



Community Services Block Grant (CSBG) Application for Assistance

Please bring the following documentation:

1. Applicant – Birth Certificate, Driver’s License or Government Issued Picture ID Card, and Social Security Card;
2. Other Family Members – Provide full names, birthdates, and their Social Security Card(s);
3. Proof of Residence – Most recent utility bill or a rental agreement;
4. Proof of Income – Total Monthly Income for all household members 18 years or older for the 30 days preceding and including the application date. If an applicant has zero income, a self-declaration statement is required.

Head of Household Name:				Date:				
Physical Address:			City		County		State	
Mailing Address:			Telephone:		Tribal Affiliation: <input type="checkbox"/> Northern Arapaho <input type="checkbox"/> Eastern Shoshone <input type="checkbox"/> Other _____ Do you live on the Wind River Reservation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Date of Birth:		Age:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male		Last 4 of Social Security Number:		Family Size:	# 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"/> Other <input type="checkbox"/> Multi-Race (any 2 or more of the races listed)				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 ____ 0-8 th Grade ____ 9-12 th Grade ____ High school Graduate or GED ____ Some college, no degree ____ Associate degree ____ Bachelor’s Degree				Do you have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, what Type) A=Applicant O=Other ____ Private ____ VA ____ Medicaid ____ Medicare ____ Disability ____ Other: (please list) _____				
Are you disabled? <input type="checkbox"/> Yes ____ <input type="checkbox"/> No		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			
What is your source of income? (Check all that apply) <input type="checkbox"/> Employment <input type="checkbox"/> Social Security <input type="checkbox"/> Disability <input type="checkbox"/> Unemployment Insurance <input type="checkbox"/> Pension <input type="checkbox"/> TANF <input type="checkbox"/> POWER <input type="checkbox"/> Child Support <input type="checkbox"/> Other: _____					Total Income for the last 30 days. \$ _____ <small>If household income is zero, applicant must complete self-declaration.</small>			

Household Member Name:				Relationship to Head of Household:			
Date of Birth:		Age:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male		Last 4 of Social Security Number:		
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Assistance Requested			
Date	Specific Problem	Vendor	Cost
TOTAL AMOUNT OF ASSISTANCE REQUESTED =			

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: _____

Self-Declaration for zero income or missing required documentation

Only complete if you have no source of income or are missing any of the required documentation.

Please Check ALL that apply:

The 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: _____

No Proof of Identification No Social Security Card for ALL Household Members 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)* _____

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.

Adult Household Member(Printed Name) Signature Date

Adult Household Member(Printed Name) Signature Date

Self-Declaration for Zero Income

Must Sign In Front of Notary

Signature _____ Date _____

State of _____

County of _____

On _____, 20____, _____

Personally appeared before me,

_____ known to me personally

_____ whose identity I proved on the basis of _____

_____ whose identity I proved on the oath/affirmation of, _____, a credible witness

To be the signer of the above instrument, and he/she acknowledged that he/she signed it.

Notary Public

My commission expires _____

Printed Staff Name:

Staff Signature:

Date Interview
Conducted:

Documentation of service(s) provided, payment invoices, and cancelled check(s) or receipt of payment will be maintained in the file with this CSBG Application, the Eligibility Requirements Form, and copies of Income. In the event, the service is denied; a copy of the Denial Letter will be maintained in the file.