



WESTERN COLORADO IMMIGRANT RELIEF FUND REQUEST FORM

Emergency Assistance Request Form

Today's Date: _____

The purpose of the WCIRF is to assist individuals or families facing financial hardship due to covid-19 and/or related to the current economic crisis. The fund is available to immigrant families ineligible for state and federal assistance residing in Delta, Gunnison, Mesa, Montrose, Ouray and San Miguel counties. Assistance will be made in the form of direct payment for rent or utilities, or a gift card to purchase food and supplies in local stores.

Full Name: _____

Phone Number: _____ Email Address: _____

Mailing Address: _____

Number of people in your household:

Adults: _____

Children 0-10 yrs: _____

Children 11-18 yrs: _____

Current monthly household income: \$ _____

Sources of Income: _____

Description of need: _____

Amount of Request: \$ _____

Please list all community resources contacted or exhausted prior to WCIRF:

Agency Name	Contact Person	Phone	Outcome

Documents included in this application

Notes

1. Letter from employer or last paystub	
2. Copy of rent, utility, prescription, etc. invoice	
3. Other	

If request is approved, information of business to submit payment to:

Name: _____

Address: _____

Phone: _____ Email: _____

Please send completed form to the HAP staff that you are working with. For eligibility questions please call 970-249-4115. Mailing address: Hispanic Affairs Project, P.O. Box 2024, Montrose, CO 81402.