

## **COVID-19 Basic Funds Assistance Application**

\*\* Please save this form and open in pdf application before filling out \*\*

First Name:			Last Name:			
			Email:			
Addres	s:					
City:	State:	ZipCode:				
Mailing	Address (if diffe	erent):				
City:	State:	ZipCode:				
Names	of all other ho	usehold members:				
#1 First	Name:		Last Name:			
#2 First	Name:		Last Name:			
#3 First	Name:		Last Name:			
#4 First	Name:		Last Name:			
#5 First	Name:		Last Name:			
#6 First	Name:		Last Name:			
1. My household has lost significant income because of COVID-19 due to: Job loss Furlough						
	_	_				
2.	My income bet	fore COVID-19 \$	During COVID-19 \$			
3.	My household's estimated gross income for the current month is \$					
4.	My household does not have sufficient savings or liquid assets to pay for basic needs and expenses. Yes No					
5.	Are you receiving any subsidy through federal or state resources? Yes No					
6.	What subsidy are you receiving and how much?					
7.	The list of food, medical and transporation expenses I have provided are true and accurate. Yes No					
8.	If NO, what other information needs to be known to assist you?					
9.	Has anyone in the household applied for or intend to apply for any COVID-19 relief or assistance programs? Yes No					

I hereby swear and affirm that the above information is true and correct to the best of my knowledge and belief. I authorize Housing Resources of Western Colorado and the State of Colorado to verify and investigate such information with my full cooperation at any time. I am signing this Application and Affidavit by electronically entering my name below or providing

a wet signature.

PLEASE PROVIDE A COPY OF YOUR DRIVERS LICENSE OR STATE ID, LAST 2 PAY STUBS, SOCIAL SECURITY INCOME,

OR OTHER INCOME. AND, A BRIEF STATEMENT OF YOUR CURRENT SITUATION.

Date:		SUBMIT FORM
	Name:	<u> </u>