



Thank you for reaching out. Our goal is to streamline the process as easy as possible for you. In order to expedite your application for financial assistance, please ensure that you provide **ALL** of the necessary supporting documents. Once all supporting documentation has been submitted, a staff member will contact you within 2-3 business days. **Processing times will vary and may take up to 10 business days to process.** Failure to provide supporting documentation may result in longer processing times.

- FULLY completed Financial Assistance form
 - Signed application
 - Signed Release of Information
 - Budget worksheet that includes income and monthly expenses
- Government Issued ID (not expired)
- Proof of income (Most recent, 1 month)
 - Paycheck stubs for all adults in the household requesting assistance
 - Social security, disability, unemployment, other income
- Bank statements for both checking and savings accounts (Most recent, 2 months)

Please bring in the following documentation for the type of assistance you are requesting:

Housing: Rent/Mortgage Assistance

- Past due bill or most recent statement
- Lease (if renting)
- Landlord/Property Mgmt. information OR Mortgage Company information (name, full address, phone number, email address)

Medical/Prescription/Healthcare Assistance

- Past due bill
- Doctor/Pharmacy/Hospital/Therapist information (name, full address, phone number, email address)

Utility Assistance

- Past due bill or most recent statement
- Signed release of information form if applying for Xcel Energy Assistance
- LEAP application approval or denial letter

Other

- Documentation of emergent financial need (ex: past due bill, quote, statement, letter, etc.)
- Relevant payer/provider information (name, full address, phone number, email address)

2025 RIVER CENTER FINANCIAL ASSISTANCE REQUEST (v010125)

Incomplete forms are subject to denial. All information is confidential and will only be used for purposes of considering your application for financial assistance. **YOU WILL NOT RECEIVE AN IMMEDIATE ANSWER ON YOUR REQUEST.**

Date: _____ Referred By: _____

Referral contact info (agency and phone number): _____

Applicant Full Name: _____ **DOB:** _____

Spouse/Partner Full Name (Required, if applicable): _____ **DOB:** _____

Ethnicity*: Latino White Other _____ **Primary Language:** English Spanish Other

*For grant reporting purposes only. Does not affect decision on assistance.

Address: _____ Do you own or rent? Own Rent

New Castle Silt Other (We will be happy to assist with referrals that serve your geographic area.)

How long have you been at this residence? Less than one year More than one year

Do you have a roommate? Yes No If yes, how much does the roommate pay per month? _____

Email address: _____ Home/Mobile phone # _____ Spouse/Partner phone # _____

Additional **adult family** members who live with you:

First & Last Name _____ Age _____ Relationship _____

First & Last Name _____ Age _____ Relationship _____

Number of **children** living with you: _____ Ages of children living with you: _____

Employment status (Applicant):

Full Time Part Time Retired Disabled Unemployed

Employer: _____

Employed (hours per week): _____ How long have you been employed? _____

When do you anticipate going back to work? _____

Are you currently searching for additional employment?

Yes- I have applied at the following locations: _____

No- I am unable to apply/search for another job due to: _____

Have you asked your employer for an advance or extra hours? Yes No

Employment status (Spouse/Partner), if applicable:

Full Time Part Time Retired Disabled Unemployed

Employer: _____

Employed (hours per week): _____ How long have you been employed? _____

When do you anticipate going back to work? _____

Are you currently searching for additional employment?

Yes- I have applied at the following locations: _____

No- I am unable to apply/search for another job due to: _____

Have you asked your employer for an advance or extra hours? Yes No

What type of assistance are you requesting?

- Rent/Mortgage Utility Medical Bills Vehicle repairs Food Other

If other, please describe assistance needed: _____

Are you receiving rental assistance through a rent subsidy program such as Garfield County Housing Authority?

- Yes No

What caused the current emergency situation? Please indicate possible solutions on your part to take care of this request.

How much can **YOU** contribute towards this need? _____

Do you have family that could possibly help with this situation, or a portion? Yes- How much? _____ No

How are you currently meeting your monthly expenses? _____

When do you think you will be out of this current situation? _____

Programs you are enrolled in and/or organizations you have received support from in the past calendar year.

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Catholic Charities | <input type="checkbox"/> Medicaid/CHP+ | <input type="checkbox"/> SNAP (food stamps) | <input type="checkbox"/> Feed My Sheep |
| <input type="checkbox"/> Salvation Army | <input type="checkbox"/> Medicare | <input type="checkbox"/> TANF | <input type="checkbox"/> Lift Up |
| <input type="checkbox"/> Reach Out Colorado | <input type="checkbox"/> LEAP | <input type="checkbox"/> WIC | <input type="checkbox"/> Church |
| <input type="checkbox"/> Valley Settlement | | <input type="checkbox"/> SSI/OAP | <input type="checkbox"/> School |

Other (Specify): _____

Amount received from the program(s)/organization(s) listed above: _____

If you are **not** currently on any of the above programs, have you applied for any other programs? Yes No

Which one(s)? _____

What other resources do you feel would benefit you?

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Budget/Financial counseling | <input type="checkbox"/> Child Care | <input type="checkbox"/> Church connection | <input type="checkbox"/> Educational resources |
| <input type="checkbox"/> Food assistance | <input type="checkbox"/> Job search support | <input type="checkbox"/> Mental Health Services | <input type="checkbox"/> Volunteer opportunities |

Please read, sign, and date:

The applicant can request a copy of this application. By signing below, I acknowledge that I have filled out this application truthfully and to the best of my knowledge. I understand that by filling out this application I am not guaranteed assistance.

Applicant Printed Name

Signature

Date

Spouse/Partner Printed Name

Signature

Date

RELEASE OF INFORMATION

For rental assistance we **MUST** have permission to speak with your landlord or property manager **AND** receive a copy of your current lease. If you are approved for assistance, a W9 form will be requested, by the River Center, for your landlord to sign.

I understand that the River Center will be contacting my landlord/property manager and give permission for them to discuss my application and rental history.

Applicant signature

Applicant printed name

Secondary applicant signature

Secondary applicant printed name

Landlord/Property Manager name: _____

Landlord/Property Manager Contact # _____

I understand that the River Center may be working with a number of agencies seeking assistance on my behalf. I agree and give my permission for the River Center to share information with the following agencies. I agree to provide a copy of current statements I am requesting assistance for. Please initial each organization The River Center is authorized to contact.

_____ Apple Tree Park _____ Catholic Charities _____ Salvation Army _____ Reach Out Colorado
_____ Heron's Nest _____ Town of New Castle _____ Town of Silt _____ Valley Settlement

_____ Utilities (Company Name): _____

For XCEL authorization, please fill out Xcel form.

_____ Home Church (Church name and contact): _____

_____ Family Resource Center (Roaring Fork, RE-2, District 16)

_____ Counselor (Name): _____ Contact # _____

- School of attendance: _____

_____ Other (please specify): _____

AUTHORIZATION--PLEASE READ CAREFULLY BEFORE SIGNING

I understand that all the information shared will be handled with the utmost confidentiality. In considering your application, River Center relies on the information which I have given to the River Center staff. It is important that the information be accurate and complete. By signing this application I represent and warrant the accuracy of the information and give the River Center authorization and authority, designated by myself, to discuss the information with the parties listed above.

If I want to stop the authorization I understand that I can do so by submitting my request in writing to the River Center.

Primary Applicant Signature

Printed Name

Date

Date

Secondary Applicant Signature

Printed Name

BUDGET WORKSHEET

Please report all income from all wage earners supporting the household.

MONTHLY INCOME	AMOUNT
Applicant Monthly Gross Income	
Spouse/Partner Monthly Gross Income	
Additional Income (Circle all that apply): Child support, Alimony, SNAP, HUD, Disability, Unemployment, TANF, WIC, etc.	
TOTAL MONTHLY INCOME:	

MONTHLY EXPENSES	AMOUNT	AMOUNT
Mortgage/Rent		Vehicle Payments
Home/Rental Insurance		Auto Insurance
Gas/Electric		Fuel
Water/Sewer/Trash		Credit Cards (monthly payment)
Television		Loans (monthly payment)
Phone (home and/or mobile)		Health Insurance
Internet		Medical bills/prescriptions
Groceries		Alimony/Child support
TOTAL MONTHLY EXPENSES:		

Total monthly income	
Minus monthly expenses	
=	