

UAACOG CSBG APPLICATION

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

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

In order for your application to be accepted and processed you will need to provide the following:

- Valid Picture Identification of at least one household member
- Proof of **all** household income for the last three (3) months
- If you are requesting assistance with bills:
Provide the entire current bill or bills
- If you are requesting assistance with rent:
Provide Landlords name, telephone number and lease agreement
- If you are requesting assistance for home appliance repairs /replacement or automobile repairs:
Provide at least two different estimates

Failure to provide this information will result in disqualification 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.

For questions call 275-1675
Fax: 275-2907

UAACOG CSBG Program Guidelines

The purpose of this program is to provide assistance to low and very low-income families and individuals. The program is designed to help one time only 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.

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 will be a cap per applicant (family/individual/household); with a **one time only** policy regardless of the amount the applicant receives.
3. If the maximum amount allowed 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, they 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. **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 into 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)

Social Security Number (optional)

Community Service Block Grant Application for Assistance

This information sheet must be completed by those receiving or using services and kept on file for future reference. ALL INFORMATION WILL BE KEPT CONFIDENTIAL.

Today's Date: _____

Print Name: _____

Physical Address: _____

Mailing Address (if different than above): _____

Phone number(s): _____

Type of assistance requested: _____

Amount requested \$ _____

Please explain the situation (use additional paper if necessary): _____

If there is a remaining balance due after assistance is received how will it be paid?

How much will you contribute towards this bill? _____

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:

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

Which best describes your family type?

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

What is your housing situation?

- Rent
- Own
- Homeless
- Other

Total Household Income Worksheet

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

★ If individual in household is 18 or older and not receiving any income please complete questions at the bottom of the page.

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)

Check all forms of income you receive:

Please list name of Individual in Household who receives, next to the form of income received

	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	\$
Other (explain)	\$
Total Monthly Gross Income	\$

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

<input type="checkbox"/>	Section 8 Rental Assistance
<input type="checkbox"/>	WIA
<input type="checkbox"/>	Colorado Works
<input type="checkbox"/>	WIC
<input type="checkbox"/>	Area Agency on Aging
<input type="checkbox"/>	Head Start
<input type="checkbox"/>	Other (Explain)

★ **18 and older- No Income Statement**

If older than 18 and not receiving income please state reason for no income:

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

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

Registered at Workforce Center and are Actively Job Seeking:

Names: _____

Workforce Information Will Be Verified!

Applied for WIC

Names: _____

Applied for Section 8 Rental Assistance and are on the waiting list

Name of individual on waiting list: _____

- Applied at DHS for TANF
- Applied at DHS for Food Stamps
- Applied at DHS for Safe & Stable Families
- Applied for Child Support Benefits
- Applied for Social Security Benefits

Applied at Loaves & Fishes, Manna House or other charities for assistance

Applied for Area Agency on Aging funding
Please Circle: Eyeglasses or Dental

- Applied for OAP
- Applied for AND
- LEAP
- Other (explain)

**Budget Worksheet
Monthly Expenses**

Item	Amount per month
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	
Food Eaten out	
Clothing	
Laundry Supplies	
Personal Care/ Hygiene Products	
Child Care - daycare, preschool	
Child Care - Diapers	
Child care- 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 (specify):	

Complete the following for everyone in your household

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
	Self						