

Emergency Assistance

THIS IS A REFERRAL-BASED ONE-TIME ONLY EMERGENCY ASSISTANCE

The Yellowstone Country Assistance Network has a provision in our Community Services Block Grant contract to provide emergency services to low-income individuals and families. Emergency situations include natural disasters, public health emergencies, state of emergency, fleeing domestic violence, flood, or home fire. In some instances, Disaster Flexibilities and Waivers can be granted by the State Community Services Program in local, state, and national emergencies.

Eligibility:

1. The **Emergency Assistance Application** is a condensed application to streamline and simply the process for those facing emergencies, the application needs to be completed, signed and dated by the applicant.
2. YCAN is only contracted to provide CSBG services to residents living in Park, Big Horn; Washakie; and Hot Springs Counties.
3. Anyone receiving services supported by CSBG funds must not have an income that exceeds 125% of the Federal Poverty Level, and there must be documented proof of income for the past 30 days.
 - Income eligibility must be verified prior to the customer receiving CSBG service(s).
 - **Zero Income Disclaimer:** Self-Declaration for Zero Income is allowable only after all avenues of documenting income eligibility have been exhausted. A statement signed by the applicant indicating that the individual has no other proof of income must be contained in the file in place of the income eligibility. Evidence of the attempts at proving eligibility must be contained in the client file.

| Size of Family Unit | 125% FPL Monthly Amount |
|---------------------|-------------------------|
| 1 | \$1,301.08 |
| 2 | \$1,761.50 |
| 3 | \$2,221.92 |
| 4 | \$2,682.33 |
| 5 | \$3,143.75 |
| 6 | \$3,603.17 |
| 7 | \$4,063.58 |
| 8 | \$4,524.00 |

Applications will be processed in the order they are received and services will be provided to eligible applicants on a first come first serve basis funds are available. No appointment is necessary. We accept applications until Wednesday's at noon applications are then processed and payments are made each Friday directly to the vendor. Applications received after noon on Wednesday will be processed the following week.

Submit the Application
Fax to : 307-333-0610 or
Email a scanned copy of the application to
yellowstonecountry2007@gmail.com
(307) 754-2073 Phone

YCAN Emergency Assistance Application

| | | | |
|---|---------------------|--------------------------------|----------------|
| Referring Agency | Referred By (name) | Contact Info: (Phone or Email) | |
| Address of Residence | City | State | Zip Code |
| Mailing Address (if different from residence) | City | State | Zip Code |
| Phone Number: Text? <input type="radio"/> Yes <input type="radio"/> No | County of Residence | | Household Size |
| Household Type: <input type="radio"/> 2 adults w/children <input type="radio"/> 2 adults, no children <input type="radio"/> single parent female <input type="radio"/> single parent male <input type="radio"/> non-related adults w/children <input type="radio"/> single person <input type="radio"/> multigenerational | | | |
| Housing Situation: <input type="radio"/> Rent <input type="radio"/> Own <input type="radio"/> Other Permanent Housing <input type="radio"/> Homeless <input type="radio"/> Not Reported | | | |
| Housing Type: <input type="radio"/> House <input type="radio"/> Apartment <input type="radio"/> Mobile Home <input type="radio"/> RV <input type="radio"/> Inpatient Treatment <input type="radio"/> Staying on friends/family <input type="radio"/> Incarcerated <input type="radio"/> Not Reported | | | |

Complete this information for yourself and ALL persons living in your household as of today.

| Name (First, MI, Last) | Relationship to HOH | Date of Birth | Age | Gender (M or F) | Highest Education Level Achieved | Disabled? (Y or N) | Ethnicity Hispanic Latino (Y or N) | Race | Disconnected Youth (Y or N) | Health Insurance Type | Work Status (FT, PT, U, R) | Military Status (V) Veteran (A) Active Duty (N) No Affiliation |
|------------------------|---------------------|---------------|-----|-----------------|----------------------------------|--------------------|------------------------------------|------|-----------------------------|-----------------------|----------------------------|--|
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Complete this information for yourself and ALL household members age 18 and older. (attach copies)

| | |
|---|----|
| Level of Household Gross Monthly Income (everyone 18 and older) | \$ |
|---|----|

Sources of Household Income: Pay Stub SSI SSDI Retirement from SS Interest Pension TANF Per Capital Tribal Members Unemployment Insurance Workers Compensation Child Support Alimony EITC Unknown/Not Reported None Other Income Sources: _____

Non-Cash Benefits: (check all that apply) None Housing Voucher LIEAP WIC Public Housing Childcare Voucher SNAP Other: _____

Self-Declaration of Income

If you have no household income from any source, if you have no way to provide proof of income please list monthly income above and sign this declaration.

No Income Sources for the past 30 days No Income Documentation for the past 30 days i.e. (just started work no paystub or emergency/natural disaster)

Applicant Statement: Please provide a statement telling us why you cannot provide proof of income or why you have no income and all gifts (cash or goods to meet basic necessities) must be documented here.

Applicant must sign and date this statement certifying that the documents and information provided concerning income eligibility are true and correct to the best of your knowledge.

| | | | |
|----------------------------|-------------|--|--|
| Applicant Signature | Date | Verified By (Referring Agency/Date) | Verified By (Staff Initials/Date) |
|----------------------------|-------------|--|--|

| What Type of Assistance Are You Requesting and Amount You are Requesting | | | | | | | |
|--|--|---|--|--|---------------------------|----------------------|-----------------|
| Rent Payment <small>(complete landlord Verification form)</small> | Utility Payment <small>(copy of bill)</small> | Deposit <small>(complete landlord Verification form)</small> | Doctor/Dental Visit <small>(current bill last 30 days or estimate for services)</small> | Prescription Payment <small>(Invoice)</small> | Transportation Assistance | Emergency Assistance | Food Assistance |
| \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ |

I certify, under penalty of perjury, the truth of the information contained in this application, including the information concerning citizenship and immigration status provided for all people living in my home. I declare that the information given in this application is true and correct. I understand the penalty for providing false information is a fine, or imprisonment, or both. Consent is given for any person, agency, or institution to supply information to the Wyoming Community Services Program about me, my family, or individuals listed on this application and to allow inspection by any representative of the Department. I also authorize the Yellowstone Country Assistance Network to openly discuss and share all information regarding my case with my Authorized Representative should I elect to appoint one. I hereby authorize the release of information concerning my Yellowstone Country Assistance Network application and benefits to the vendor as necessary for payment arrangements to be made on my behalf. **If you are a single custodial parent, do you need a child support referral? Yes No**

Applicant Signature: _____ **Date:** _____



LANDLORD VERIFICATION

Mailing Address: PO Box 600, Basin, WY 82410

Website: www.ycanwyoming.com

To Be Completed by Landlord or Property Management Company

| Name of Tennant (As Listed on Lease) | Physical Address (Rental Address) | City, State, Zip Code | Household Size |
|--------------------------------------|-----------------------------------|-----------------------|----------------|
|--------------------------------------|-----------------------------------|-----------------------|----------------|

The tenant listed above is requesting financial assistance with rent, deposit, or eviction prevention from the Yellowstone Country Assistance Network. In order to provide this financial assistance on behalf of the above listed tenant, we must verify the tenant's relationship with the Landlord or Property Management Company that you have the legal right to rent the property listed above. This form is not a guarantee of payment to the Landlord or Property Management Company. Any assistance provided is intended to directly benefit the eligible applicant, not the Landlord or Property Management Company. The Landlord or Property Management Company may not be listed as an applicant on the application, or related to the applicant household this would disqualify the Landlord or Property Management Company from receiving funds from this program.

If the tenant is approved for services, our partners at Align in Cheyenne, Wyoming may contact you to make payment arrangements if not clearly indicated on this form. You may be contacted by Yellowstone Country Assistance Network to verify that you signed this verification if further clarification is needed.

The payment will go directly to the Landlord or Property Management Company on the tenant's behalf. The Landlord or Property Management Company has two payment options:

- (1) Payment by check, checks are cut and mailed each Friday from Cheyenne, Wyoming (excluding holidays). Please allow 5-10 business days to arrive depending on your location.
- (2) Payment by ACH transfer which is an electronic transfer (bank to bank) which would be directly deposited to your account on a Friday. If you choose this option you will need to provide Align with your account information when they call to make payment arrangements.

THIS IS NOT A CONTRACT OR LEASE. Be sure to read it carefully before signing it. This is a short-term emergency assistance program the tenant will be responsible for resuming monthly payments as they are only eligible one time per year and not more than two times in five years. Anyone who makes false statements to obtain help for another person they know to be ineligible, is subject to the penalties under the laws of the State of Wyoming. Completion of this landlord verification is required to be considered for assistance with the Yellowstone Country Assistance Network.

Name of Person or Company to Issue Rent/Deposit Check

Phone Number Landlord or Property Management Company

Address to Mail Check

I do not want a check, Please call me to arrange AHC Payment

Amount of Rent: \$ _____

Amount of Deposit: \$ _____

Total Amount to be Issued: \$ _____

Number of Days or months Past Due? _____ Have you issued a notice to vacate? No Yes, ____/____/____ Date Notice to vacate was issued.

Landlord or Property Management Company Authorized Signature

Date

Yellowstone Country Assistance Network
 Housing Assistance Program Hours Monday-Wednesday 9am to 12pm
 PO Box 600 Basin, Wyoming 82410
www.ycanwyoming.com
 Phone (307) 754-2073
 Fax (307) 333-0610
 Email: yellowstonecountry2007@gmail.com