

IDAHO IMMIGRANT RESOURCE ALLIANCE



"Ayuda para Nuestras Familias" Application

Date _____ One applicant per family/household. Applications that are not filled out completely will not be reviewed.

Name: _____ Phone: _____

Address: _____ Email: _____
Please provide proof of address.

Preferred Language: English Spanish

Do you live in Idaho? Yes No Are you authorized to work in the US? Yes No

Did you receive a stimulus check? Yes No, please explain below.

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

What is the name of 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
Please attach/provide most recent paycheck stub.

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. If you did not receive a stimulus check, please explain why.

Is there anything we should know about your situation? _____

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[Empty text box for providing explanation]

Please provide a verbal and/or written statement on why you need financial assistance. **REQUIRED**

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[Empty text box for providing 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

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household. Applications not completely
filled out will not be reviewed.