



COMMUNITY SUPPORT APPLICATION

Please let us know if you would like spiritual encouragement.

Name _____ Phone # _____

TYPE OF ASSISTANCE REQUESTED Housing Medical Utilities Other

Have you asked for assistance from any other agency? _____ If yes, which agency? _____

SOURCE OF INCOME:

<u>Applicant</u>	<u>Spouse/Significant Other:</u>
Employer: _____	Employer: _____
Monthly Income: \$ _____ an hour _____ hours a week \$ _____ Total (x4 weeks)	Monthly Income: \$ _____ an hour _____ hours a week \$ _____ Total (x4 weeks)
Date of next paycheck _____	Date of next paycheck _____
Retired/SSI: monthly amount _____	Retired/SSI: monthly amount _____
Disability/SSDI: monthly amount _____	Disability/SSDI: monthly amount _____
Child Support/Alimony: _____	Child Support/Alimony: _____
Food Stamps/SNAP: _____	Food Stamps/SNAP: _____
Unemployment: _____	Unemployment: _____
List any other income? (This includes rent from roommates, etc.) _____	List any other income? (This includes rent from roommates, etc.) _____

Please provide a description of your situation/circumstances that explain why you are seeking assistance:

Have you asked for any financial assistance from LiftUp in the past? _____

List current expenses with dollar amounts:

Food		Automobile fuel & maintenance	Rent (Apartment, etc)
Household Items		Auto Insurance	1st Mortgage / Taxes / Insurance
Clothing		Health & Dental Insurance	Lot Rent
Laundry / Dry Cleaning		Life & Disability Insurance	Student Loans
Telephone (Cell & Home)		Homeowners / Rental Insurance	Auto Loans & Leases
Internet Service		Trash Service	Recreation Toys
Cable TV / Satellite		Personal Care (Hair, nails, etc.)	Past-Due Taxes
Electric		Medical Care (Prescriptions, etc.)	Other Secured Debts (Credit Cards)
Gas / Heat		Child Care	Other Secured Loans
Water		Children Activities	Education (Tuition, Supplies)

HOUSING ASSISTANCE

Name of Landlord / Mortgage Co _____

Phone # of Landlord / Mortgage Co _____

Address of Landlord / Mortgage Co _____

Amount of monthly payment _____ Total amount owed as of this date _____

What month's rent are you seeking? _____ Past due owed to landlord/mortgage company _____

How much can you contribute? _____ Amount requested _____

How are you going to pay next month's rent? _____

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HEALTHCARE ASSISTANCE INFORMATION

Medical Dental Vision Prescription

Medical Provider: _____ Phone #: _____

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UTILITY ASSISTANCE

Gas Electric Propane Water Other

Company Name: _____ Account #: _____

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OTHER ASSISTANCE INFORMATION

APPLICANT'S ACKNOWLEDGEMENT

I (**print name**) _____, hereby authorize the staff of LiftUp of Routt County to obtain and/or share information necessary from/with any other person or organization that may be helpful in receiving assistance from Lift-Up for emergency purposes (i.e. landlord, employer, churches, DHS, medical provider, law enforcement, etc.). I understand that all information requested is solely for the purpose of receiving help with my emergency needs and will be held in confidence. The above information is true and complete to the best of my knowledge. I understand that, if I am eligible, LiftUp will write a check directly to the vendor (i.e. landlord/mortgage company, medical office, etc.).

Applicant's signature _____ Date _____

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FOR OFFICE USE ONLY

Case Notes _____

Fund Used _____ Amount _____ Approval _____

Fund Used _____ Amount _____ Approval _____

Fund Used _____ Amount _____ Approval _____

Fund Used _____ Amount _____ Approval _____