



COMMUNITY EMERGENCY
ASSISTANCE COALITION

Housing Solutions for the Southwest

295 Girard Street, Durango, CO 81303

Phone: 970.259.1086

WHAT IS CEAC - The purpose of CEAC is to provide financial counseling, budget planning, and connections to resources including possible **one-time emergency assistance** to individuals or families facing financial crisis who are usually self-sufficient. This one-time assistance is used to meet urgent payments for rent, mortgage, car repair, car payment, utilities, and other needs. **We are unable to cover rental and utility deposits, late fees on past due accounts, legal expenses including fines, medical expenses, and sales taxes.**

HOW TO APPLY FOR CEAC ASSISTANCE - To schedule an appointment to complete the application process, please contact the HUD Housing Counselor at 970-259-1086 ext. 12. Applications are reviewed by the committee, and requests for assistance are based on available funds. Unfortunately, not all applications are approved.

APPLICANT ELIGIBILITY - Must be a resident of La Plata or San Juan Counties. **Assistance is limited to once a year and 3 times maximum for a lifetime per household.**

Applicants are required to update all contact information with the Housing Solutions HUD Housing Counselor at 970-259-1086 ext. 12 for six months. This is important for the follow-up process for all approved applications.

If an application is denied, applicants can reapply after 60 days, but not more than twice a year.

ASSISTANCE LEVELS - Assistance levels may not exceed \$1,000. If a bill request is for more than \$1000, a payment plan must be in place to cover the balance. Assistance is generally between \$500 and \$1,000. Payments for approved assistance are made directly to the service provider or vendor.

PAPERWORK YOU WILL NEED- Bills must be past due but not more than 3 months.

- Completed CEAC Application – Attached
- Photo I.D.s – For household members over 18 years old
- Proof of Income – For household members over 18 years old - Last Months Paycheck Stubs, Social Security Income, Social Security Disability, Unemployment, TANF, or other benefits (award letter or a bank statement)
- Rent or Mortgage Assistance – Attach a past due notice with the date due and amount due from your landlord/mortgage company. Also, attach rental lease.
- Car Payment – Attach the billing statement for your vehicle.
- Vehicle Insurance or Registration – Attach the current bill for your vehicle. If you are purchasing new insurance for your vehicle, please be sure to provide two full quotes from local insurance companies.
- Car Repair – Attach two estimates for the repair.
- Utilities – Attach a past due or shut-off notice. To apply for heat or electric-related utilities, **you must have already attempted to utilize LEAP or Energy Outreach Colorado.**
- Childcare – For childcare bills, attach a statement from your provider showing *past due*.
- For other bills- on occasion we receive requests for other types of bills. Please call and speak with the HUD Housing Counselor about your request.



LIVE UNITED



Date of Application _____ Staff Reviewing Application _____

Who referred you to CEAC? _____

Applicant Name _____ DOB _____ SSN _____

Spouse/Partner _____ DOB _____ SSN _____

Mailing Address _____ City _____ Zip _____

Phone Number _____ Message Number _____ E-Mail _____

Names, date of birth, and relationship to the applicant of anyone living in your home _____

Assistance Request

Type of Assistant Requested _____ Total Amount \$ _____

Business	Address	Phone	Contact	Account Number

If you are applying for rent or mortgage assistance, how many months are you behind _____

Landlord Name _____ Phone Number _____

Type of Home _____ # of Bedrooms _____ Rent Amount \$ _____

Employment Information

Applicant Employment Status

Employed

Current employer _____

Phone _____

Position _____

Hourly wage _____

Hours per week _____

How long at this job _____

Unemployed

If not employed, please explain _____

How long have you been unemployed _____

Have you applied for unemployment Yes No

Co-Applicant Employment Status

Employed

Current employer _____

Phone _____

Position _____

Hourly wage _____

Hours per week _____

How long at this job _____

Unemployed

If not employed, please explain _____

How long have you been unemployed _____

Have you applied for unemployment Yes No

Monthly Household Income Information

	Applicant	Co-Applicant	Child/Other
Employment	\$	\$	\$
TANF	\$	\$	\$
SSI	\$	\$	\$
SSDI	\$	\$	\$
VA Services	\$	\$	\$
OAP	\$	\$	\$
AND	\$	\$	\$
Unemployment	\$	\$	\$
Workers Comp	\$	\$	\$
Child Support	\$	\$	\$
Tribal	\$	\$	\$
Other	\$	\$	\$
Other	\$	\$	\$

Total gross monthly income \$ _____

Non-Cash Benefits Received

SNAP WIC Child Care Voucher Housing Voucher Medicaid

Have you applied for LEAP this year? Yes No

Were you approved? Yes No

Have you applied for Energy Outreach Colorado this year? Yes No

Were you approved? Yes No

Has the COVID-19 pandemic contributed to your emergency? Yes No

Other Information

How long have you lived in La Plata/San Juan County _____ Do you intend to stay in the area Yes No

Applicant Ethnicity Hispanic Not Hispanic

Applicant Race (check all that apply) Black/African American Native Hawaiian/other Pacific Islander American Indian/Alaskan Native White Asian

Are you a Veteran? Yes No

Is Co-Applicant a Veteran? Yes No

Are you Disabled? Yes No

Is Co-Applicant Disabled? Yes No

Are you a DV Victim? Yes No

Is Co-Applicant a DV Victim? Yes No

Highest level of education you completed (check one)

Applicant High School or GED College (Undergraduate) Graduate School None/Other

Co-Applicant High School or GED College (Undergraduate) Graduate School None/Other

Community Resources

Please check any additional resources you are interested in for yourself or your family

Affordable Housing/Rental Counseling Food Healthcare Benefits Education Childcare
Mental Health Substance Abuse Budgeting Parenting Education/Support Mortgage Counseling
Legal Support Other _____

CONFIDENTIALITY

Submitting an application to CEAC for consideration requires that certain information contained in the application be reviewed with third-parties. Housing Solutions for the Southwest will provide each applicant with a copy of the Housing Solutions for the Southwest Privacy Policy at the time of intake.

AUTHORIZATION FOR RELEASE OF INFORMATION

Client Name: _____ Date of Birth: _____

I understand that as part of applying for emergency financial assistance from the Community Emergency Assistance Coalition (CEAC), information pertaining to my application for assistance must be verified for accuracy. In addition, I understand that in order for my application to be considered by the CEAC Committee, information contained within my application will be reviewed by committee members. I understand that members of the CEAC Committee sign a confidentiality pledge.

_____ I hereby consent to the release/exchange of information with the vendors listed on my CEAC application to which assistance would be applied.

_____ I hereby consent to the release/exchange of information with the members of the CEAC Committee for the purposes of evaluation of my application for emergency assistance.

_____ I hereby consent to the release/exchange of information pertaining to any benefits I currently receive or have received in the past from La Plata County Department of Human Services. I understand that information contained in my application (including household members, reported income, employment income, etc.), will be released to the Department of Human Services, and could be used for the purposes of fraud investigation.

This authorization is valid for 60 days from the dated signing of this release.

The person authorizing this release of information has the right to revoke this release in writing at any time.

Signature of Applicant: _____ Date: _____

Signature of Co-Applicant: _____ Date: _____

HOUSING SOLUTIONS FOR THE SOUTHWEST PRIVACY POLICY

HOUSING SOLUTIONS FOR THE SOUTHWEST (**HSSW**) is a private non-profit agency authorized by the Department of Housing and Urban Development (**HUD**) as a comprehensive housing counseling agency.

HSSW is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all your information shared both orally and in writing will be managed within legal and ethical considerations. Your nonpublic personal information (such as your total debt information, income, living expenses, and personal information concerning your financial circumstances) will be provided to creditors, program monitors, and others only with your authorization and signature. We may also use aggregated research information for designing future programs.

Types of information that we gather from you:

- Information we receive from you orally or on intake forms or other forms (e.g. your name, address, social security number, household members, assets, and income)
- Information about your financial transactions with us, your creditors, or others (e.g. account balances, payment history, parties to transactions, and credit card usage)
- Information we receive from a credit reporting agency (e.g. credit history and credit score)

Authorization of Release of Information:

In order for Housing Solutions to release your nonpublic personal information to others, you must sign a Release of Information. You have the right to revoke an Authorization for Release of Information. You must do so in writing. If you choose not to sign a Release for Information or revoke a prior authorization, this may impact your eligibility for certain services.

Release of your information to third parties:

- If you have signed a Release of Information, we may disclose some or all of the information that we collect to third parties in the course of your participation in our services or as a requirement of grant awards that make our services possible.
- We may also disclose any nonpublic personal information about you as permitted by law (e.g. if we are compelled by legal process).
- Within the organization, we restrict the access to nonpublic personal information about you to those employees who need to know that information to provide services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

Client: _____

Date: _____