

Idaho Springs Individual Support Application

The City of Idaho Springs has received Federal CARES Act funding to provide financial support to residents of the City that have been impacted by COVID-19. The City has developed a program to provide residents with cash awards (prior to December 30), gift cards to buy groceries or other necessities, or to pay bills.

These funds must be used to address an impact of the COVID-19 pandemic. To be eligible, applicants must meet the following conditions:

Residency Requirements
Applicant must be a resident of the City of Idaho Springs for 3 months and 1 day.
Applicant must prove residency by one of the following means:
Drivers license or state id with listed address in city limits
Government issued document listing address in city limits (i.e., Water or Utility Bill); OR
Verification from landlord of residency meeting approval of the funding committee

Applicants will be asked to provide information on the following application related to how the COVID-19 pandemic and shutdowns created an impact that could be alleviated with funding through the program. The funding committee shall have the sole discretion to deny funding to any applicant if impact or residency is not adequately established.

Applications can be turned in to the drop box in the door of City Hall, 1711 Miner Street, Idaho Springs CO, 80452 in an envelope marked "Attn: Support Funding Application". Only complete applications will be considered. Please contact **Jonathan Cain (jcain@idahospringsco.com)** if you have questions about the program or if you require assistance.

Upon notification of award, applicants can make an appointment to pick up funds from City Hall by calling 303.567.4421. Applicants will be required to wear a mask and observe social distancing guidelines while at City Hall.

Applicants will be eligible to reapply for funds every 6 weeks but will have to document ongoing impact from the COVID-19 pandemic and shutdowns.

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Applicant Information

Full Name:		Date:
Physical Address:		PO Box #:
Phone Number:	Email Address:	

I am a resident of the City of Idaho Springs.

Yes

No

I have lived in the City for at least 3 Months and 1 Day.

Yes

No

Please describe how the COVID-19 Pandemic and Shutdown Impacted you and/or your Household, and what you will use the money for if awarded.

By my signature I certify that the information included in this application is true and correct.

Applicant Signature

Date

If Verification of Residency by Landlord is required, the Landlord should sign this statement:

I attest that _____ has been a resident of Idaho Springs for 3 months and 1 day and is a resident in a building that I have made available for long term lease.

SUBMIT YOUR APPLICATION ELECTRONICALLY BY EMAIL.

IdahoSpringsCityHall@gmail.com

STAFF USE ONLY

INTAKE AND RESIDENCY VERIFICATION

DATE RECEIVED:

BY:

RESIDENCY VERIFICATION: