



APPLICATION FOR EMERGENCY FINANCIAL ASSISTANCE

Working Together is a non-profit organization based on the spirit of *state employees helping state employees*. Funds are donated by Colorado State employees and retirees to assist fellow employees and retirees in times of **unforeseen crises, emergencies or personal hardships**.

Grants, not loans, may be awarded for **basic and essential living necessities** such as: housing, utilities, uninsured medical expenses or property loss due to theft, fire or natural disaster; and,

- are limited to one grant within a 36-month period, subject to the availability of funds;
- not intended as an ongoing source of financial support; and,
- processed on a “first come-first serve” basis; with priority given to first-time applicants.

Are you Eligible?

Active employees and retirees from all agencies and branches of Colorado state government may be eligible if:

- you have at least six months’ state service as a full or part-time employee (not temporary); and,
- are in good standing, not under disciplinary action upon date of application.

How to Apply:

1. Complete all sections of the application form, including a date and signature;
2. **Briefly describe your emergency situation** such as, critical medical treatment; theft or damaged property; reduced household income due to personal or spouse’s loss of wages; or, notice of utility service shutoff.
3. Provide **proof of employment or retiree status**: employee ID number, paystub or PERA statement.
4. Attach a **copy of the bill or bills you are requesting assistance with** including account name and number, current balance and due date. For example: a medical invoice, utility bill, rental/lease agreement with the landlord’s name and rental property address.
5. Include any additional information to explain your situation and assist us in assessing your needs such as, pictures, insurance claims, utility shutoff notice, letter from a supervisor or co-worker.

Options to submit your application:

1. Complete the online application form below;
2. Print and mail your application to: *Working Together*, 1373 Grant Street, Denver, Colorado 80203; or,
3. E-mail the completed application to: cworkingtogether@gmail.com
4. Additional attachments can be mailed or scanned and emailed to the above addresses as appropriate.

If Approved:

Grants are issued in the form of a check payable to the specified creditor or provider and mailed to the applicant. **CHECKS ARE NOT MADE PAYABLE TO THE APPLICANT OR A FAMILY MEMBER.**

Still have questions? Send us an e-mail or leave a voice message at 303-831-8645.

Working Together shall not discriminate on the basis of any non-merit factor in awarding grants. No applicant shall be denied assistance on the basis of race, color, national origin, gender, age, sexual orientation, gender identity, religion, disability, or any other consideration prohibited by law.

*Grants are awarded for basic essentials or emergency needs. **Working Together does not pay for debt consolidation, credit card payments, litigation, poor financial planning, non-essential items, wage garnishments, taxes, bail, expenses related to vehicles, phones, cable services, life insurance or other non-emergency expenses.***

WORKING TOGETHER – APPLICATION FOR EMERGENCY FINANCIAL ASSISTANCE

All information provided is confidential.

Mail to: Working Together, 1373 Grant Street, Denver, CO 80203

Or, e-mail to: coworkingtogether@gmail.com

Name and Employee ID Number*

First	Last	EEID (see paystub)
-------	------	--------------------

Department/Division*

Service Start Date* (MO/YEAR) hired with the State

--	--

Check if Retired and attach a recent PERA statement

Contact Information

Home Address* Street Number, City & Zip Code	
Mailing Address (if different than above)	
Email Address*	
Cell/Home Phone*	Work Phone*

Is it okay to send you a detailed message via email? Yes No

Is it okay to leave you a detailed voice message on your cell? Yes No Work phone? Yes No

Members of Your Household

First and Last Name	Relationship	Age

Have you applied for a Working Together grant in the past three years? *

Yes No

If yes, approximate date? (MO/YEAR)

Please provide the name(s) of the provider/business/company you would like payment applied to:

	Amount requested: (limit \$200)
--	---

Attach a **copy** of the most current bill or bills that include your name (or spouse's name), account number, balance and date due. (Example: Utility bill, medical bill showing balance not covered by insurance, rental/lease agreement with the landlord's name and address of the rental property, bill for emergency home repair.)

Please describe the events that led to your emergency or unforeseen circumstances* causing your financial hardship such as, emergency or chronic medical treatment, loss of income, property loss/damage, family emergency.

(Attach any documents that help to explain your situation such as, past due medical bills, insurance claims, payroll or other records showing reduced wages, bills for emergency home repairs, notice of utility service shutoff, letter from a supervisor.)

Please read and sign: *

By signing below, you certify that you have completed this application fully and truthfully; are in good standing as a State of Colorado employee (or a retiree); and, are not under disciplinary action at the time of applying. Any employee or retiree who falsifies information on this application will not be eligible for a grant now, or in the future.

Signature	I attest to the above paragraph	Date
------------------	------------------------------------	-------------

FOR OFFICE USE ONLY	Reviewer's signature
Date received:	/S/
Date processed:	Approved Denied

Revised: October 2018