

## HOUSING or UTILITY ASSISTANCE FORM

140 East K St. Suite 100, Casper, WY 82601

Phone (307) 235-8043 Fax (307) 235-8711






Client Office Hours: Monday thru Friday 9am- 2 pm



HELPING THOSE IN NEED

Interfaith of Natrona County is a non-profit 501(c)(3) organization whose purpose is to prevent homelessness through the provision of basic needs, emergency services, and connection to community resources. *Interfaith does not receive Federal or State funding.* We provide housing counseling to clients which includes case management to promote self-sufficiency.

### ***General Information:***

-  **Gross family income must not** exceed federal poverty income guidelines
-  Applicant(s) must demonstrate a *verifiable decrease* or *interruption of income* or *extraordinary expense*
-  **Applicant(s) must demonstrate a *verifiable* ability to pay future rent/utility and living expenses**
-  Applicant(s) must demonstrate homelessness or the danger of becoming homeless
-  Other emergency circumstances are considered on a case-by-case basis

*Interfaith requires all the following documents **as it applies to EACH individual** in the household for the processing of your application: (Bring originals and we will make copies of the items listed below for you) **Interfaith cannot process your application without ALL documents!!!***

### **Proof of Identity:**

\_\_\_\_ Driver's License or State ID for everyone over 18 years of age in the household

\_\_\_\_ Proof of Social Security Number for **EVERY** member of the household (ie: SS card, copy of tax return) **OR**

- Copy of Previous Tax Return that shows social security numbers for EACH family member  
(Can obtain at the Dick Cheney Federal Building at no cost)

### **Proof of Income:**

\_\_\_\_ Proof of income for the **last 3 months** for everyone working in the household (including Pension Income) **OR**

- Bank statement showing three months income.

\_\_\_\_ Proof of DFS POWER payments

\_\_\_\_ Proof of SSI, SSDI, and/or other Social Security Benefits

\_\_\_\_ Document showing that last month's rent has been paid (receipt, copy of check, or print out from landlord)  
(RENT applications only)

\_\_\_\_ Copy of current Lease/Rental Agreement (and Eviction Notice or Statement from Landlord for Rent assistance)  
(RENT application only)

\_\_\_\_ Shut-Off/Disconnect notice (for Utility Assistance- current bill/amount due)

(UTILITY applications only)

\_\_\_\_ Proof of Per Cap Statement or Amount (only applies to Native Americans)

**NOTE:** Please make sure that all the documents requested above are with your application packet before you meet with a counselor. ***Failure to comply may result in the denial of your request.***

### For Housing/Utility Assistance

Date \_\_\_\_\_

**Full Legal Name:**

First

Middle

Last

**Phone Number:** \_\_\_\_\_ **Email Address** \_\_\_\_\_

**Current Address:**

Physical:

Street

City

State

Zip

Mailing:

Street/PO Box

City

State

Zip

**Currently Staying:**      At the mission    In my vehicle    With a friend    Motel    Seton House

(Please circle one)      Rental      Homeless      Other

***Do you currently have:*** Section 8      **Yes or No**      Subsidized Housing:      **Yes or No**

*If you lost your Section 8 voucher or low-income status, please explain why:*

**How many people are in the household?**      Adults:      Children:

Circle Family Type:      2-parent                      Single parent/grandparent(s)

2-adult-no children

Single

**I am requesting:** (Choose one)

- Rental Assistance in the amount of \$ \_\_\_\_\_ for the month of \_\_\_\_\_, 20\_\_\_\_

*What type of housing? (Circle one)*

Apartment

House

## Trailer

Landlord Name \_\_\_\_\_ Landlord Phone # \_\_\_\_\_

- Security Deposit in the amount of \$

- Utility Assistance in the amount of \$ \_\_\_\_\_ for the month of \_\_\_\_\_, 20\_\_\_\_\_

*Which utility? (Circle one)*

Gas

Electric

Water

<b>Do you have a vehicle?</b>	<b>Yes or No</b>	<b>Do you own your vehicle?</b>	<b>Yes or No</b>
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Making payment? **Yes** or **No**      **Amount:** \$ \_\_\_\_\_      **Make:** \_\_\_\_\_      **Model:** \_\_\_\_\_      **Year:** \_\_\_\_\_

Have you inquired with any other agencies for assistance? **Yes or No** If **Yes** –Name \_\_\_\_\_

Do you currently have any funds to pay towards your need? **Yes** or **No** Amount available? \$ \_\_\_\_\_

\*\*\*If Interfaith is able to help now, how will you pay for the next month's expenses?

## Monthly Household Budget (must be completed)

Household Income	Amount
Employment Income/SSDI/SSI	
Unemployment/Workers Comp	
Child Support	
Other Income (i.e. POWER or other benefits)	
<b>Total Income</b>	

Household Expenses	Amount
<b>HOME</b>	
Rent or Mortgage	
Homeowners/Renter Insurance and taxes	
Electric	
Gas	
Water / Trash / Sewer	
Phone	
Cable / Internet	
Other Housing Expense	
<b>OBLIGATIONS</b>	
Loan / Debt / Credit Card Payment	
Child Support Paid Out	
Other Obligations	
<b>TRANSPORTATION</b>	
Car Payment	
Auto Insurance	
Gasoline	
Other Transportation Costs	
<b>MEDICAL</b>	
Health Insurance	
Medical Payments / Co-pays	
Prescriptions	
<b>GENERAL HOUSHOLD EXPENSES</b>	
Food – Groceries	
Food – Eating Out	
Toiletries / Cleaning / Laundry / Paper products / etc.	
Clothing	
Pets	
Other Household Expenses	
<b>OTHER</b>	
Entertainment / Recreation	
Tobacco / Alcohol	
Other Miscellaneous Expenses	
<b>Total Expenses</b>	
<b>Surplus/Shortage:</b>	

Please explain the reason why you are applying for assistance with Interfaith at this time (be thorough and include names, dates, and reasons for the interruption of household income):

[illegible]

\_\_\_\_\_ This application Does Not guarantee that Interfaith will pay my rent/utility.

\_\_\_\_\_ If I withhold information or lie on this application, Interfaith will automatically disqualify me.

\_\_\_\_\_ I am responsible for providing Interfaith with the documents and information they need to process my application in an expedient matter (one week or less).

\_\_\_\_\_ I will not qualify for assistance if I have received housing assistance from Interfaith within the last 24 months.

\_\_\_\_\_ My application may be denied solely based upon lack of available funds.

By signing this application packet, I certify that all the above information is true and correct to the best of my knowledge, understanding, and belief.

Head of Household Printed Name

Head of Household Signature

Date \_\_\_\_\_

Co-Applicant Printed Name

Co-Applicant Signature

Date \_\_\_\_\_

\*\*\*\*\****For Office Use Only-DO NOT FILL OUT***\*\*\*\*\*

To wit, housing expense is \$\_\_\_\_\_ and income as projected is \$\_\_\_\_\_.

Housing divided by income is %

I have analyzed the budget for client(s) and found that his/her fiscal plan **is/is not** livable.

# Intake Sheet

DATE: \_\_\_\_\_

CASE # \_\_\_\_\_

Name	Relationship	Birth date	Age	Soc. Sec. #	Gender
1.	<i>Self</i>				
<b>Race:</b> White / African American / Hispanic / Asian American Indian / Other:	<b>Disabled</b> Y / N	<b>Military Vet</b> Y / N	<b>WIC</b> Y / N	<b>Grade Completed:</b> No Diploma Diploma / GED /College:	<b>SSI-SSDI</b> Y / N
2.					
<b>Race:</b> White / African American / Hispanic / Asian American Indian / Other:	<b>Disabled</b> Y / N	<b>Military Vet</b> Y / N	<b>WIC</b> Y / N	<b>Grade Completed:</b> No Diploma Diploma / GED /College:	<b>SSI-SSDI</b> Y / N
3.					
<b>Race:</b> White / African American / Hispanic / Asian American Indian / Other:	<b>Disabled</b> Y / N	<b>Military Vet</b> Y / N	<b>WIC</b> Y / N	<b>Grade Completed:</b> No Diploma Diploma / GED /College:	<b>SSI-SSDI</b> Y / N
4.					
<b>Race:</b> White / African American / Hispanic / Asian American Indian / Other:	<b>Disabled</b> Y / N	<b>Military Vet</b> Y / N	<b>WIC</b> Y / N	<b>Grade Completed:</b> No Diploma Diploma / GED /College:	<b>SSI-SSDI</b> Y / N
5.					
<b>Race:</b> White / African American / Hispanic / Asian American Indian / Other:	<b>Disabled</b> Y / N	<b>Military Vet</b> Y / N	<b>WIC</b> Y / N	<b>Grade Completed:</b> No Diploma Diploma / GED /College:	<b>SSI-SSDI</b> Y / N
6.					
<b>Race:</b> White / African American / Hispanic / Asian American Indian / Other:	<b>Disabled</b> Y / N	<b>Military Vet</b> Y / N	<b>WIC</b> Y / N	<b>Grade Completed:</b> No Diploma Diploma / GED /College:	<b>SSI-SSDI</b> Y / N

**Please circle all that apply****Are you currently:** Homeless Couch Surfing Renter Homeowner In a program facility? \_\_\_\_\_**Address:** \_\_\_\_\_, \_\_\_\_\_, WY \_\_\_\_\_  
Street City Zip**Phone #** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Message phone #** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_**Can we contact you by email?** \_\_\_\_\_**Monthly rent/mortgage amount \$** \_\_\_\_\_**Are utilities included?** Yes / No**Are your living conditions safe?** Yes / No**Do you receive housing voucher assistance?** Yes / No**Have you lived in Natrona County for the last 3 months?** Yes / No**Marital Status:** Single Co-hab./Roommate Married Separated Divorced Widower**I hereby certify that all of the above information is correct and may be verified by Interfaith in regards to my case plan.**\_\_\_\_\_  
Client Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Interviewer\_\_\_\_\_  
Date\_\_\_\_\_  
Client Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Interviewer\_\_\_\_\_  
Date\_\_\_\_\_  
Client Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Interviewer\_\_\_\_\_  
Date