



## Application

Check what program(s) you are applying for.

Date: \_\_\_\_\_

- Transitional Housing       Project Hope       Project Hope Sublette/Lincoln       Veteran GPD Program  
 Guardianship/WyHS       Adult Glasses       Children's Glasses       Case Management

### Applicant Information\*:

<b>Name</b>		<b>SSN</b>	
<b>Birth Date</b>		<b>Gender</b>	
<b>Phone</b>		<b>Disabled</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Email</b>		<b>Veteran</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Active
<b>Education</b>	<input type="checkbox"/> 0-8 <input type="checkbox"/> 12+ Some Post-Secondary <input type="checkbox"/> College Grad <input type="checkbox"/> 9-12 Non Graduate <input type="checkbox"/> GED <input type="checkbox"/> High School Grad <input type="checkbox"/> Graduate of other Post-Secondary	<b>Race</b>	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Biracial/Multi-Racial <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other
<b>Work Status</b>	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Retired <input type="checkbox"/> Not in Labor Force <input type="checkbox"/> Unemployed Less than 6 months <input type="checkbox"/> Unemployed More than 6 months	<b>Ethnicity</b>	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
<b>Health Ins.</b>	<input type="checkbox"/> None <input type="checkbox"/> Direct Purchase <input type="checkbox"/> Military <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> State Children <input type="checkbox"/> State Adult <input type="checkbox"/> Employment Based <input type="checkbox"/> Other	<b>Marital Status</b>	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Separated <input type="checkbox"/> Widowed

Total number of people in the household: \_\_\_\_\_\*

*\*For households with more than one person, please request additional household member forms.*

### Residency History:

Are you currently Homeless?  Yes  No

Current Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Rent  Own  Other: \_\_\_\_\_ From (date): \_\_\_\_\_ To: \_\_\_\_\_

Landlord's Name: \_\_\_\_\_ Landlord's Phone: \_\_\_\_\_ Rent: \$ \_\_\_\_\_

Previous Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Rent  Own  Other: \_\_\_\_\_ From (date): \_\_\_\_\_ To: \_\_\_\_\_

Landlord's Name: \_\_\_\_\_ Landlord's Phone: \_\_\_\_\_ Rent: \$ \_\_\_\_\_

**Income Sources:**

Source	Monthly Gross Amount	Household Member(s) Receiving Income
Employment:	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	_____
SSDI/SSI:	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	_____
Retirement/Pension:	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	_____
Unemployment:	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	_____
Child Support:	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	_____
TANF:	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	_____
SNAP:	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	_____
Worker's Compensation:	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	_____
Recurring Contribution:	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	_____
Alimony:	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	_____
VA Disability:	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	_____
VA Retirement:	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	_____
Active Duty Pay:	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	_____
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	_____

**Does any household member have any assets (this includes checking or savings account, IRAs, CDs, Bonds, Real Estate, etc)?** Yes No

Type of Asset	Balance/Value	Institution	Asset Owner
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Has anyone in your household disposed of any asset(s) in the past twenty-four (24) months?** Yes No

If yes, explain: \_\_\_\_\_

**Briefly describe your situation and how Community Action can assist you:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Program Specific Information:**

***\*The following information is only needed if you are applying for Transitional Housing or Project Hope:***

Does anyone in your household have a criminal history? Yes No

If yes, list name(s) and crime(s) w/date: \_\_\_\_\_

Do you have pets? Yes No If yes, how many? \_\_\_\_\_

Are any of these pets Service Animals/Emotional Support Animals? Yes No

Is there documentation? Yes No

Is the household composition expected to change in the next year (absent spouse, absent child, roommate, etc)?

Yes No If yes, explain: \_\_\_\_\_

Are there any students in the household? Yes No

Is any household member's student status expected to change in the next year? Yes No

List students in household: \_\_\_\_\_

***\*The following information is only needed if applying for the Veteran Housing Services***

Branch of Service: \_\_\_\_\_ VI-SPDAT Score: \_\_\_\_\_

Discharge Status: \_\_\_\_\_

Have you previously stayed in a GPD Program? Yes No If yes, how many times before? \_\_\_\_\_

HUD-VASH Case Manager Name: \_\_\_\_\_ VOANR Case Manager Name: \_\_\_\_\_

If there is a waitlist for a program, your name will not be added to the waitlist until all documentation is turned in.

Under penalty of perjury, I certify that the information presented in the application is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false information herein constitutes an act of fraud. False, misleading or incomplete information will result in denial of my application for services.

Head of household's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Other adult's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

To be filled out by Community Action staff:

Date all documentation is received:

Staff Initials:

Turn in the following documents as it applies to you when you submit your application:

- Picture ID for each adult (18+)
- Social Security Card or Birth Certificate for each household member (not for ACP/FCC)
- Income for the past 6 months (Paystubs, SSDI/SSI Award Letter, TANF, Child Support, Unemployment, SNAP, Workers Compensation, VASC, Retirement, etc)
- Six months of Checking Account, Savings Account, pay card, benefit card, etc. (not for ACP/FCC)**
- Lease, mortgage, letter of residency from friend or shelter, hotel receipts
- Verification of current monthly expenses (Black Hills Energy, Board of Public Utilities, WiFi, phone bill, car payment, car insurance, medical bills, credit cards, etc)
- Eviction Notice if applicable

The application process will not be completed until all required documentation is turned in. If you have questions about specific documents, please call Community Action of Laramie County as there may be a form we can use in place of a required document.

Community Action of Laramie County, Inc.  
1700 Westland Rd  
Cheyenne, WY 82001  
307-635-9291

## Community Action of Laramie County

### Self-Sufficiency Transitional Housing Qualification Requirements

1. The apartments are unfurnished with the exception of a stove & refrigerator.
2. You **MUST** have verifiable income (employment, disability, retirement, etc ...) to be accepted into the program.
3. Rent & Deposit:
  - a.) Family Housing: Rent is \$585.00 & the Deposit is \$585.00
  - b.) Single Room Occupancy (SRO): Rent is \$310 & the Deposit is \$310
4. Six (6) months of bank statements, pay card statements, benefit card statements, etc.
5. You must have a valid photo ID & social security card in your possession to apply.
6. No pets allowed. If you have an Emotional Support Animal (ESA) or Service Animal,
  - a.) Only ONE ESA or service animal per household
  - b.) they must have current inoculation records, updated annually,
  - c.) verification the animal has been spayed or neutered,
  - d.) written statement documenting the need for an ESA or Service Animal
  - e.) any animal which may pose an unreasonable risk to the health or safety of others, including attack or fight trained dogs will not be allowed.
7. Transitional housing is not permanent housing. The lease is good for a year or less. The Tenant is expected to find permanent housing within that time frame.
8. You will be notified when an apartment becomes available, and you'll have 48 hours to contact the CALC housing manager. If your phone number has changed, your voicemail isn't set up, or you don't have the funds to pay the rent and deposit, your application will be denied.
9. No illegal drugs, alcohol, nor weapons will be in your apartment nor on CALC property at any time.

\* Incomplete Applications will not be accepted at this time.