Eligibility: Residence in Laramie County by January 1, 2020

Types of assistance provided:
Assistance is dependent upon the availability of funds through community support. Payment of 100% will not be available.

- Transportation, Rent or Mortgage Payments, Deposit Payments, Utility Payments, Utility Deposits, Health/Mental Health Services, or Prescription Payments to be paid to the vendor.
- A small amount of direct assistance for groceries, supplies, gasoline, etc. may be considered, use the Assistance Requested section of the form.

Returned Applications and Supporting Documents Needed:

- **Application:** Completed, signed and dated.
- **Identification:** which can include Birth Certificates, Driver’s License, Government Issued Identification Cards.
- **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.
- **Copies of Invoices/Bills Requesting Assistance with** (for a service listed above). Bill must be in the name of the person on this application. We do not reimburse for bills already paid.
- **Copy of Employment Change notification from employer:** Job elimination notification, lay-off or furlough notification, reduction in hours notification.

Note: if documentation is not available, contact us to see if we can work around it.

Return Applications by Email or mail.
Or to contact our office:

United Way of Laramie County- Crisis Application
Connie, Executive Director phone :307-638-8904 X12

Mail;
1007 East Lincolnway
Cheyenne, WY 82001

Preferred application method is Email.
Director@UnitedWayofLaramieCounty.org
Scan or take a picture of documentation and attach them to your Email.

NO WALK-INS Allowed
Greater Cheyenne COVID-19 Community Crisis Fund

Individual Application

<table>
<thead>
<tr>
<th>ApplicantName:</th>
<th>Date:</th>
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</thead>
<tbody>
<tr>
<td>PhysicalAddress:</td>
<td>City</td>
</tr>
<tr>
<td>MailingAddress:</td>
<td>Telephone: Home or Cell:</td>
</tr>
</tbody>
</table>

COVID-19 Impact on your Household- why do you need assistance? Please check all that apply

- Job elimination
- Job layoff or furlough
- Reduced hours or wages
- Loss of benefits due to job changes
- School closure/Daycare closure
- Increased food costs with children at home
- Other affects:

<table>
<thead>
<tr>
<th>Available Resources</th>
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<tbody>
<tr>
<td>Have you applied for Unemployment? YES NO If not do you need help to apply?</td>
</tr>
<tr>
<td>Have you spoken to your landlord or mortgage company? If so, what arrangements are in place If not, we encourage you to do so as soon as possible.</td>
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<tr>
<td>Have you received a federal Covid stimulus check? Or do you need help qualifying for it?</td>
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<thead>
<tr>
<th>Assistance Requested</th>
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<td>Date</td>
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TOTAL AMOUNT OF ASSISTANCE REQUESTED =

Vendor (Landlord, Utility Company, Pharmacy) Address & contact information

I certify that the documentation provided, and the facts contained in this application are accurate and true to the best of my knowledge.

Signature: Date: ____________________