**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

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.***

*Revision 2020.10.12*

**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

**Do you have a vehicle? Yes** or **No** Do you **own** your vehicle? **Yes** or **No**

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

**EMERGENCY SITUATION ASSESSMENT - *REQUIRED***

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):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please initial*** *each blank as you read the following statements. Do NOT initial unless you understand what it says.*

\_\_\_\_\_\_ 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.