

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 DD/MM/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:

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 ____/____/____ \$_____

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:

If you are reapplying to the Good Neighbor Fund, elaborate on what steps and actions you have taken to become financially stable since you last received funding.

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

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