

GNF # \_\_\_\_\_  Approved  Denied  
Application received \_\_\_/\_\_\_/\_\_\_  
Referred by \_\_\_\_\_  
Total grant awarded \$ \_\_\_\_\_  
Completed by: \_\_\_\_\_

**GOOD NEIGHBOR FUND APPLICATION**

*Funding provided by the Telluride Foundation*

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First Middle MM/DD/YYYY

Are you married or living with a significant other?  Yes  No

If yes, spouse/partner's name: \_\_\_\_\_  
Last First Middle

Number of children living in the household? \_\_\_\_\_ Ages: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
Street City State Zip

Mailing Address: \_\_\_\_\_  Same as Physical Address

Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Home Mobile

Length of time living/working in Rico, San Miguel, West Montrose, or Ouray County \_\_\_\_\_  
Years/Months

Do you plan to stay in the area once this crisis is over?  Yes  No

**Requested Amount: \$ \_\_\_\_\_**

**What are you requesting funds for?**

Please describe in detail why you are in this crisis:

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Have you (or your spouse/partner) applied to Good Neighbor Fund in the past?  Yes  No  
If YES, please provide the date(s) and amount of request \_\_\_\_/\_\_\_\_/\_\_\_\_ \$\_\_\_\_\_

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Employment information:

Are you currently employed?  Yes  No

If you are unemployed or on leave, what date did unemployment begin: \_\_\_\_/\_\_\_\_/\_\_\_\_

If you are unemployed or on leave, have you applied for unemployment benefits?  Yes  No

Date you submitted unemployment application: \_\_\_\_/\_\_\_\_/\_\_\_\_

Were you approved for unemployment benefits?  Yes  No

Date your unemployment benefits started or will start: \_\_\_\_/\_\_\_\_/\_\_\_\_

Amount of unemployment benefits you were approved to receive each month: \$\_\_\_\_\_

Most Recent Employer: \_\_\_\_\_  
Name of company City State

Manager Name and Phone Number: \_\_\_\_\_

Do you plan to return to this employer?  Yes  No Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Is a medical release required for your return?  Yes  No

What is the anticipated date of the medical release? \_\_\_\_/\_\_\_\_/\_\_\_\_

Do you have a new job lined?  Yes  No Anticipated start date: \_\_\_\_/\_\_\_\_/\_\_\_\_

New Employer: \_\_\_\_\_  
Name of company Address City State Zip

New Manager Name and Phone Number \_\_\_\_\_

*What are your sources of **monthly** income? Check all that apply.*

Monthly Amount

- Employment (salaries, tips, bonuses, etc.)
  - Former Monthly Employment\* (salaries, tips, bonuses, etc.) .....\$ \_\_\_\_\_
  - Current Monthly Employment\* (salaries, tips, bonuses, etc.) .....\$ \_\_\_\_\_
- Alimony/Child Support .....\$ \_\_\_\_\_
- Social Security/Retirement/Disability\*.....\$ \_\_\_\_\_
- Welfare/TANF/Food Assistance(SNAP).....\$ \_\_\_\_\_
- Severance Pay.....\$ \_\_\_\_\_
- Trust Funds/Annuities/Interest.....\$ \_\_\_\_\_
- Lottery Winnings/Insurance Settlements, etc .....\$ \_\_\_\_\_

**\* Proof of income sources required**

*What are your **monthly expenses**? Please provide documentation of these expenses when you submit your application.*

- Rent/Mortgage.....\$ \_\_\_\_\_
- Utilities (electric, water/sewer, gas) .....\$ \_\_\_\_\_
- Cell Phone/Phone.....\$ \_\_\_\_\_
- Food.....\$ \_\_\_\_\_
- Health and Medical Bills (insurance, prescriptions).....\$ \_\_\_\_\_
- Car-Related Payments (car insurance, gas, car payment).....\$ \_\_\_\_\_
- Childcare.....\$ \_\_\_\_\_
- Child Support/Alimony.....\$ \_\_\_\_\_
- Other.....\$ \_\_\_\_\_

***What other resources have you pursued? You must provide an answer for each (approved, terminated, denied etc.)***

**APPLIED?**

- Housing Authority
  - Section 8 Rental Assistance/HUD/etc... ..  Yes- Status: \_\_\_\_\_  No- Reason: \_\_\_\_\_
- Social Security/Disability/etc.....  Yes- Status: \_\_\_\_\_  No- Reason: \_\_\_\_\_
- Social Services
  - TANF.....  Yes- Status: \_\_\_\_\_  No- Reason: \_\_\_\_\_
  - Food Stamps/SNAP.....  Yes- Status: \_\_\_\_\_  No- Reason: \_\_\_\_\_
  - Medicaid/CHP+ .....  Yes- Status: \_\_\_\_\_  No- Reason: \_\_\_\_\_
  - Emergency Funds.....  Yes- Status: \_\_\_\_\_  No- Reason: \_\_\_\_\_
- Misc COVID-19 Funds .....  Yes- Status: \_\_\_\_\_  No- Reason: \_\_\_\_\_
- Health Insurance.....  Yes- Status: \_\_\_\_\_  No- Reason: \_\_\_\_\_
- Private Charities.....  Yes- Status: \_\_\_\_\_  No- Reason: \_\_\_\_\_
- Family/Friends.....  Yes- Status: \_\_\_\_\_  No- Reason: \_\_\_\_\_
- Victim's Compensation.....  Yes- Status: \_\_\_\_\_  No- Reason: \_\_\_\_\_
- Other: \_\_\_\_\_  Yes- Status: \_\_\_\_\_  No- Reason: \_\_\_\_\_

How much cash do you have on-hand (including checking/savings accounts\*)? \$ \_\_\_\_\_

*\*proof of account balance required*

Will you receive a stimulus payment through the federal COVID-19 response fund?  Yes  No

Please explain how you have exhausted all your other resources:

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Please provide us with any other information that you feel would help in determining your eligibility for the Good Neighbor Fund:

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**Attestation:**

I certify that the information given on this application is accurate and complete to the best of my knowledge and belief. I also understand that false statements or information are grounds for denial of assistance and/or prosecution of fraud, as allowed by Colorado law.

Applicant Signature: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

Coapplicant Signature: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

Please submit this application, along with proof of the following,

- ✓ Proof of current or most recent employment (e.g. paystubs, offer letter, etc.)
- ✓ Proof of social security, retirement, and/or disability payments (if applicable)
- ✓ Copies of all financial bills (car, electricity, insurance etc.)
- ✓ Copy of lease agreement or mortgage statement
- ✓ Proof of checking and savings account balances

**Submit To:**

**Tri-County Health Network**

Mail: PO Box 4178 Telluride, CO 81435

By fax: 888-595-3242 By email: GNF@tchnetwork.org

Any questions, call TCHNetwork : 970-708-7096