



**DOUGLAS COUNTY HUMAN SERVICES**  
 4400 Castleton Ct. • Castle Rock, CO 80109  
 303-688-4825 – FAX 303-663-7713

- DCHS
- PTF
- \_\_\_\_\_

## **APPLICATION FOR EMERGENCY ASSISTANCE**

PLEASE PRINT AND COMPLETE ALL INFORMATION

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

I HEREBY APPLY FOR EMERGENCY ASSISTANCE UNDER THE LAWS OF THE STATE OF COLORADO, COUNTY OF DOUGLAS.

(1) I am applying for emergency assistance because: (state the amount you are requesting and for what purpose)  
 \$ \_\_\_\_\_ for: \_\_\_\_\_

(2) I have lived in Douglas County since \_\_\_\_\_ (month/year), and I currently reside at:

\_\_\_\_\_ Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code  
 Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

I currently:  Rent  Buying/Own my home Cost per month \$ \_\_\_\_\_

\_\_\_\_\_ Name of Landlord or Apartment Complex \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

(3) I am (check one):  Single  Married

### **HOUSEHOLD COMPOSITION**

INCLUDE ALL PERSONS CURRENTLY LIVING IN YOUR HOME

NAME	BIRTH DATE / AGE / PLACE OF BIRTH	RELATIONSHIP
		Self

### **HOUSEHOLD INCOME**

INCLUDE UNEARNED INCOME, I.E. CHILD SUPPORT, UNEMPLOYMENT, GIFTS/LOANS, RETIREMENT/PENSION/OAP/ AND/TANF/SSA/SSI/SSDI, ETC.

NAME WHO RECEIVES THE INCOME?	SOURCE OF INCOME IF EARNED INCOME – IDENTIFY EMPLOYER	MONTHLY INCOME AMOUNT (before taxes)

**\*PROOF OF INCOME (PAY STUBS, ETC.) RECEIVED IN THE PAST 30 DAYS FOR ALL HOUSEHOLD RESIDENTS MUST BE PROVIDED**

**IF UNEMPLOYED, NAME OF LAST EMPLOYER/BUSINESS,  
REASON FOR LEAVING & LAST DATE WORKED**

<b>EMPLOYER:</b>	<b>REASON FOR LEAVING:</b>	<b>LAST WORKED:</b>
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**CHECKING/SAVINGS ACCOUNT AND CURRENT BALANCE**

<b>NAME OF BANK/FINANCIAL INSTITUTION</b>	<b>CURRENT BALANCE</b>

**Have you applied for Emergency Assistance within the last twelve (12) months?**     YES     NO  
IF YES, WHERE? \_\_\_\_\_

**AFFIDAVIT OF LEGAL RESIDENCY**

I, \_\_\_\_\_, swear or affirm under penalty of perjury under the laws of the State of Colorado that (check one):

- I am a United States citizen or,
- I am a Permanent Resident of the United States, or
- I am lawfully present in the United States pursuant to Federal Law

I understand that this sworn statement is required by law because I have applied for a public benefit or I am a sole proprietor entering into a contract or purchase order with the State of Colorado. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit or prior to entering into a contract with the State. I further acknowledge that making a false, fictitious, or fraudulent statement or representation to this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under CRS 18-80503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

If you are approved for Emergency Assistance, you need to be able to detail your plan for covering your basic living expenses next month. Please be specific.

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I hereby affirm that the information provided on this application is true and accurate. I authorize the Douglas County Department of Human Services to make an investigation of my application as may be necessary to determine need.

Signature of Client: \_\_\_\_\_ Date: \_\_\_\_\_

Social Security # \_\_\_\_\_ Driver's License # \_\_\_\_\_

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**AUTHORIZATION FOR RELEASE OF INFORMATION**

**APPLICANT:** \_\_\_\_\_ (PLEASE PRINT)

By signing this form, I understand that I am allowing Douglas County Human Services to get records as needed from financial institutions, past and present employers, physicians, healthcare providers, hospitals, schools, utility companies, loan companies and other Human Services programs in order to provide documentation or verify information I have given to the agency. I am also allowing the agency to receive documentation and information from other persons or agencies not previously mentioned. I release these persons, agencies, or institutions from all liability for supplying such information pertaining to me or members of my household listed on page one of this application. I hereby release Douglas County Human Services from any and all liability for supplying such information. This authorization is given only in connection with its use by Douglas County Human Services in administering the Emergency Assistance Program and for no other purpose. This Release shall remain in effect for 12 months, unless rescinded in writing.

**Signature of Client:** \_\_\_\_\_ **Date:** \_\_\_\_\_




**DOUGLAS COUNTY HUMAN SERVICES**
**APPLICATION FOR GENERAL ASSISTANCE**

ALL INFORMATION IS CONFIDENTIAL

REV 6/2011

GENDER	# OF PERSONS
MALE	
FEMALE	
<b>TOTAL HOUSEHOLD NUMBER</b>	

FAMILY COMPOSITION	
AGE	# OF PERSONS
0-5	
6-11	
12-17	
18-23	
24-44	
45-54	
55-69	
70 +	

ETHNICITY	# OF PERSONS
HISPANIC, LATINO OR SPANISH ORIGIN	
NOT HISPANIC, LATINO, OR SPANISH ORIGIN	
RACE	
WHITE	
BLACK OR AFRICAN AMERICAN	
AMERICAN INDIAN OR ALASKAN NATIVE	
ASIAN	
NATIVE HAWAIIAN AND OTHER PACIFIC ISLANDER	
OTHER	
MULTI-RACE (ANY TWO OR MORE OF THE ABOVE)	

FAMILY TYPE ( ✓ AS APPROPRIATE)	
SINGLE PARENT/FEMALE	
SINGLE PARENT/MALE	
TWO-PARENT HOUSEHOLD	
SINGLE PERSON	
TWO ADULTS/NO CHILDREN	
OTHER	

EDUCATION LEVELS OF ADULTS	# OF PERSONS
0-8	
9-12 NON-GRADUATE	
HS GRAD/GED	
12 + SOME POST SEC.	
2-4 YRS COLLEGE GRADUATE	

OTHER ( ✓ IF APPLICABLE)	
NO HEALTH INSURANCE	
DISABLED	
VETERAN	
RECEIVE FOOD STAMPS	
LEGAL PERMANENT RESIDENT	
LEAP	

SOURCE OF FAMILY INCOME ( ✓ AS APPROPRIATE)	
NO INCOME	
TANF	
SSI / SSDI	
SOCIAL SECURITY RETIREMENT	
PENSION	
OAP / AND	
EMPLOYMENT	
UNEMPLOYMENT	
CHILD SUPPORT	
LOANS / GIFTS	
OTHER	

HOUSING TYPE ( ✓ AS APPROPRIATE)	
OWN	
RENT	
HOMELESS	
OTHER	

**THANK YOU FOR YOUR COOPERATION!**

APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

PLEASE PRINT

**OFFICE USE ONLY**

 H.I. \$ \_\_\_\_\_ ASSISTANCE \$ \_\_\_\_\_  GA  C SBG  C DBG  OTHER \_\_\_\_\_