



## Temporary Crisis Fund Program APPLICATION

Approved

Yes       No

Date: \_\_\_\_\_

Mail completed application to:  
HFHEB  
P.O. Box 6196  
Sheridan, WY 82801

### 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: \_\_\_\_\_  Veteran       Disabled  
Legal Name of Applicant: \_\_\_\_\_ Age: \_\_\_\_\_    
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