



# Gilpin County Human Services Emergency Assistance Application

**Please read and initial each section before submitting your application:**

**The Gilpin County Emergency Assistance Grant is for Gilpin County Residents only and is funded to help alleviate a current emergent situation. If your request is approved you will not be eligible to receive Emergency Assistance Funding again for 24 months. Applicant must be a resident of Gilpin County for a minimum of 120 days or longer prior to applying.**

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

## **Who is eligible to apply for Emergency Assistance?**

Any individual or family who has a current emergency situation may apply. The household must be able to show current regular income. Work income, child support, unemployment benefits or social security income will be considered.

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

## **What do I need to submit?**

- Emergency Assistance Application, with each section completed,
- Proof of all income received in your household:  
Income verification for the 2 most recent months
- For Rent or Mortgage requests you must include:  
An eviction notice, or  
A foreclosure letter
- For a repair request you must include:  
At least 2 bids for labor and parts (A third bid may be requested).
- To pay a bill you must include:  
Copies of your disconnect/shut-off notice, and/or  
Any other correspondence regarding the account

\* Additional Documentation may be requested

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

## **What other information should I include with my application?**

**A written summary (included with the application) to include the following information:**

- Why are you requesting emergency assistance?
- How much money are you requesting?



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- How will the funding be used?
- If we are able to fund your request, what is your ongoing plan to keep you from needing emergency funding in the future?
- What other sources of funding have you applied for?
- What other funding have you received?

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

## Is there a limit to the amount I can request?

Yes, there is a limit to the amount of funding granted to an individual or family. If the total amount being requested can not be granted, you will be responsible for attaining the additional funding prior to receiving funding from the Gilpin County Emergency Assistance Grant.

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

## Are there things that will NOT be funded by the Emergency Assistance Grant?

The Emergency Assistance Grant will not cover the following:

- Reconnection Fees
- Late Fees
- Loan or Credit Card Payments (not including mortgages)
- Collection Agencies
- Attorney & Court Fees

\* This is not an all-inclusive list

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

## Will the funding come directly to me?

All funds are paid directly to the vendor or provider in the form of a check. The vendor or provider must agree to provide a W9 and be aware of how funds are paid, before the funds are granted.

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

# Emergency Assistance Application

## Gilpin County Human Services

**Please complete all fields, Thank you**

### PERSONAL INFORMATION

Name:			Social Security Number:
Street Address:			Date of Birth:
Mailing Address:			Main Phone Number:
City	State	Zip Code	Work Phone Number:
Email Address			Preferred Method of Contact?

Are you a current Gilpin County Resident?	How Long?
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### OTHER PEOPLE IN THE HOME

Name	Date of Birth (mm/dd/yy)	Relationship to Applicant

What Type of Assistance are you applying for? (If other, please state)	Rent/Mortgage Heat/Utility Assistance Medical Bills Other _____
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### EMERGENCY INFORMATION

<p>Amount of Emergency Funding being requested \$_____.</p> <p>Have you or a family member received assistance anywhere else in the last 60 days? Yes___ No___.          (Includes – Churches, Canyon Cares, Ermel’s, EFAA, Action Center, DOLA, Etc.)</p> <p>If yes, where?_____ Amount?_____.</p>
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**EMPLOYMENT INFORMATION:**

Fill in information for every person in the home with a full, part-time or temporary job. If a member has more than one job, list each job separately. Use a separate sheet if needed.

<b>Name of Person Working</b>	<b>Company Name</b>
<b>Company Address</b>	<b>How long at company</b>
<b>Supervisor's Name</b>	<b>Supervisor's Phone Number</b>
<b>Gross Salary (before deductions)</b>	<b>How often paid</b>

<b>Name of Person Working</b>	<b>Company Name</b>
<b>Company Address</b>	<b>How long at company</b>
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<b>Supervisor's Name</b>	<b>Supervisor's Phone Number</b>
<b>Gross Salary (before deductions)</b>	<b>How often paid</b>

Is anyone in your household SELF-EMPLOYED? Yes \_\_\_ No \_\_\_.

Name of Self-Employed Worker(s)\_\_\_\_\_.

**If yes, please provide 3 months' worth of profit and loss statements.**

**OTHER INCOME:**

Income Source	Person who receives it	Gross Amount Received	How often
Social Security			
SSDI/SSI			
Veteran's Benefit			
Unemployment Benefits			
Child Support			
Spousal Support			
Room & Board Income			
Workman's Comp			
Child Tax Credit			
Pension			
Other:_____.			

**RESOURCES:**

Does anyone have the following:

Checking Account Yes \_\_\_ No \_\_\_. Current Balance \_\_\_\_\_, Bank Name \_\_\_\_\_.

Savings Account Yes \_\_\_ No \_\_\_. Current Balance \_\_\_\_\_, Bank Name \_\_\_\_\_.

Whole Life Insurance Policy Yes \_\_\_ No \_\_\_. Cash Value \_\_\_\_\_.

Retirement Account with Current or Former Employer Yes \_\_\_ No \_\_\_.

Does anyone in your household own any real estate other than your home? Yes \_\_\_ No \_\_\_.

**SHELTER:**

Amount of Rent or Mortgage \$ \_\_\_\_\_, Date Due \_\_\_\_\_.

**If you are asking for help paying rent or mortgage, You must provide a copy of the "INTENT to EVICT" or "FORECLOSE" notice**

Rent or Mortgage Payable to:

Name\_\_\_\_\_.

Address\_\_\_\_\_.

Phone Number\_\_\_\_\_.

# Personal Monthly Budget

	Budget	Actual	Diff		Budget	Actual	Diff
Wages & Tips				Groceries			
Interest Income				Personal Supplies			
Dividends				Clothing			
Gifts Received				Cleaning			
Transfer From Savings				Education/Lessons			
Other				Dining/Eating Out			
<b>Total INCOME</b>				Salon/Barber			
				Pet Food			
Mortgage/Rent				Other			
Home/Rental Insurance				<b>Total DAILY LIVING</b>			
Electricity							
Gas/Propane				Streaming Services/Rentals			
Water/Sewer/Trash				Music			
Phone				Games			
Cable/Satellite				Movies/Theater/Concerts/Plays			
Internet				Books			
Other				Hobbies			
<b>Total HOME EXPENSES</b>				Sports			
				Toys/Gadgets			
Vehicle Payments				Vacation/Travel			
Auto Insurance				Other			
Fuel				<b>Total ENTERTAINMENT</b>			
Repairs							
Registration/License				Emergency Fund			
Other				Transfer to Savings			
<b>Total TRANSPORTATION</b>				Retirement (401k, IRA)			
				Investments			
Health Insurance				Other			
Doctor/Dentist				<b>Total SAVINGS</b>			
Medicine/Drugs							
Life Insurance				Student Loan			
Veterinarian/Pet Care				Other Loan			
Other				Credit Cards			
<b>Total HEALTH</b>				Alimony/Child Care			
				Federal Taxes/State/Local Taxes			
Gifts Given				Other			
Charitable Donations				<b>Total OBLIGATIONS</b>			
Religious Donations							
Other				Bank Fees			
<b>Total CHARITY/GIFTS</b>				Postage			
				Other			
Newspaper				<b>Total MISCELLANEOUS</b>			
Magazines							
Dues/Memberships				<b>Total Income</b>			
Other				<b>Total Expenses</b>			
<b>Total SUBSCRIPTIONS</b>				<b>NET</b>			



# APPLICANT'S STATEMENT OF AGREEMENT & UNDERSTANDING

(Please Read Thoroughly)

I agree to provide information needed to determine eligibility for assistance for my household and myself. I understand that I may have to provide documentation to prove what I have said. I agree to do this. If documents are not available, I agree to give the name of a person or organization the Gilpin County Department of Human Services may contact to obtain the necessary proof.

I understand information given to the county department is needed to determine eligibility for assistance. I understand all information given to the county department is confidential and any other use or disclosure will be made only for certain limited purposes allowed under state or federal laws and regulations. Such purposes include, but are not limited to establishing eligibility, determining amount of assistance and for providing services to applicants and recipients. My answers are correct and complete to the best of my knowledge.

I am aware that if I make a willfully false statement or representation, or use other fraudulent methods to obtain assistance to which I am not entitled, or greater than that to which I am entitled, I can be found guilty of a felony or misdemeanor under appropriate State or Federal Law.

I hereby authorize any person, agency or institution to supply information requested by the Gilpin County Department of Human Services concerning my application for Emergency Assistance, and to allow inspection and reproduction of records in his/her possession pertaining to me by any duly authorized representative of the Gilpin County Department of Human Services. I hereby release any person, agency or institution from any and all liability to me for supplying such information.

**\*I understand that the Gilpin County Emergency Assistance Grant is a one-time help to alleviate an emergency. I will not receive monthly assistance from this grant. I understand if my request is approved I will not be eligible to receive Emergency Assistance Funding for 24 months.**

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**Applicant's Signature**

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**Date**

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**Co-applicant's Signature**

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**Date**