

PAGOSA OUTREACH CONNECTION APPLICATION FOR ASSISTANCE

In order for POC to review your application for same week, we must have your completed application including all documentation before Monday at 12PM noon. Applications may be dropped off in drop boxes at the Methodist Church, 434 LEWIS ST. or at Archuleta County DHS, 550 Hot Springs Blvd., A, in front of the ACDHS entrance.

Pagosa Outreach Connection (POC) prohibits discrimination in its program on the basis of race, color, national origin, sex, age, disability, political beliefs and marital or family status.

POC is a collaborative multi-sector group of business, faith based organizations, non-profits and governmental agencies who gather weekly to screen, advocate and provide financial assistance to residents in need. The goal of POC is to assist an individual and/or family in moving toward self-sufficiency and to alleviate an immediate financial hardship or crisis. POC funding is intended for individuals or families who are normally self-sufficient but are experiencing an unforeseen and emergent financial situation. Funding is limited and is intended to restore financial stability. **POC provides this service as a one-time intervention to support residents who are experiencing an emergent financial hardship or crisis. Multiple requests will not be considered.**

POC PROCESS

Residents are referred by community agencies and asked to complete a POC application. The application is then screened by a subcommittee of POC. If application meets guidelines, and is deemed to be complete and appropriate, the applicant will be called for an interview. This interview is important in helping us ascertain an accurate depiction of the situation resulting in hardship. The application will then be presented to the POC for determination of funding. The committee meets weekly to determine the type and amount of assistance to be provided. They will approve, table, or deny request, and the applicant will be notified immediately of the decision.

POC FUNDING PROCEDURE

Payments are made directly to the service provider, never directly to the applicant. POC makes payments and maintains records of determination. United Way of Southwest Colorado acts as the fiscal agent for all funds. Payments made on behalf of the client are in check form only. Payments shall not be made by credit card.

FILL OUT APPLICATION COMPLETELY

1. Attach required documentation. (Copies of past due bills, estimates, mortgage or lease)
2. Sign "AUTHORIZATION FOR RELEASE OF INFORMATION" page
3. Complete expense and income page (Include SSDI, SSI, work income, support, etc.)
4. Use back of sheet if needed to explain your need for assistance, please give detailed information
5. MAKE YOUR CASE with accurate and honest statements.
6. It is recommended that you make and keep a copy of this application.

I have read and understand the guidelines for applying for financial assistance

Applicant Signature

Date

Co-Applicant Signature

Date

YOUR APPLICATION WILL NOT BE CONSIDERED WITHOUT YOUR CONSENT OF UNDERSTANDING

ITEMS FOR CONSIDERATION

Rent or Mortgage Assistance:

- *Attach a statement or coupon from landlord or mortgage holder detailing amount due, amount past due and date due. Attach lease agreement if rental.*
- *Include phone number and address of landlord or mortgage company.*
- *Include any eviction or foreclosure notice.*

RENTAL AND UTILITY DEPOSITS EXCLUDED

Utility Assistance:

- *You must apply for LEAP assistance before applying for POC funds.*
- *Provide documentation for results of LEAP application*
- *Attach shut-off notice or last bill from utility company*
- *Must have inquired about **Energy Outreach Colorado** funding prior to applying*

Automobile Payment or Automobile Insurance:

- *Attach payment stub or insurance bill*

Automobile Repair:

- *Attach two repair estimates*

Medical or Dental

- *Attach your medical or dental bill from physician or service provider*

Other emergent needs may be considered on a case by case basis

We are aware that some of these questions may be uncomfortable or difficult to answer. Please answer each question completely, accurately and honestly. This information will assist us in making a decision regarding your application for financial aid

Date of Application _____ Staff reviewing application _____

REFERRAL AGENCY OR INDIVIDUAL _____

NAME OF APPLICANT _____ AGE _____

CO-APPLICANT _____ AGE _____

ADDRESS _____

CELL PHONE _____ EMAIL _____

NAMES AND AGES OF ALL OTHERS LIVING IN HOUSEHOLD INCLUDING CHILDREN

ARE YOU A VETERAN? YES _____ NO _____

AMOUNT REQUESTED _____ (MUST MATCH DOCUMENTATION)

Funding may be limited to available funds on hand. Your application may be partially funded.

ASSISTANCE TO BE USED FOR: _____

RENTAL AND UTILITY DEPOSITS EXCLUDED

SERVICE PROVIDER:

(Include name, address, phone number, contact person, account number and copy of bill)

CURRENT EMPLOYER _____

SUPERVISOR _____

HOW LONG EMPLOYED _____ HOURS/WEEK _____ WAGE _____

PREVIOUS EMPLOYER _____

SUPERVISOR _____

HOW LONG EMPLOYED _____ HOURS/WEEK _____ WAGE _____

WHY DID YOU LEAVE YOUR PREVIOUS JOB(S)? _____

IF UNEMPLOYED, HOW LONG? _____

ARE YOU CURRENTLY SEEKING EMPLOYMENT? YES _____ NO _____

IF NO HAVE YOU APPLIED FOR UNEMPLOYMENT BENEFITS? _____

EMPLOYMENT INFORMATION OF CO-APPLICANT:

CURRENT EMPLOYER _____

SUPERVISOR _____

HOW LONG EMPLOYED _____ HOURS/WEEK _____ WAGE _____

PREVIOUS EMPLOYER _____

SUPERVISOR _____

HOW LONG EMPLOYED _____ HOURS/WEEK _____ WAGE _____

WHY DID YOU LEAVE YOUR PREVIOUS JOB(S)? _____

IF UNEMPLOYED, HOW LONG? _____

ARE YOU CURRENTLY SEEKING EMPLOYMENT? YES _____ NO _____

IF NO, HAVE YOU APPLIED FOR UNEMPLOYMENT BENEFITS? _____

List income sources for all applicants

Earned Wages Applicant _____
Earned Wages Co-Applicant _____
Social Security Income _____
Disability Income _____
Child Support _____
Food Stamps _____
TANF _____
Other Income _____

Expenses

Rent/Mortgage _____
Food/Personal _____
Trash Collection _____
Car Payment _____
Car Insurance _____
Day Care _____
Gas/Propane _____
Electricity _____
Water _____
Telephone/Cell _____
Transportation/Gas _____
Medical/Dental _____
Credit Cards _____
Other Loans/Payments _____

TOTAL INCOME: _____ **TOTAL EXPENSES:** _____

Have you filed an income tax return for last year? YES _____ NO _____
If no, why not? _____

How long have you lived in the area? _____

List any financial assistance previously funded and dates received. (Include Salvation Army, United Way, Churches, Housing Solutions, Veterans, Pagosa Outreach Connection.).

Failure to list previous assistance (month/year) from any source may result in your application being denied.

Please explain your circumstances for needing assistance.

If you receive requested assistance, what is your plan to meet your expenses going forward? Please be specific.

Have you applied for LEAP in the past? Yes _____ No _____

Were you approved or denied? _____ How much did you receive? _____

Do you have any other resources or have you asked others for assistance at this time? (Friends, family, other agencies)

Is there any other information related to your request that you would like to share?
