

EMERGENCY FINANCIAL ASSISTANCE APPLICATION



Please include a cover letter that describes the applicant's situation and need.

Requests for grants of up to \$3,000 may be made by a case manager from nonprofit organizations, schools or government agencies for direct financial assistance to help individuals and families residing in the Aspen to Parachute region. Qualified requests include rent or mortgage, utilities, transportation, food, medical care or dental care. Please fax to ACF at 920-2892 for consideration or email to directassistance@aspencommunityfoundation.org.

DATE: _____

NAME OF APPLICANT: _____ AGE: _____

STREET ADDRESS: _____ CITY: _____ COUNTY: _____

NUMBER OF PEOPLE IN HOUSEHOLD: _____ AGE(S): _____

TYPE OF ASSISTANCE NEEDED: _____

TOTAL COST OF SERVICES/ASSISTANCE NEEDED: _____ AMOUNT REQUESTED (\$3,000 max): _____

IF TOTAL COST AND REQUESTED AMOUNT DIFFER, PLEASE EXPLAIN WHY: _____

APPROXIMATE INCOME PER MONTH: _____

APPROXIMATE EXPENSES PER MONTH: _____

Wages from Employment: _____

Rent / Housing Expense: _____

Other Income: _____

Other Expenses: _____

PROGRAMS THAT APPLICANT IS CURRENTLY ON (CIRCLE):

Medicaid/Medicare Colorado Indigent Care Program Old Age Pension SSI CHP+ WIC TANF

Other (Please list): _____

ORGANIZATIONS THAT HAVE BEEN/ARE BEING USED FOR SUPPORT (PLEASE INCLUDE TYPE OF SUPPORT):

Catholic Charities _____ Salvation Army _____ LaMedichi _____ Tom's Door _____ River Center _____

Family Resource Center _____ Churches _____ Other _____

IF THE APPLICANT IS NOT CURRENTLY ON ANY OF THE ABOVE PROGRAMS, HAVE THEY APPLIED FOR ANY OF THESE PROGRAMS AND BEEN DENIED? YES - APPLICATION IN PROCESS _____ YES - DENIED _____ NO - NOT APPLIED _____

IF THEY WERE DENIED, WHY? _____

Applicant's plan for achieving financial stability _____

PERSON COMPLETING APPLICATION: _____ TITLE: _____

ORGANIZATION: _____

PHONE: _____ FAX: _____ EMAIL: _____

FOR ACF USE ONLY APPROVED \$ _____ FUND: _____
AUTHORIZED BY: _____ DATE: _____

DENIED