



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.

SECTION 1 - Applicant Information

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

SECTION 2 - Special Needs

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

SECTION 3 - Household Income and Mortgage Information

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

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? ☐ Yes ☐ No What year? _____
Have you received funds from the Temporary Crisis Fund in the past? ☐ Yes ☐ No What year? _____

SECTION 7- Description of need:

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

SECTION 8 - Homeowner's 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 _____