. The committee will have 7-10 business days to make a determination. Each applicant will be contacted via phone or email with the decision.

9. If the applicant cannot be contacted within 10 days, the application will be denied.
10. CSBG Coordinator/ responsible CSBG staff have the right to change or amend the above-mentioned rules and guidelines.
11. If your application is denied, and you have new information to provide, a new application must be submitted.
12. Any false information will automatically disqualify the applicant from receiving assistance now and in the future.
13. An appeal of your application determination is available. Contact Samantha Hughes for appeal information.

The applicant agrees to the above-mentioned guidelines and understands that guidelines are subject to change.

X_____

Date_____

Release of information:

The applicant agrees to allow CSBG Coordinator/ responsible CSBG staff to verify information with outside agencies and resources.

X_____

Date_____

If your need is over the maximum grant amount, please detail how the balance will be paid. List outside agencies that you have applied to, detail payment arrangements, or explain how you will be able to pay for the remainder on your own.

Does your household have other needs beyond what this assistance will cover? If yes, please detail.

If you have recently left your job, please briefly explain.

Please list your previous two employers for each household member over the age of 18. Dates of employment are required.

Household members name	Employer	Start Date	End Date	Reason for leaving	Employers Phone #

Is anyone in your household currently employment seeking? Yes No

If yes, list the names:

Household Income

Please provide proof of the three most recent months of income.

If anyone in the household over the age of 18 has no income, a zero-income statement must be provided. Please visit uaacog.com > Services > CSBG for this form.

All income must be disclosed for everyone in the household over the age of 18.

Please check if anyone in your household receives the following income:

Check	Type	Name of recipient	Gross amount
	Employment		
	Self-Employment		
	TANF (cash assistance)		
	SSI (before deductions)		
	Social Security (before deductions)		
	Pension		
	Unemployment		
	SSDI		
	Old Age Pension		
	VA Benefits		
	Child support		
	Alimony		
	Rental Income		
	Gaming or lottery winnings		
	Interest		

Any of the above-mentioned forms of income must have three most recent months of paystubs, award letters or payment history showing gross amount, submitted with application.

Please list all household members over the age of 18 that do not receive income. For anyone listed here, a zero income statement must be provided.

What type of housing do you have?

Own Rent Homeless Other: Explain _____

Monthly Budget Worksheet

Below is a table to detail your monthly expenses. It may be helpful to review your last full months statements to accurately detail your budget.

Expense item	Amount
Housing (rent/mortgage)	
Electric	
Water/ sewage	
Natural gas/ propane/ firewood	
Trash service	
Phone service	
Cable service	
Streaming services	
Internet	
Household maintenance/ repairs	
Home furnishings	
Auto payments	
Auto insurance	
Gas/ diesel	
Auto maintenance/ repairs	
Groceries	
Takeout food/ Doordash	
Clothing	
Laundry supplies	
Personal care/ hygiene	
Childcare payments	
Childcare diapers/ food/ formula	
Medical insurance	
Medical care payments	
Dental care payments	
Alcohol	
Tobacco/ Marijuana	
Entertainment	
Education/ self-improvement	
Credit card payments	
Loans	
Payday/ cash advanced loans	
Other:	
TOTAL	

Please complete the following for each person in the household. For demographic use only if approved. This information will not be used to determine eligibility of assistance.

Name (first and last)	Relationship to applicant	Age	Gender	Ethnicity (White, Black, Hispanic, Native American, Asian, etc.)	Last grade completed (anyone over the age of 24)	Disabled? Y/N	Please specify Health Insurance type or specify if no insurance.
	Self						

Please submit your applications or questions to:

Fremont/ Chaffee County	Custer County	Lake County
Samantha.Hughes@uaacog.com UAACOG CSBG Coordinator 3224 A. Independence Rd. Canon City, Co 81212 719-275-1675x104	Laura.Lockhart@state.co.us Custer County Department of Human Services 205 S. 6th St. Westcliffe, Colorado 81252 719-783-2371	jgonzales@co.lake.co.us Lake County Public Health 735 HWY 24 South Leadville, Co 80461 (719) 486-8181