



"Ayuda para Nuestras Familias" Application

One applicant per family/household

Name: _____ Phone: _____

Address: _____ Email: _____

Preferred Language: English Spanish

Do you live in Idaho? Yes No

Did you receive a stimulus check? Yes No

Are you a farmworker? (provide a copy of most recent check stub) Yes No

Who is the head of your household? _____ Is this a single parent household? Yes No

Total family size: _____

Total family monthly income: \$ _____ Did you file 2019 taxes? Yes No

Are you houseless or living with another person/family? Yes No

Do you rent or own your home? Rent Own

Have you been laid off, or lost hours/wages due to COVID-19 (coronavirus)? Yes No

Have you contracted, or currently at high risk of contracting COVID-19? Yes No

Are you or another household member caring for someone with COVID-19? Yes No

How much financial assistance are you requesting? (maximum of \$500) \$ _____

If you are not able to provide a recent paycheck stub, please explain why.

Is there anything we should know about your situation? Á

Úñæ^Á!|çã^Áe^Á ~&@^çã^Áe^Á |••ã|^É

Empty text box for providing a verbal and/or written statement on why you need financial assistance.

Please provide a verbal and/or written statement on why you need financial assistanceÉÁ

Úñæ^Á!|çã^Áe^Á ~&@^çã^Áe^Á |••ã|^É

Empty text box for providing a verbal and/or written statement on why you need financial assistance.

Please return the application to: Community Council of Idaho
317 Happy Day Blvd. Ste. 250
Caldwell, ID 83607
(208) 453-3004
Ayuda@ccimail.org