



Temporary Crisis Fund Program

APPLICATION

Approved

Yes No

Date: _____

Mail completed application to:

HFHEB
P.O. Box 6196
Sheridan, WY82801

Equal Housing Opportunity

We are pledged to the letter and spirit of U. S. policy for the achievement of equal housing opportunity throughout the nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, familial status or national origin.

Completed Application Disclaimer

A completed application is solely a completed application and not grounds for program approval. There may be follow up documents that are required that are not initially requested to fully process an application to be deemed approved or denied. The Temporary Crisis Fund Program is a fund restricted program that is unable assist with previously existing debt including mortgages, vehicles and medical debt etc. If approved for program funds, we are required to work directly with vendors to send payment. We will not be sending any direct payments to an applying individual.

I have read the disclaimer and understand additional documents may be required and that my request for assistance will be deemed denied or approved based on programtic restrictions.

Signature of Applicant _____

Date _____

SECTION 1 - Applicant Information

Legal Name of Applicant: _____	Age: _____	Veteran	Disabled
Legal Name of Applicant: _____	Age: _____	<input type="checkbox"/>	<input type="checkbox"/>
Home Address: _____	City/State: _____	<input type="checkbox"/>	<input type="checkbox"/>
Email: _____	County: _____	Zip: _____	
Telephone Number(s) _____	Home: _____		
(Please include area codes) _____	Other: _____	Dollar Amount Requested: _____	

List names, ages, and relationship to applicant of all people living in the home:		Veteran	Disabled
Name/relationship: _____	Age: _____	<input type="checkbox"/>	<input type="checkbox"/>
Name/relationship: _____	Age: _____	<input type="checkbox"/>	<input type="checkbox"/>
Name/relationship: _____	Age: _____	<input type="checkbox"/>	<input type="checkbox"/>
Name/relationship: _____	Age: _____	<input type="checkbox"/>	<input type="checkbox"/>
Name/relationship: _____	Age: _____	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 2 - Special Needs

Is translation needed? Yes No If yes, what Language: _____

SECTION 3 - Household Income

The total combined gross income, before taxes for ALL perons living in the home is \$ _____ per YEAR.

Please provide two (2) months of most recent paystubs OR current SSI/SSDI award letter or documentation (if applicable)

Please provide completed Monthly Budget Worksheet provided on the Habitat website

SECTION 4 - Employment Information

Employer: _____	Phone No: _____
Address: _____	Yrs. Of Employment: _____

SECTION 5 - Media and Publicity

Where did you learn about the Temporary Crisis Fund Program?

- TV Radio Newspaper Flyer Friend Neighbor Neighborhood Organization
 Social Media Other (please describe): _____

SECTION 6 - Application History

Have you applied to Temporary Crisis Fund in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No	What year? _____
Have you received funds from the Temporary Crisis Fund in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No	What year? _____

SECTION 7- Assistance Requests:

- Rent Utilities Medical Equipment Other

If other, please provide as specific as possible (in two words or less per item) what you are seeking assistance for.

SECTION 8- Description of need:

Please describe the what the requested funding would be used for:

If requesting rental assistance, please provide your lease agreement with stated monthly payment

SECTION 9 - Applicant Agreement

I certify that the information on this application is accurate.

I understand that this is a one-time funding opportunity and I cannot reapply for funding for a period of one year.

Signature of Applicant

Date