



Catholic Charities of Wyoming  
COVID-19 Financial Assistance Application  
Please read and complete all questions on the Application.  
An incomplete Application will **NOT** be reviewed.

**Types of assistance provided:**

- Mortgage or Rent Payment
- Utility Payment
- Diapers and Wipes: Size Newborn-5
- Baby/Child Clothing

**Guidelines:** Must provide one each of the following

- **Picture ID:** Driver's License, ID Card, Government Issued ID card, etc.
- **Current Proof of Address:** Bill from utility company, phone bill, paystub, written statement from landlord affirming residency.
- **Proof of Employment:** Pay stub, Lay-off or furlough notification, letter from employer on company letterhead, unemployment benefits, Social Security benefit letter.
- **Proof of Income:** Current month bank statement, current pay stub (most recent), Form approving or denying unemployment compensation.

Note: If documentation is not available, contact us so we can work with you.

Have you spoken to your landlord or mortgage company?    Yes    No    N/A

Have you made arrangements with Utility company?    Yes    No    N/A

If not, we encourage you to do so as soon as possible and then complete application.

If so, what arrangements are in place? \_\_\_\_\_

If you have any questions, please contact:

Heather Rhoads

307-637-0554

[hrhoads@stjoseph-wy.org](mailto:hrhoads@stjoseph-wy.org)

Application for Assistance

Today's Date: \_\_\_\_\_

<b>NAME:</b> (First, Middle, Last)	<b>CO-APPLICANT NAME:</b> : (First, Middle, Last)
<b>TELEPHONE NUMBER:</b>	<b>TELEPHONE NUMBER:</b>
<b>DATE OF BIRTH:</b>	<b>DATE OF BIRTH:</b>
<b>SOCIAL SECURITY NUMBER:</b>	<b>SOCIAL SECURITY NUMBER:</b>
<b>PHYSICAL ADDRESS:</b>	<b>COUNTY:</b>
<b>CITY:</b> <b>STATE</b>	<b>HOW LONG HAVE YOU LIVED HERE?:</b> _____ Years _____ Months

**ALL** Household Members (other than listed above)

<b><u>NAME:</u></b>	<b><u>RELATIONSHIP:</u></b>	<b><u>DATE OF BIRTH:</u></b>

Are you receiving any of the following: **Check ALL that apply**

SSI/SSDI/Social Security \_\_\_\_\_ Food Stamps \_\_\_\_\_ WIC \_\_\_\_\_ LIEAP \_\_\_\_\_ CHA \_\_\_\_\_

Employment Status of Applicant: **Check ALL that apply**

EMPLOYED \_\_\_\_\_ UNEMPLOYED \_\_\_\_\_ SELF-EMPLOYED \_\_\_\_\_  
DISABLED \_\_\_\_\_ RETIRED \_\_\_\_\_ STUDENT \_\_\_\_\_ LAY OFF \_\_\_\_\_  
NO CHILD CARE \_\_\_\_\_ BUSINESS TEMP CLOSED \_\_\_\_\_ QUIT \_\_\_\_\_  
OTHER \_\_\_\_\_ RETURNING TO JOB \_\_\_\_\_  
FILED FOR UNEMPLOYMENT \_\_\_\_\_ RECEIVING UNEMPLOYMENT \_\_\_\_\_

DATE LAST WORKED: \_\_\_\_\_

PLEASE EXPLAIN SITUATION: \_\_\_\_\_

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NAME OF EMPLOYMENT: \_\_\_\_\_

SALARY \$ \_\_\_\_\_ PER \_\_\_\_\_

MANAGER/SUPERVISOR NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

Employment Status of CO-Applicant: **Check ALL that apply**

EMPLOYED \_\_\_\_\_ UNEMPLOYED \_\_\_\_\_ SELF-EMPLOYED \_\_\_\_\_  
DISABLED \_\_\_\_\_ RETIRED \_\_\_\_\_ STUDENT \_\_\_\_\_ LAY OFF \_\_\_\_\_  
NO CHILD CARE \_\_\_\_\_ BUSINESS TEMP CLOSED \_\_\_\_\_  
QUIT \_\_\_\_\_ OTHER \_\_\_\_\_ RETURNING TO JOB \_\_\_\_\_  
FILED FOR UNEMPLOYMENT \_\_\_\_\_ RECEIVING UNEMPLOYMENT \_\_\_\_\_

DATE LAST WORKED: \_\_\_\_\_

PLEASE EXPLAIN SITUATION: \_\_\_\_\_

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NAME OF EMPLOYMENT: \_\_\_\_\_

SALARY \$ \_\_\_\_\_ PER \_\_\_\_\_

MANAGER/SUPERVISOR NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

## Housing Status

OWN \_\_\_\_\_

NAME OF MORTGAGE CO\* \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

RENT \_\_\_\_\_

NAME OF LANDLORD \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

DO YOU PAY UTILITIES \_\_\_\_\_

ARE YOU ON HOUSING \_\_\_\_\_

BEING/BEEN EVICTED \_\_\_\_\_ DATE OF NOTICE \_\_\_\_\_

REASON GIVEN \_\_\_\_\_

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

MONTHLY HOUSE/RENT PAYMENT \$ \_\_\_\_\_ DUE DATE \_\_\_\_\_

CURRENT \_\_\_\_\_ BEHIND \_\_\_\_\_

IF BEHIND HOW LONG \_\_\_\_\_ HOW MUCH \$ \_\_\_\_\_

DATE OF LAST PAYMENT \_\_\_\_\_

IS WATER BILL: CURRENT \_\_\_\_\_ BEHIND \_\_\_\_\_ HOW MUCH \$ \_\_\_\_\_

IS ELECTRIC BILL: CURRENT \_\_\_\_\_ BEHIND \_\_\_\_\_ HOW MUCH \$ \_\_\_\_\_

NAME OF UTILITY COMPANY BEHIND ON\*: \_\_\_\_\_

DATE OF LAST PAYMENT \_\_\_\_\_

CUT OFF NOTICE DATE \_\_\_\_\_

**\*\*\*YOU MAY BE ASKED TO PROVIDE A COPY OF YOUR LEASE AGREEMENT, BILL STATEMENT OR INCOME/PAY STUB.**

***Please read the following statements and indicate that you understand and agree to each statement by initialing each line.***

\_\_\_\_\_ I assume full responsibility for the accuracy of the information and statements which I have provided to Catholic Charities of Wyoming on this application form.

\_\_\_\_\_ I understand that Catholic Charities of Wyoming will use the information and the statement I have provided to determine my eligibility for Emergency Assistance.

\_\_\_\_\_ I understand that additional information and/or documentation may be required of me at time to further determine my eligibility for assistance.

\_\_\_\_\_ i hereby release and authorize Catholic Charities of Wyoming to release any and/or all of the information and/or statements I have provided on this application to any other agency or agencies which Catholic Charities of Wyoming deems appropriate for the purpose of verification on any of the information provided and/or to pursue additional resources for assistance.

I, \_\_\_\_\_, CERTIFY THAT ALL OF THE  
PRINT YOUR FULL NAME

**INFORMATION AND STATEMENTS I HAVE PROVIDED ON THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date