Community Services Block Grant (CSBG) Application Instructions  
(Crook, Weston, Niobrara and Carbon Counties)  
October 2019 - September 2020 Updated July 2020

Eligibility:
If you have any questions about your eligibility, please call our office at (877) 322-5446 with any questions.

- Must be at or below 200% HHS Federal Poverty Line.
- Must be a resident of Crook, Weston, Niobrara or Carbon County.
- NO EXPENSES PAID FOR SERVICES DATED PRIOR TO OCTOBER 1, 2019

Types of assistance provided:
- Rent or Mortgage Payments, Deposit Payments, Utility Payments, Utility Deposits, Health/Mental Health Services and Prescription Payments.

Documents you need to provide:
- Application: Completed, signed and dated.
- Proof of Income: For ALL household members who are 18 years old or older.
- Identification: Copies of identification for all household members; which can include Birth Certificate, Driver’s License, Government Issued Identification Cards. You only need to submit at least one type of identification per person.
- Residency: Documentation that clearly states the applicant’s physical address.
  - Utility bill, lease, or paystub.
  - Or written statement from landlord affirming residency or a letter from homeless shelter.
  - Or self-certification is permitted in the case of applicants who are homeless and have no current residential address.
- Copies of Invoices/Bills Requesting Assistance with (for a service listed above). Bill must be in the name of a household member listed on the application. We do not reimburse for bills already paid.
- W-9 Form: Provided by landlord when requesting rental payment assistance. They can email it to CSBG@TheAlignTeam.org


<table>
<thead>
<tr>
<th>Family Size</th>
<th>200% FPL (Federal Poverty Line)</th>
<th>Monthly Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$24,280.00</td>
<td>$2,023.00</td>
</tr>
<tr>
<td>2</td>
<td>$32,920.00</td>
<td>$2,743.00</td>
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<tr>
<td>3</td>
<td>$41,560.00</td>
<td>$3,463.00</td>
</tr>
<tr>
<td>4</td>
<td>$50,200.00</td>
<td>$4,183.00</td>
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<tr>
<td>5</td>
<td>$58,840.00</td>
<td>$4,903.00</td>
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<tr>
<td>6</td>
<td>$67,480.00</td>
<td>$5,623.00</td>
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<tr>
<td>7</td>
<td>$76,120.00</td>
<td>$6,343.00</td>
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<tr>
<td>8</td>
<td>$84,760.00</td>
<td>$7,063.00</td>
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</table>

For families/households with more than 8 persons, contact us.

Return applications and supporting documents or to contact our office:

Align  
1401 Airport Parkway Ste 300  
Cheyenne WY, 82001  
(877)322-5446 (phone)  
(307) 365-6060 (fax)  
CSBG@TheAlignTeam.org

Confidentiality
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Community Services Block Grant (CSBG) Application for Assistance  
(Crook, Weston, Niobrara and Carbon Counties)  
October 2019 - September 2020  
UPDATED July 2020

Please attach a copy of the following documentation:
1. Applicant – Provide Proof of Identification (Birth Certificate, Driver’s License or Government Issued ID Card).
2. Other Family Members – Provide full names, birthdates, and Proof of Identification.
3. Proof of Residence – Most recent utility bill or a rental agreement;
4. Proof of Income – Total Monthly Income for the last 30 days for all household members 18 years or older. If an applicant has zero income, a self-certification statement completed in full is required. See attached self-certification.
5. All fields on application must be completed in order to process application.

Landlord will need to email W9 Form to CSBG@TheAlignTeam.org if not already on file.

<table>
<thead>
<tr>
<th>Applicant Name:</th>
<th>Date:</th>
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<tbody>
<tr>
<td>Physical Address:</td>
<td>City</td>
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<tr>
<td>Mailing Address:</td>
<td>State</td>
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<table>
<thead>
<tr>
<th>Date of Birth:</th>
<th>Age:</th>
<th>Gender:</th>
<th>Family Size:</th>
<th>Number of Children under 18</th>
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<tbody>
<tr>
<td>Applicant Ethnicity:</td>
<td>Applicant Race:</td>
<td>Veteran:</td>
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<tr>
<td>Non-Hispanic/Non-Latino</td>
<td>American Indian or Alaskan Native</td>
<td>Yes No</td>
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<tr>
<td>Hispanic/Latino</td>
<td>Asian</td>
<td>(If yes, what Type)</td>
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<tr>
<td>Black/African American</td>
<td>White</td>
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<tr>
<td>Multi-Race (any 2 or more of the races)</td>
<td>Other</td>
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What is the highest level of schooling completed?
For Adults 24 years and older)
- □ 0-8th Grade
- □ 9-12th Grade
- □ High School Graduate
- □ GED
- □ Some college, no degree
- □ Associate degree
- □ Bachelor’s Degree

Do you or any family members have health insurance?
- □ Yes
- □ No (If yes, what Type)

Type of Housing:
- □ Own
- □ Rent
- □ Homeless
- □ Other

List all other household members

<table>
<thead>
<tr>
<th>Household Member Name &amp; Relationship to Applicant</th>
<th>Date of Birth</th>
<th>Monthly Income if over 18</th>
<th>Gender</th>
<th>Race and Ethnicity</th>
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What is the family’s source of income? (Check all that apply)

- Employment
- Social Security
- Disability
- Unemployment Insurance
- Pension
- TANF
- POWER
- Child Support
- Other: ________________

Total Household Income for the last 30 days. $__________________

If income is zero, applicant must complete self-declaration.

Type of Assistance Requested:

- Housing
- Utilities
- Health/Mental Health
- Other: Please Specify ________________

Expenses dated prior to 10/1/2019 WILL NOT be accepted.

<table>
<thead>
<tr>
<th>Date of Service</th>
<th>Vendor</th>
<th>Specific Service</th>
<th>Cost of Service</th>
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TOTAL AMOUNT OF ASSISTANCE REQUESTED = $__________________

In the space below, please explain your current situation and how this assistance will help you improve your life necessities.
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

I certify that the documentation provided, and the facts contained in this application are accurate and true to the best of my knowledge and understand that falsified statements on this application or in the documentation provided could result in being denied CSBG-funded assistance in Wyoming.

Signature: ____________________________ Date: ________________

Additional Resources:

Wyoming 2-1-1 Phone Number: 211, Website: https://wy211.communityos.org/

Utilities:
Wyoming LIEAP - Phone Number: 800-246-422, Website: https://www.lieapwyo.org/
Energy Share of Wyoming – Contact Local Salvation Army Office, Website: http://www.energyshareofwyoming.org/

Employment Services/Training:
Department of Workforce Services – Website: http://wyomingworkforce.org/workers/employment/

Child Support Services:
Self-Certification for Zero Income
Only complete this section if you have no source of income

☐ This Household has no source of income

I, ____________________________, do hereby declare under penalty of perjury that I have received no income from any source during the past 30 days and that I have been unemployed during that time. I have been able to maintain my basic necessities by:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Applicant (Printed Name)________________________ Signature __________________________ Date ____________________

Self-Certification for Identification/Residency
Only complete this section if you have no proof of identification/proof of residency

☐ No Proof of Identification and/or ☐ No Proof of Residency

I, ____________________________, do hereby declare under penalty of perjury that I do not have copies of the required CSBG documentation. The reason you cannot provide all required documentation: Examples: (Natural Disaster, Stranded, Birth of Child no SS card yet, fleeing abusive household)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Applicant (Printed Name)________________________ Signature __________________________ Date ____________________

Align
1401 Airport Parkway Ste 300
Cheyenne WY, 82001
(877)322-5446 (phone)
(307) 365-6060 (fax)
CSBG@TheAlignTeam.org