



GOOD NEIGHBOR FUND APPLICATION

Funding provided by the Telluride Foundation

GNF # _____ Approved Denied
Application received ___/___/_____
Referred by _____
Total grant awarded \$ _____
Completed by: _____

Name: _____ Date of Birth: _____
Last First Middle DD/MM/YYYY

Are you married or living with a significant other? Yes No

If yes, spouse/partner's name: _____
Last First Middle

Number of children living in the household? _____ Ages: _____

Physical Address: _____
Street City State Zip

Mailing Address: _____ Same as Physical Address

Phone: _____ Email: _____
Home Mobile

Length of time living/working in Rico, San Miguel, West Montrose, or Ouray County _____
Years/Months

Do you plan to stay in the area once this crisis is over? Yes No

Requested Amount: \$ _____

What are you requesting funds for? _____

Please describe in detail why you are in this crisis: _____

Have you (or your spouse/partner) applied to Good Neighbor Fund in the past? Yes No
If YES, please provide the date(s) and amount of request ___/___/___ \$_____

Employment information:

Are you currently employed? Yes No

If you are unemployed or on leave, what date did unemployment begin: ___/___/___

If you are unemployed or on leave, have you applied for unemployment benefits? Yes No

Date you submitted unemployment application: ___/___/___

Were you approved for unemployment benefits? Yes No

Date your unemployment benefits started or will start: ___/___/___

Amount of unemployment benefits you were approved to receive each month: \$_____

Most Recent Employer: _____
Name of company City State

Manager Name and Phone Number: _____

Do you plan to return to this employer? Yes No Date: ___/___/___

Is a medical release required for your return? Yes No

What is the anticipated date of the medical release? ___/___/___

Do you have a new job lined? Yes No Anticipated start date: ___/___/___

New Employer: _____
Name of company Address City State Zip

New Manager Name and Phone Number _____

*What are your sources of **monthly** income? Check all that apply.*

Monthly Amount

- Employment (salaries, tips, bonuses, etc.)
 - Former Monthly Employment* (salaries, tips, bonuses, etc.)\$ _____
 - Current Monthly Employment* (salaries, tips, bonuses, etc.)\$ _____
- Alimony/Child Support\$ _____
- Social Security/Retirement/Disability*.....\$ _____
- Welfare/TANF/Food Assistance(SNAP).....\$ _____
- Severance Pay.....\$ _____
- Trust Funds/Annuities/Interest.....\$ _____
- Lottery Winnings/Insurance Settlements, etc\$ _____

*** Proof of income sources required**

*What are your **monthly expenses**? Please provide documentation of these expenses when you submit your application.*

- Rent/Mortgage.....\$ _____
- Utilities (electric, water/sewer, gas)\$ _____
- Cell Phone/Phone.....\$ _____
- Food.....\$ _____
- Health and Medical Bills (insurance, prescriptions).....\$ _____
- Car-Related Payments (car insurance, gas, car payment).....\$ _____
- Childcare.....\$ _____
- Child Support/Alimony.....\$ _____
- Other.....\$ _____

What other resources have you pursued? You must provide an answer for each (approved, terminated, denied etc.)

APPLIED?

- Housing Authority
 - Section 8 Rental Assistance/HUD/etc... .. Yes- Status: _____ No- Reason: _____
- Social Security/Disability/etc..... Yes- Status: _____ No- Reason: _____
- Social Services
 - TANF..... Yes- Status: _____ No- Reason: _____
 - Food Stamps/SNAP..... Yes- Status: _____ No- Reason: _____
 - Medicaid/CHP+ Yes- Status: _____ No- Reason: _____
 - Emergency Funds..... Yes- Status: _____ No- Reason: _____
- Misc COVID-19 Funds Yes- Status: _____ No- Reason: _____
- Health Insurance..... Yes- Status: _____ No- Reason: _____
- Private Charities..... Yes- Status: _____ No- Reason: _____
- Family/Friends..... Yes- Status: _____ No- Reason: _____
- Victim's Compensation..... Yes- Status: _____ No- Reason: _____
- Other: _____ Yes- Status: _____ No- Reason: _____

How much cash do you have on-hand (including checking/savings accounts*)? \$ _____

**proof of account balance required*

Will you receive a stimulus payment through the federal COVID-19 response fund? Yes No

Please explain how you have exhausted all your other resources: _____

Please provide us with any other information that you feel would help in determining your eligibility for the Good Neighbor Fund: _____

Attestation:

I certify that the information given on this application is accurate and complete to the best of my knowledge and belief. I also understand that false statements or information are grounds for denial of assistance and/or prosecution of fraud, as allowed by Colorado law.

Applicant Signature: _____

_____/_____/_____
Date

Coapplicant Signature: _____

_____/_____/_____
Date

Please submit this application, along with proof of the following,

- ✓ Proof of current or most recent employment (e.g. paystubs, offer letter, etc.)
- ✓ Proof of social security, retirement, and/or disability payments (if applicable)
- ✓ Copies of all financial bills (car, electricity, insurance etc.)
- ✓ Copy of lease agreement or mortgage statement
- ✓ Proof of checking and savings account balances

Submit To:

Tri-County Health Network

Mail: PO Box 4178 Telluride, CO 81435

By fax: 888-595-3242 By email: GNF@tchnetwork.org

Any questions, call TCHNetwork : 970-708-7096