

**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

CSBG Federal Income Guidelines – Effective April 15, 2020 – September 30, 2020

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

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.

Applicant Name:		Date:	
Physical Address:		City	County State
Mailing Address:		Telephone:	
Date of Birth:	Age:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Family Size:
Applicant Ethnicity: <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino		Applicant Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Race (any 2 or more of the races) <input type="checkbox"/> Other	Number of Children under 18
Applicant Ethnicity: <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino		Applicant Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Race (any 2 or more of the races) <input type="checkbox"/> Other	Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No
What is the highest level of schooling completed? (For Adults 24 years and older) A=Applicant O=Other <input type="checkbox"/> 0-8th Grade <input type="checkbox"/> 9-12th Grade <input type="checkbox"/> High school Graduate <input type="checkbox"/> GED <input type="checkbox"/> Some college, no degree <input type="checkbox"/> Associate degree <input type="checkbox"/> Bachelor’s Degree		Do you or any family members have health insurance? Yes No (If yes, what Type) A=Applicant O=Other <input type="checkbox"/> Private <input type="checkbox"/> VA <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Disability <input type="checkbox"/> Other: (please list) _____	
Is anyone disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No A=Applicant O=Other	Household Type: <input type="checkbox"/> Single Person <input type="checkbox"/> Single Parent Female <input type="checkbox"/> Single Parent Male <input type="checkbox"/> Two Adults <input type="checkbox"/> Two Adults and Children <input type="checkbox"/> Other (Please explain) _____	Type of Housing: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Homeless <input type="checkbox"/> Other	

List all other household members

Household Member Name & Relationship to Applicant	Date of Birth	Monthly Income if over 18	Gender	Race and Ethnicity
				<input type="checkbox"/> Non-Hispanic/Non-Latino or <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Amer Indian/Alaskan Native <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other-Multi-Race
				<input type="checkbox"/> Non-Hispanic/Non-Latino or <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Amer Indian/Alaskan Native <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other-Multi-Race
				<input type="checkbox"/> Non-Hispanic/Non-Latino or <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Amer Indian/Alaskan Native <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other-Multi-Race
				<input type="checkbox"/> Non-Hispanic/Non-Latino or <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Amer Indian/Alaskan Native <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other-Multi-Race
				<input type="checkbox"/> Non-Hispanic/Non-Latino or <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Amer Indian/Alaskan Native <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other-Multi-Race

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.

Date of Service	Vendor	Specific Service	Cost of Service

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:
 Wyoming Child Support Program - <https://childsupport.wyo.gov/>

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
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Cheyenne WY, 82001
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