

CSBG Application Checklist

To allow us to process your CSBG application accurately and timely, please provide the following items with your completed application:

- Valid Government issued photo ID
- SSNs for all household members on application
- Bills being considered for payment
- Lease, mortgage, or landlord statement with contact info, if rental assistance is requested
- Income verification for last 30 days; including earned, unearned, and/or self-employment profit and loss statement, gifts, loans, or financial help.

If the above items are not provided at the time of application, it will delay the approval and may result in a denial of the application.

**ROUTT COUNTY DEPARTMENT OF HUMAN SERVICES
Community Services Block Grant (CSBG) Application**

Applicant (last and first name): _____
 Physical Address: _____
 Mailing Address (include city & state, zip): _____
 E-mail Address: _____
 Phone: (_____) _____ Secondary Phone: (_____) _____

Please list ALL members in your household (Beginning with yourself):

First and Last NAME	SSN	Birth date	Relationship to Applicant	Photo ID provided?

List ALL Household members who currently have income:

First Name	Source(s) of Income: (Employment, Unemployment, SS Income, Retirement, etc)	Total Gross Monthly Income (Before Taxes)	Verification Provided?

Have you applied with Lift-UP? YES NO
 Have you applied for other assistance? YES NO If yes, what type or from what organization? _____

What expense do you need assistance with?: _____

How much assistance are you requesting?: _____

Will this assistance help you: Seek Employment Obtain Housing
 (Check all that apply) Maintain Employment Maintain Housing
 Remain independent Maintain Transportation

How will you be able to meet your expenses next month and future months: _____

.....
I certify that the information supplied herein is true, accurate, and complete to best of my knowledge.

SIGNATURE: _____ DATE: _____

DEMOGRAPHIC INFORMATION: Please complete demographic information for each adult in your household.

Name: _____

Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Are you disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No
Your Age: <input type="checkbox"/> 18-23 <input type="checkbox"/> 24-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-69 <input type="checkbox"/> 70+	Family Size: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 or more	
Your Race: <input type="checkbox"/> Black <input type="checkbox"/> Native American/Alaskan <input type="checkbox"/> White <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other	Ethnicity: <input type="checkbox"/> Hispanic, Latino or Spanish origin <input type="checkbox"/> Not Hispanic, Latino or Spanish origin	Which best describes your family? <input type="checkbox"/> Single Parent – Female <input type="checkbox"/> Single Parent – Male <input type="checkbox"/> Two-Parent Household <input type="checkbox"/> Single Adult <input type="checkbox"/> Two Adults / No Children <input type="checkbox"/> Other
Your Education Level: <input type="checkbox"/> 0-8 <input type="checkbox"/> 9/12 (Non-graduate) <input type="checkbox"/> High School Graduate / GED <input type="checkbox"/> 12+ (Some post-secondary) <input type="checkbox"/> 2 or 4 years (college graduate)	Source of Family Income (mark all that apply): <input type="checkbox"/> No Income <input type="checkbox"/> TANF <input type="checkbox"/> SSI <input type="checkbox"/> Social Sec. <input type="checkbox"/> Pension <input type="checkbox"/> General Assistance <input type="checkbox"/> Unemployment Ins. <input type="checkbox"/> Employment + other source <input type="checkbox"/> Employment only <input type="checkbox"/> Other	
Do you have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Housing: <input type="checkbox"/> Own <input type="checkbox"/> Homeless <input type="checkbox"/> Rent <input type="checkbox"/> Other	

Name: _____

Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Are you disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No
Your Age: <input type="checkbox"/> 18-23 <input type="checkbox"/> 24-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-69 <input type="checkbox"/> 70+	Family Size: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 or more	
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Do you have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Housing: <input type="checkbox"/> Own <input type="checkbox"/> Homeless <input type="checkbox"/> Rent <input type="checkbox"/> Other	

VERIFICATION OF LAWFUL PRESENCE AFFIDAVIT

I, _____, swear or affirm under penalty of perjury under the laws of the State of Colorado that:

(Please CHECK **ONE** below that correctly describes your status)-

_____ 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. 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. 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)

AGENCY USE ONLY

REFERRING AGENCY: _____

WORKER: _____

Please complete this checklist – if you cannot mark all four options, then client is not eligible.

At 125% FPL or less

Routt County resident

Unforeseen emergency

Promotes self-sufficiency

Which program area is this for:

FPL% is _____

Medical - Eligible expenses are: dental, vision, mental health and medical care including prescription costs (to remove barriers to initial or continuous employment).

Housing - Eligible expenses are: Mortgage and rental payments, Emergency Utility payments, emergent housing and utility needs.

Services Supporting Multiple Domains - Eligible expenses are: Auto repair and purchase, bus passes, bus transport, car insurance and car payments, and other emergent needs

Notes/Comments:

Approved Denied

CASEWORKER SIGNATURE: _____

DATE: _____

SUPERVISOR SIGNATURE: _____

DATE: _____