

**Eagle Valley Family Assistance Fund**  
**COVID-19 Related Assistance Program Application**

**Applicant Information:**

Full Name (First & Last): \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Referred by: \_\_\_\_\_

Your primary phone number: (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Your primary email: \_\_\_\_\_

Your physical address: \_\_\_\_\_

How long have you lived in your present dwelling? \_\_\_\_\_

**Household Information:**

Number of additional adults in household: \_\_\_\_\_

Additional Adult #1 Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Date of birth: \_\_\_/\_\_\_/\_\_\_

Additional Adult #2 Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Date of birth: \_\_\_/\_\_\_/\_\_\_

Additional Adult #3 Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Date of birth: \_\_\_/\_\_\_/\_\_\_

Additional Adult #4 Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Date of birth: \_\_\_/\_\_\_/\_\_\_

Number of children in household: \_\_\_\_\_

Child #1 Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Date of birth: \_\_\_/\_\_\_/\_\_\_

Child #2 Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Date of birth: \_\_\_/\_\_\_/\_\_\_

Child #3 Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Date of birth: \_\_\_/\_\_\_/\_\_\_

Child #4 Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Date of birth: \_\_\_ / \_\_\_ / \_\_\_\_\_

Child #5 Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Date of birth: \_\_\_ / \_\_\_ / \_\_\_\_\_

Child #6 Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Date of birth: \_\_\_ / \_\_\_ / \_\_\_\_\_

**Employment Information:**

Are you currently employed? *circle one:* YES NO

Are you currently self-employed? *circle one:* YES NO

Where were/are you employed? \_\_\_\_\_

If self-employed, what is the nature of your business? \_\_\_\_\_

Salary: \_\_\_\_\_

Employer, Business Landlord or other Reference – Full Name: \_\_\_\_\_

Employer, Business Landlord or other Reference – Phone Number: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

If currently unemployed, have you been laid-off or furloughed? *circle one:* Laid-off Furloughed

Date of termination or date of furlough: \_\_\_ / \_\_\_ / \_\_\_\_\_

**Spouse Employment Information:**

Is your spouse currently employed? *circle one:* YES NO

Is your spouse currently self-employed? *circle one:* YES NO

Where was/is your spouse employed? \_\_\_\_\_

If self-employed, what is the nature of your spouse's business? \_\_\_\_\_

Salary: \_\_\_\_\_

Employer, Business Landlord or other Reference – Full Name: \_\_\_\_\_

Employer, Business Landlord or other Reference – Phone Number: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

If currently unemployed, has your spouse been laid-off or furloughed? *circle one:* Laid-off Furloughed

Date of termination or date of furlough: \_\_\_ / \_\_\_ / \_\_\_\_\_

**EVFAF COVID-19 Assistance Information:**

Have you talked to your landlord/property manager to make a payment plan? *circle one:* YES NO

If yes, what was the arrangement you have made with your landlord/property manager? \_\_\_\_\_

Landlord/Property Manager – Full Name: \_\_\_\_\_

Landlord/Property Manager – Phone Number: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

What month and purpose are you applying for assistance? (ex. June rent) \_\_\_\_\_

How much assistance are you applying for from EVFAF? \$ \_\_\_\_\_

**Additional Assistance Information:**

Have you applied for state or federal unemployment? *circle one:* YES NO

Do you currently receive state or federal unemployment? *circle one:* YES NO

If yes, how much do you or would you receive in state/federal unemployment: \$ \_\_\_\_\_

Has your spouse applied for state or federal unemployment? *circle one:* YES NO

Does your spouse currently receive state or federal unemployment? *circle one:* YES NO

If yes, how much does your or would your spouse receive in state/federal unemployment: \$ \_\_\_\_\_

Have you applied for rent assistance from another local organization? *circle one:* YES NO

What is/are the name(s) of the organization(s): \_\_\_\_\_

Did you receive financial assistance from this/these organization(s)? *circle one:* YES NO

If yes, how much did they provide? \$ \_\_\_\_\_

**Additional Notes:**

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Applications can be mailed to the address or dropped off at the FirstBank in Avon:

PO Box 4711  
Avon, CO 81620

Thank you for submitting a COVID-19 Related Assistance Program Application. A member of the Eagle Valley Family Assistance Fund will be in contact with you soon.

For more information on EVFAF please visit: [evfaf.net](http://evfaf.net)