



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

Our community is facing unprecedented social, public health and economic instability with the COVID-19 pandemic. Via a CARES ACT Grant, Park County is able to provide financial assistance to households that have experienced a COVID-19-related income loss.

The primary goal of this program is to assist in the stabilization of Park County residents by preventing loss of housing, assisting with utilities, internet and transportation costs. This program is for Park County households with income up to 300% of the FPL (federal poverty level). For example: a household of one would have less than \$37,470 annual *gross* income and a household of four would have less than \$77,250 of annual *gross* income.

Am I Eligible?

To be eligible for this assistance program, applicants must:

- Be a Park County 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 Park County.
- Must provide verification of lawful presence in the United States.

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

How to Apply:

Download the application (LINK ATTACHED), or pick up a paper application at either the Bailey or Fairplay Human Services Offices. Complete the application and return the application with all required documentation to either the Bailey or Fairplay Human Services locations. You may mail the application or use the drop boxes in the front of both buildings. You may also fax your application to 303-816-5942 or 719-836-0508 or email to: Annmarie.Linnehan@state.co.us

Bailey:	Mailing Address:	Park County Human Services P.O. Box 1193 Bailey, CO 80421
	Physical Address:	Second floor of Park County Government Building 59865 U.S. Highway 285 Bailey, CO 80421
Fairplay:	Mailing Address:	Park County Human Services P.O. Box 968 Fairplay, CO 80440
	Physical Address:	825 Clark Street Fairplay, CO 80440

2020		FEDERAL POVERTY LEVELS				2020	
Size of Household	138%	150%	200%	250%	300%	400%	
1	\$17,236	\$18,735	\$24,980	\$31,225	\$37,470	\$49,960	
2	\$23,336	\$25,365	\$33,820	\$42,275	\$50,730	\$67,640	
3	\$29,435	\$31,995	\$42,660	\$53,325	\$63,990	\$85,320	
4	\$35,535	\$38,625	\$51,500	\$64,375	\$77,250	\$103,000	
5	\$41,635	\$45,255	\$60,340	\$75,425	\$90,510	\$120,680	
6	\$47,734	\$51,885	\$69,180	\$86,475	\$103,770	\$138,360	
7	\$53,834	\$58,515	\$78,020	\$97,525	\$117,030	\$156,040	
8	\$59,933	\$65,145	\$86,860	\$108,575	\$130,290	\$173,720	



PARK COUNTY CARES Assistance Application

Full Name: _____ Date: _____
 Date of birth: _____ SS#: _____
 Address: _____
 Phone: _____ Email: _____

Household Information: If you need more space please provide the information on the back of this form .

Name	Relationship to Applicant	Date of Birth	Social Security Number

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
 Transportation Expense Assistance with Household Essentials

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

Utility Assistance:

Did you receive LEAP assistance? Yes No

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

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 Received Before Taxes?	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 Park County 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: _____