



PO BOX 1050 59 EAST BUCKSKIN ALMA, CO 80420  
719 836-2712 FAX 719 836-3435

## **CARES ACT Financial Assistance Program For COVID-19-related loss of income**

The Town of Alma can provide financial assistance to households that have experienced a COVID-19-related income loss via a CARES ACT Grant. The goal of this program is to assist Town of Alma residents by preventing loss of housing, assisting with utilities, internet, and transportation costs.

### ***Am I Eligible?***

To be eligible for this assistance program, applicants must:

- An Alma resident – verification of identity is required.
- Have experienced a COVID-19-related income loss.
- Be income-eligible for the grant funding.
- Provide proof of income for every member of the household (i.e. pay stubs, social security award letters, proof of child support, or proof of other income).
- Applicants must provide documentation of request for assistance (i.e. a current signed lease, mortgage statement, utility statement, internet related bill or bill for transportation repair costs).
- Applicants must provide applicable payee (vendor) information (i.e. landlord or mortgage company contact, utility company contact, or transportation repair company information). Generally speaking, payments will be made directly to the vendor on applicant's behalf; vendor must be willing to provide a W9 and accept payment from Town of Alma.
- Must provide verification of lawful presence in the United States.

### ***Note – application for assistance is not a guarantee of payment***

How to Apply:

Pick up a paper application at the Alma Town Hall or download and complete the fillable pdf application on the town website at [www.townofalma.com](http://www.townofalma.com). Complete the application and return the application with all required documentation. You may mail the application to PO Box 1050, Alma, CO 80420 or use the drop box on the front door of the building. You may also fax your application to 719-836-3435 or email to: [info@townofalma.com](mailto:info@townofalma.com) Applications will be reviewed and approved by a non-disclosed committee.

# Town of Alma CARES Assistance Application

## DUE BY SEPTEMBER 25, 2020

Full Name:

Date:

Date of Birth:

SS#:

Physical Address:

Mailing Address:

Email:

Phone:

Household Information:

Name	Relationship to Applicant	Date of Birth	SS#

Have you applied for or received assistance from any other source? Yes    No

If yes, please describe \_\_\_\_\_

What type of assistance are you needing today {please check}?

Eviction/Foreclosure Assistance

Utility Assistance (not water, sewer, trash)

Transportation Expense

Assistance with Household Essentials

Amount Requested \_\_\_\_\_

Will you be able to pay your bills in the future after receiving assistance today? Yes    No

Eviction/Foreclosure Assistance:

Are you past due on paying your rent/mortgage? Yes    No

Past Due	Monthly Rent/Mortgage	Landlord/Mortgage	Documentation
Amount	Amount	Lender	Received
\$	\$		

Utility Assistance:

Did you receive LEAP assistance? Yes    No

Past Due Amount	Total Amount Due	Shut-Off Date (if applicable)
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\$	\$	

# Town of Alma CARES Assistance Application

## DUE BY SEPTEMBER 25, 2020

Transportation/Internet Costs: Please provide documentation of transportation repair bill or your internet provider statement with your application for assistance.

Income:

Please complete the following for any income your household has or will receive.

This includes employment income, unemployment benefits, child support, Retirement/Pension, Social Security benefits, SSI, SSDI, Veterans Benefits, Veteran Widow, Dividends/Interest, Alimony, Worker's Compensation, Disability Benefits, Financial Aid, Railroad Retirement, Rental Income, Survivor Benefits, Other Cash Received Monthly.

Person Receiving the Money	Money From	Amount	How Often Received	If employed, employer name and contact number?

Your application must be accompanied by all the following required documentation:

Applicant's ID (Driver's license or State ID)

Proof of Town of Alma Residency (bill/mail with applicant's name and address)

Lay-off or office closure notice due to COVID-19

Rent/mortgage statement or eviction/foreclosure notice due to COVID-19 if requesting housing assistance

Utility/transportation/internet statement/bill if requesting assistance

With my signature below the statements I provided above are true and accurate.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Admin use only - Amount Approved: \_\_\_\_\_