

Catholic Charities of Southern Colorado Emergency Assistance Application

Please complete all portions of this application as they apply to you and your situation.

Table of Contents:

Application <i>(Required)</i>	Page 1
Applicant Certification <i>(Required)</i>	Page 7
Release of Information Authorization <i>(Required)</i>	Page 8
Duplication of Benefits <i>(Required)</i>	Page 9
Self-Employment Certification	Page 10
<i>(Complete ONLY if Self-Employed)</i>	
Zero Income Certification	Page 11
<i>(Complete ONLY if you live in a Zero Income Household)</i>	
Landlord Verification Form	Page 12
<i>(Complete ONLY if applying for Rental Assistance)</i>	

**Catholic Charities of Southern Colorado
Emergency Assistance Application**

Date of Application: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Street Address: _____ Apt/Lot #: _____

City: _____ State: _____ Zip Code: _____ County: _____

Home Phone #: _____ Cell #: _____ Email: _____

Number of bedrooms in unit listed above: _____ Number of Months at Current Address: _____

COMMON SCREENING QUESTIONS

1. Are you or another adult in your household employed full time?
 Yes No
2. Do you have stable housing?
 Yes No
3. Are you generally able to get where you need to go using a personal vehicle or public transportation?
 Yes No
4. Are you able to access enough food to feed yourself and your family?
 Yes No
5. Have you finished high school or obtained your GED?
 Yes No
6. Does everyone in your family have health insurance?
 Yes No

For CCSoco Staff Only

Was there any indication of need during this screening?

Yes No

If yes, was a referral made to another Catholic Charities program(s)?

Yes No

Which program(s)?

Catholic Charities of Southern Colorado Emergency Assistance Application

7. Are you or anyone in your household employed by Catholic Charities, a Board member, or a relative of an employee or board member?

Yes No

If yes, what is the name of the employee or Board member:

8. Are you a current or previous volunteer of Catholic Charities?

Yes No

Household Members									
	Last Name	First Name & Middle Initial	Relation to Head of Household	Date of Birth	Last 4 Digits of SSN*	Gender Code (see below)	Race Code (see below)	Ethnicity Code (see below)	Veteran or Military
1. Head of Household			Self						
2.									
3.									
4.									
5.									
6.									
7.									
8.									

* If you do not know your Social Security number or don't want to share it, please write "don't know" or "refuse" in the SSN column above. Choosing not to share your SSN will not impact your eligibility for assistance.

Gender Codes

- 1 – Female
- 2 – Male
- 3 – Other
- 4 – Prefer not to answer

Race Codes

- 1 – White/Caucasian
- 2 – Black/African American
- 3 – American Indian/Alaskan Native
- 4 – Asian
- 5 – Native Hawaiian
- 6 – Other Pacific Islander
- 7 – Multi Racial
- 8 – Other
- 9 – Unknown
- 10 – Prefer not to answer

Ethnicity Codes

- 1 – Non-Hispanic or Latino/a
- 2 – Hispanic or Latino/a
- 3 – Prefer not to answer

Catholic Charities of Southern Colorado Emergency Assistance Application

Household Assets

Please list all readily available assets for each member of the household including, but not limited to, the total of any savings or checking accounts, certificates of deposit, and cash on hand.

	Name of Household Member	A) Checking Account(s)	B) Savings Account(s)	C) Certificate(s) of Deposit (CDs)	D) Cash or Other Liquid Assets	Current Cash Value of Assets	Actual Income from Assets	Check Mark if Documentation of All Assets Acquired
1.	Head of Household							
2.								
3.								
4.								
5.								
6.								
7.								
8.								
Totals:		\$	\$	\$	\$	\$	\$	

Net Cash Value of Assets:	\$	
Total Actual Income from Assets:		\$
Passbook Rate Calculation: If Net Cash Value is greater than \$5,000, multiply line by 0.0006 (2021 Passbook Rate) and enter result here. Otherwise, leave blank.		\$

Catholic Charities of Southern Colorado Emergency Assistance Application

Household Income (Monthly)							
Please list the GROSS (pre-tax) income for ALL household members ages 18 and older.							
	Name of Household Member	A) Employment or Wages (including overtime, tips, bonuses, commissions)	B) Social Security, Retirement, or Disability Benefits	C) Unemployment, TANF, or other Public Assistance	D) Other Income	E) Asset Income	Check Mark if Documentation of All Income Acquired
1. Head of Household						Enter the greater of the <i>Total Actual Income from Assets</i> or the <i>Passbook Rate Calculation</i> from above.	
2.							
3.							
4.							
5.							
6.							
7.							
8.							
Totals:		\$	\$	\$	\$	\$	

Required Documentation: Attach the last **60** days of pay stubs for all adults age 18+, pension statement(s), social security award letter(s), unemployment letter(s), and/or documentation of any other household income. **If you are self-employed, please complete the Self-Employment Certification form. If you have zero income, please complete the Zero Income Certification form.**

**Catholic Charities of Southern Colorado
Emergency Assistance Application**

ADDITIONAL QUESTIONS

1. Do you have a history of homelessness?

- Yes No

If yes, please continue with Questions 3a-3c. If no, please skip to Question 4.

a. Approximately how long did you stay at your prior living situation?

- 7 days or less
 More than 7 days but less than 1 month
 1-3 months
 3+ months but less than 1 year
 1 year or more

b. In the past 3 years, how many times have you stayed in a shelter, supportive housing, vehicle, or any other non-residential public place?

- Once
 2 times
 3 times
 4+ times
 Never
 I do not know

c. In the past 3 years, what is the total number of months you have stayed in a shelter, supportive housing, vehicle, or any other non-residential public place?

- 1-12 months
 More than 12 months
 Never
 I do not know

**Catholic Charities of Southern Colorado
Emergency Assistance Application**

2. Are you interested in financial management classes?

Yes No

3. Would you like to speak to a Housing Counselor to discuss how you can maintain quality affordable housing?

Yes No

4. Are you currently enrolled in any Catholic Charities program(s)?

Yes No

If yes, please list the program(s): _____

**Catholic Charities of Southern Colorado
Emergency Assistance Application**

Applicant Certification

I certify that the information presented in this application is true and accurate to the best of my knowledge.

I certify that I have not already been provided financial assistance from Catholic Charities or any other party to cover the costs requested in this application. If I receive rental assistance through this request, I agree to repay assistance that is determined to be duplicative.

I understand that providing false information on this application is an act of fraud.

By signing below, I acknowledge that I have read and understood Catholic Charities' Duplication of Benefits policy and that I am willing to enter into this agreement with Catholic Charities of Southern Colorado.

Printed Name of Applicant / Head of Household

Signature

Date

**Catholic Charities of Southern Colorado
Emergency Assistance Application**

Release of Information Authorization

By signing this form, I authorize Catholic Charities of Southern Colorado to use and release information pertaining to my application for emergency assistance – including but not limited to name, address, account number, balance, payment history – to other nonprofits providing this assistance, utility companies, the Governor’s Energy Office (GEO), and any other funding source required to meet this request for assistance.

I understand that the information released may be compiled and analyzed by Catholic Charities as well as the other parties providing financial assistance. I further understand that Catholic Charities and the other parties may be required to release aggregated data related to this assistance to third party grantors and funders for the sole purpose of program monitoring, compliance, and evaluation. No information released shall be made public in such a manner that my dwelling or my household occupants can be identified.

I understand that if any information on this application is found to be inaccurate, incomplete, and/ or untrue, my application will be denied immediately.

I certify that this release of information authorization has been made voluntarily and hereby release Catholic Charities from any liability that may result from releasing the information to other partners.

Printed Name of Applicant / Head of Household

Signature

Date

**Catholic Charities of Southern Colorado
Emergency Assistance Application**

Duplication of Benefits Certification

Required for all EA applicants

Duplication of benefits occurs when a person or household receives financial assistance from multiple sources for the same reason.

Catholic Charities of Southern Colorado requires any individual or family applying for financial assistance to certify that they are not receiving funding from another person, organization, etc. to cover the same request submitted to Catholic Charities.

I, _____, certify that:
(Full legal Name)

A. If awarded emergency assistance funds by Catholic Charities, these funds do not duplicate/replace any funds from the following sources:

1. The Paycheck Protection Program
2. Insurance claims/proceeds
3. Federal Emergency Management Agency (FEMA)
4. Small Business Administration
5. Other Federal, State, or local funding
6. Other nonprofit, private sector, or charitable funding.

B. I understand that this signed certification serves as an agreement that I must repay the emergency assistance funds if Catholic Charities determines that such assistance was in fact duplicative.

Name of Applicant / Head of Household

Signature

Date

**Catholic Charities of Southern Colorado
Emergency Assistance Application**

Self-Employment Certification Form

Last Name: _____ First Name: _____ MI: _____

Street Address: _____ Apt/Lot #: _____

City: _____ State: _____ Zip Code: _____ County: _____

BUSINESS INFORMATION

Name of Business: _____

Date Business Opened: _____

Type of Business (e.g. corporation, nonprofit): _____

Position / Occupation: _____

Tax ID #: _____

Business Address (*if different than home address above*):

Street Address: _____ Apt/Lot #: _____

City: _____ State: _____ Zip Code: _____

INCOME

Net Monthly Income (average January 1, 2020-March 31, 2020): \$ _____

Net Monthly Income (average April 1, 2020 – present): \$ _____

I have attached supporting bank statements.

Yes No

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. I further understand that providing false information on this form constitutes an act of fraud.

Name of Applicant / Head of Household

Signature

Date

**Catholic Charities of Southern Colorado
Emergency Assistance Application**

Zero Income Certification Form

Last Name: _____ First Name: _____ MI: _____

Street Address: _____ Apt/Lot #: _____

City: _____ State: _____ Zip Code: _____ County: _____

I hereby certify that:

1. My household **does not** receive income from any of the following sources:

- a. Wages from employment (including commissions, tips, bonuses, fees, etc.)
- b. Income from operation of a business
- c. Rental income from real or personal property
- d. Interest or dividends from assets
- e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits
- f. Unemployment or disability payments
- g. Public assistance payments
- h. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household
- i. Sales from self-employed resources (Avon, Mary Kay, eBay, etc.)
- j. Any other source not named above.

2. My household currently has no income of any kind, and there is no immediate change expected in my financial status or employment status.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. I further understand that providing false information on this form constitutes an act of fraud.

Name of Applicant / Head of Household Signature Date

**Catholic Charities of Southern Colorado
Emergency Assistance Application**

Landlord Verification Form

Property Owner Name: _____

Landlord/Property Manager Name (*if different from Property Owner*): _____

Landlord/Property Manager's Address and Contact Info:

Street: _____

City: _____ State: _____ Zip Code: _____

County: _____

Phone #: _____ Email: _____

Tenant's Name: _____

Address of Rental Unit:

Street: _____ Apt/Lot #: _____

City: _____ State: _____ Zip Code: _____

County: _____

Number of Bedrooms in Rental Unit Listed Above: _____

Lease Start Date: _____ Lease End Date: _____

Monthly Rent Amount: \$ _____

Date Next Payment Due: _____

Amount of Last Payment Received: \$ _____ Date of Last Payment: _____

Is the tenant in arrears?

Yes No

If yes, how much does the tenant owe? \$ _____

For what period? _____ to _____

Are you currently receiving any other form of rental assistance for this household?

Yes No

If yes, how much have you received? \$ _____ per _____

**Catholic Charities of Southern Colorado
Emergency Assistance Application**

How do you wish to receive payment?

- Electronic Funds Transfer (complete attached ACH form)
 - Check made to _____ and sent to:
 - The Landlord/Property Manager's address listed above or
 - The following alternative address: _____
- _____

I, the undersigned, certify that to the best of my knowledge the rental unit referenced above contains no health or safety violations that threatens the health or safety of the tenant.

I certify that I have not received rent payments from Catholic Charities or any other source to cover the unpaid rent listed above.

I agree that I will not evict the tenant, provide the tenant with a five-day notice, or in any way ask the tenant to leave for the duration of this assistance.

I agree that if the tenant is facing eviction, I will only accept payment arrears if the eviction will be avoided.

I confirm that the above information is true and accurate to the best of my knowledge and that providing false representations herein constitutes an act of fraud.

Name Title

Signature Date