



## **PAGOSA OUTREACH CONNECTION**

### **APPLICATION FOR ASSISTANCE**

Pagosa Outreach Connection (POC) is a volunteer-led group of local agencies, churches, and community members who have come together since 2002 to provide short-term support to Archuleta County residents facing unexpected financial crises. Rooted in compassion and collaboration, POC meets weekly to carefully consider each request and help neighbors stay housed, employed, and secure during difficult times. To be included in the upcoming review, please submit your completed application and all required documentation by Monday at 12:00 noon. Applications can be dropped off at the Community United Methodist Church (434 Lewis St.) or the Archuleta County Department of Human Services (550 Hot Springs Blvd., Suite A), using the designated drop boxes at either location.

#### **Guidelines for Application**

- The applicant must be a resident of Archuleta County.
- The applicant must normally be self-sufficient.
- The applicant must be experiencing emergency financial hardship.
- The application must be filled out completely with supporting documentation.
- Funding cannot be used for deposits or late fees.
- Funding is limited to \$1500.
- Multiple requests are not considered.

#### **What to Expect After You Apply**

Once we receive your completed application, here's what happens next:

- We'll review your application to make sure everything is included. If anything is missing, we unfortunately can't move forward and will try and contact you for additional information delaying your application and possible assistance.
- A team member may reach out to you for a brief phone conversation so we can better understand your situation.
- If your request meets our guidelines, it will be shared with our volunteer committee for thoughtful review.
- You'll be contacted with the outcome—whether your request is approved, denied, or put on hold while we gather more information.

- If approved, payment will be made **directly to the service provider** by check (we are not able to give funds directly to individuals).

Our goal is to walk alongside you during a challenging moment with respect and care

### **Completing Your Application**

To give your request the best chance for consideration, please be sure to **fill out the application completely**:

1. **Include required documentation** – such as copies of past-due bills, estimates, lease agreements, or mortgage statements that support your request.
2. **Sign the Authorization for Release of Information** on page 7.
3. **Fill out the income and expense page completely** – include all sources of income such as work, Social Security (SSDI/SSI), child support, or other benefits.
4. **Use the space provided (or attach a separate page)** to explain your current situation and what has led to this request. The more detail you share, the better we can understand how to help.
5. **Be honest and thorough** – your words matter, and your story helps us advocate for you.
6. **Keep a copy** of your completed application for your records.

We know this process can feel overwhelming, and we appreciate the time and care you're putting into sharing your story with us.

Pagosa Outreach Connection (POC) prohibits discrimination in its program on the basis of race, color, national origin, sex, age, disability, political beliefs and marital or family status.

**I have read and understand the guidelines for applying for financial assistance.**

\_\_\_\_\_ Applicant Signature \_\_\_\_\_ Date

\_\_\_\_\_ Co-Applicant Signature \_\_\_\_\_ Date

Please Note:

**We are only able to review applications that include your signed Consent and Authorization form. This ensures we have your permission to communicate with relevant**

**service providers and fully understand your situation. We cannot proceed without the authorization signed and dated.**

### **Types of Support and What to Include**

To help us fully understand your request, please include the appropriate documentation based on the type of assistance you are seeking. We're committed to reviewing every application with care, and complete information allows us to do that effectively.

#### **Rent or Mortgage Assistance**

- A statement or payment coupon showing the amount due, amount past due, and the due date
  - A copy of your lease agreement (if you are renting)
  - Contact information for your landlord or mortgage holder
  - Any notices of eviction or foreclosure
- Please note: Assistance is not available for rental or utility deposits or late fees.*

#### **Utility Assistance**

- A recent bill or shut-off notice from the utility provider

#### **Automobile Payment or Insurance**

- A current payment stub or insurance bill

#### **Automobile Repair**

- Two written estimates for the cost of repairs

Other urgent needs may be considered on a case-by-case basis.

We understand that sharing personal and financial information can be difficult. Please know that we review every application with respect and confidentiality. Your honest and complete responses help us better understand how we can support you.

## **Applicant Information:**

**Referral Source (Agency or Individual):** \_\_\_\_\_

**Applicant Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Co-Applicant Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Names and Ages of All Household Members (including children):**

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**Are you a veteran?**  Yes  No

**How long have you lived in this area?** \_\_\_\_\_

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**Request Details**

**Amount Requested (up to \$1,500):** \$ \_\_\_\_\_

*(Please ensure this matches the documentation you provide. Partial funding may be offered.)*

**Purpose of Assistance (please be specific):**

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*(Deposits and late fees are not eligible for funding.)*

**Service Provider Details**

(Name of landlord, company, or billing party; include contact info and account number)

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*A copy of the bill, statement, or documentation is required.*

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**Employment & Income Information**

**Applicant's Current Employment**

Employer: \_\_\_\_\_

Supervisor: \_\_\_\_\_

How long employed: \_\_\_\_\_ Hours/week: \_\_\_\_\_ Wage/hour: \$ \_\_\_\_\_

**Previous Employer:** \_\_\_\_\_

Supervisor: \_\_\_\_\_

How long employed: \_\_\_\_\_ Hours/week: \_\_\_\_\_ Wage/hour: \$ \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**If not currently employed:**

How long unemployed? \_\_\_\_\_

Are you currently seeking employment?  Yes  No

Have you applied for unemployment?  Yes  No

**Co-Applicant's Employment**

Employer: \_\_\_\_\_

Supervisor: \_\_\_\_\_

How long employed: \_\_\_\_\_ Hours/week: \_\_\_\_\_ Wage/hour: \$ \_\_\_\_\_

**Previous Employer:** \_\_\_\_\_

Supervisor: \_\_\_\_\_

How long employed: \_\_\_\_\_ Hours/week: \_\_\_\_\_ Wage/hour: \$ \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**If not currently employed:**

How long unemployed? \_\_\_\_\_

Are you currently seeking employment?  Yes  No

Have you applied for unemployment?  Yes  No

**Monthly Income & Expenses**

Please list all sources of household income and your typical monthly expenses as accurately as possible. This information helps us understand your current financial situation and allows the committee to assess whether your monthly budget is balanced or if you're consistently falling short (“underwater”).

If we see that you're underwater, our goal isn't just to provide a temporary fix—we want to connect you with additional resources and support that can help you regain long-term stability. We're here to walk alongside you, not just for today's challenge, but to help you avoid facing the same struggle next month without options.

**Income (all household members):**

- Wages (Applicant): \$ \_\_\_\_\_
- Wages (Co-Applicant): \$ \_\_\_\_\_

- Social Security/Disability: \$\_\_\_\_\_
- Child Support: \$\_\_\_\_\_
- Food Stamps (SNAP): \$\_\_\_\_\_
- TANF or Other Assistance: \$\_\_\_\_\_
- Other Income: \$\_\_\_\_\_
- Total Monthly Income: \$\_\_\_\_\_**

**Expenses:**

- Rent/Mortgage: \$\_\_\_\_\_
- Utilities: \$\_\_\_\_\_
- Food/Personal: \$\_\_\_\_\_
- Trash: \$\_\_\_\_\_
- Car Payment: \$\_\_\_\_\_
- Car Insurance: \$\_\_\_\_\_
- Daycare: \$\_\_\_\_\_
- Phone/Internet: \$\_\_\_\_\_
- Gas/Transportation: \$\_\_\_\_\_
- Medical/Dental: \$\_\_\_\_\_
- Credit Cards/Loans: \$\_\_\_\_\_
- Other: \$\_\_\_\_\_
- Total Monthly Expenses: \$\_\_\_\_\_**

**Did you receive a tax refund last year?**  Yes  No

**Have you received financial assistance in the past (from any agency, church, etc.)?**

Please list source and date:

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*(Failure to disclose may affect your eligibility.)*

**Tell Us About Your Situation**

Please share what has led to your current financial need.

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How do you typically manage your household finances when things are stable?

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If you receive this support, what is your plan to meet your expenses going forward?  
(Be as specific as possible.)

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Have you applied for LEAP (Low-Income Energy Assistance Program)?  Yes  No  
Approved or denied? \_\_\_\_\_ Amount received: \$ \_\_\_\_\_

Have you reached out to any other resources for help (friends, family, other organizations)?

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Is there anything else you'd like us to know about your situation?

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**Authorization for Release of Information**

By signing below, I give Pagosa Outreach Connection and its representatives permission to contact or share information with relevant agencies or companies to verify details related to this application and determine eligibility for support. This may include information related to medical, psychological, or substance use conditions.

This release is valid for 60 days or until assistance has been provided, whichever comes first. I understand I may revoke this consent in writing at any time, except for actions already taken based on this release. I release POC and its representatives from liability related to the release of this information.

**Printed Name (Applicant):** \_\_\_\_\_

**Printed Name (Co-Applicant):** \_\_\_\_\_

**Signature (Applicant):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature (Co-Applicant):** \_\_\_\_\_ **Date:** \_\_\_\_\_