

## General Assistance Application

The below verifications may be necessary to determine eligibility. Please submit the following information with your application.

### **Verifications**

- Picture ID
- Proof of Jefferson County residency
- Birth Certificate, DD214, Passport, Naturalization Papers, or Permanent Legal Resident Card
- Social Security Number
- All checking and savings accounts, showing current balance
- Current month of earned or unearned income verification (including any Social Security income, pensions, annuities, retirement income, or paystubs)
- Verification of any real estate property or land
- Copies of all vehicle registrations, including mileage

### **Copy of the provider's proposed charges**

- To be provided at time of application showing request for payment (burial services, rent, transportation, utilities, prescriptions, etc.)

Failure to provide the above verifications may delay processing of benefits or result in the denial of your application for burial assistance.

**General Assistance may be granted to eligible individuals when County funds are available to support this program. Reimbursement to individuals for services rendered is not permitted. Benefits must be paid directly to a provider.**

Email your completed application to [CATeam1@co.jefferson.co.us](mailto:CATeam1@co.jefferson.co.us). You may also submit your application via mail to Jefferson County Human Services, 900 Jefferson County Parkway, Golden, CO 80401.

Questions? Please call our team at 303-271-1388.

## Application for General Assistance

### General Information

Full Name\*: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
 \_\_\_\_\_  
*City State ZIP Code*

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

How long have you resided in Jefferson County? \_\_\_\_\_

Have you applied for or are you receiving TANF/Colorado Works Assistance? Yes  No

\*If you are applying on behalf of another individual as their authorized representative or for burial assistance on behalf of the deceased individual, include their information in this section. A decedent must have been a resident of Jefferson County at their time of death to be eligible to apply for General Assistance.

### Authorized Representative Information

Complete this section only if you are applying on behalf of another individual as their authorized representative or for burial assistance on behalf of the deceased individual.

Your Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
 \_\_\_\_\_  
*City State ZIP Code*

### Household Members

Please list information regarding everyone in the home of the person listed in the "General Information" section.

Relationship (to person above)	Name	Date of Birth	Social Security Number	U.S. Citizen (Yes or No)

## Type of Assistance Requested

What kind of assistance are you applying for today? (Please check)

Eviction/Foreclosure Assistance

Burial Assistance                      Is this a COVID-related death?    Yes                      No

Utility Assistance

Prescription Assistance

Amount of Assistance You are Requesting: \$ \_\_\_\_\_

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

## Income

Please fill out the following for any income coming into your home. 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 Getting the Money	Money From	Amount Received Before Taxes?	How Often Received?	If employed, employer name and contact number?

## Utility Assistance

Current amount owed to Xcel Energy: \$ \_\_\_\_\_

Have you received a shutoff notice? Yes \_\_\_\_\_ If yes, shutoff date? \_\_\_\_\_

No Have you applied for LEAP? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, were you approved? Yes \_\_\_\_\_ No \_\_\_\_\_

## Foreclosure/Eviction Assistance

Monthly rental/mortgage amount: \$ \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_ *City* *State* *ZIP Code*

Are you past due in paying your rent or mortgage? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how much do you owe? \$ \_\_\_\_\_

Have you received an eviction notice? Yes \_\_\_\_\_ No \_\_\_\_\_

## Disclaimer and Signature

I state that I have examined this application, and to the best of my knowledge, believe my answers are true, including household composition and citizenship information, and I have listed all amounts and sources of income I receive.

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

If you are applying for benefits as an authorized representative for an individual or for burial benefits on behalf of someone who is deceased, what is your relationship?  
\_\_\_\_\_