



Dear Applicant:

Thank you for your interest in Project Self-Sufficiency!

The first step is to submit an application (attached).

Please be sure to review eligibility requirements carefully (they are listed on the application).

The second step is to complete two walk-in help sessions.

You do not need to schedule an appointment in advance. We encourage you to plan 20-40 minutes for each of your walk-in visits.

Wednesdays from 3-5pm

Thursdays from 11am-1pm

Please note: there will be no walk-ins the weeks of Thanksgiving, Christmas and New Year's.

****YOU MUST COMPLETE TWO WALK IN HELP SESSIONS WITHIN SIX MONTHS
FROM APPLICATION DATE****

The third step is to complete an interview.

Applicants who complete two walk-in help-sessions will be contacted for interviews as openings become available.

You will receive an e-mail letter confirming that we have received your application and informing you of your application expiration date.

Fort Collins Applicants: Please contact Neva at 970-407-0305 ext. 5 or neva@bringthepower.org should you have any questions or concerns.

Loveland Applicants: Please contact Jason at 970-635-5912 or jason@bringthepower.org should you have any questions or concerns.

We look forward to assisting you in any way we can.



PROJECT SELF-SUFFICIENCY PROGRAM APPLICATION

Please complete all sections to the best of your ability. If a question is not applicable, write "N/A" or line through. Fields marked with an asterisk (*) are required. Incomplete applications will be removed from our list.

Financial Eligibility Criteria

Project Self-Sufficiency uses 185% of the Federal poverty level to determine program eligibility. The following guidelines are used:

Family Size Including Parent	Maximum Annual Income	Maximum Monthly Income
Single parent with 1 child	\$30,044	\$2,503
Single parent with 2 children	\$37,777	\$3,148
Single parent with 3 children	\$45,510	\$3,793
Single parent with 4 children	\$53,243	\$4,437
Single parent with 5 children	\$60,976	\$5,081

*retrieved from <https://aspe.hhs.gov/poverty-guidelines> on 1/20/2017. Poverty guidelines are updated periodically in the Federal Register by the U.S. Department of Health and Human Services under teh authority of 42 U.S.C. 9902(2).



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*Last Name _____ *First Name _____ *Date of Birth _____

*Mailing Address _____ *City _____ *Zip _____

*Primary Phone _____ Ok to leave message? _____ *Email Address _____

How did you hear about PS-S? _____

PROGRAM ELIGIBILITY STATEMENT

- I live in Larimer County and am at least 18 years old
- My total income is less than the amount on page 2 for my family size
- I live on my own or with family and friends but not with an intimate partner (i.e., spouse, ex, boy/girlfriend)
- I am willing and able to work on activities like getting a job or going to school
- I am able to legally work or attend school in the United States

I have one or more children age 13 and younger living with me more than 50% of the time (primary parent).

Primary Custody Statement

* By signing below, I affirm that I am the **primary parent** responsible for the care of at least one child who is 13 years old or younger. This child(ren) live in my household **more than 50%** of the time. I may be asked to provide documentation of this upon request.

Signature _____ Date _____

CHILDREN (List all children in your household living with you more than 50% of the time)

* First and Last Name _____ *Date of Birth _____

* First and Last Name _____ *Date of Birth _____

* First and Last Name _____ *Date of Birth _____

* First and Last Name _____ *Date of Birth _____

EDUCATION

*High School: Diploma GED None Completion Date: _____

*College: Junior/University Vocational None Dates Attended: _____

Credit Hours Completed _____ Subject Studied/Major _____ What Degree Earned (if any)? _____



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EMPLOYMENT

Employer Name (if applicable) Job Title Hours per Week Hourly Wage

***MONTHLY INCOME (please fill out all that apply)**

- Employment \$ Child Support/Alimony \$
TANF \$ Child Support/Alimony \$
SNAP/Food Stamps \$ Supplemental Security Income \$
Other: \$

*Total Monthly Income: \$

PERSONAL STATEMENT (Answer the questions below to tell us more about you and the things you have already achieved on your own)

*What is your career goal?
*What have you accomplished toward your goal of becoming self-sufficient?
sdsd

What areas do you need extra support with in order to achieve your goals? (Check all that apply.)

- Education Debt / defaulted loans Medical coverage
Job Training Housing Health issues (self/children)
Job Placement Childcare Transportation
Other (please describe):

*Describe your positive qualities and strengths that make you a good candidate for Project Self-Sufficiency:

LETTER OR REFERENCE

A letter of reference is required. It should be from someone who can comment on your strengths and desire to become self-sufficient. Examples of people who can write letters are counselors, supervisors, co-workers, or a leader from your place of worship.

APPLICANT CERTIFICATION

By signing below, I affirm that all information on this application is correct to the best of my knowledge. I also understand that I must keep Project Self-Sufficiency informed of any changes to my application (i.e., address or phone number) or my name will be removed from the waiting list.

Signature: Date:

Questions and reference letters may be directed to info@bringthepower.org or one of the following offices:

375 West 37th Street, Suite 150
Loveland, Colorado 80538
Phone: (970) 635-5912 | Fax: (970) 635-5910

2001 South Shields Street, Unit D-203
Fort Collins, CO 80526
Phone: (970) 407-0305 | Fax: (970) 407-0309

Project Self-Sufficiency of Loveland-Fort Collins is a local nonprofit organization supported by United Way, local governments, and private funders. Project Self-Sufficiency is an equal opportunity employer and does not discriminate against individuals on the basis of race, ethnicity, religion, gender, gender identity, gender expression, sexual orientation, national origin, marital status, military or veteran status, or age in the admission, access, or appointment to, or treatment or employment in its programs or activities.