



Concho Valley Community Action Agency

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PO Box 671
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San Angelo, TX 76902
www.cvcaa.org

APPLICATION FOR SERVICES

NO DISCONNECT NOTICES FOR MAIL IN APPLICATIONS – call office for appointment (limited availability)

Please provide copies of the following (NO ORIGINALS)

(Lack of required supporting documentation will cause a delay in processing or a denial)

REQUIRED DOCUMENTATION FOR ALL HOUSEHOLD MEMBERS: (NO EXCEPTIONS)

Section 1: If you have ONE of these documents, disregard sections 2 and 3.

- U.S. Passport (can be expired)
- U.S. American Indian or Alaska Native Tribal Card with photo
- Certificate of Naturalization (N-550, N-570), Certificate of U.S. Citizenship (N-560, N-561), Permanent Resident Card or Resident Alien Card (I-551)

Section 2: Must have ONE of these documents

Certified Birth Certificate or Certificate of Birth Abroad (FS-240, DS-1350, or FS-545)

If applying for City of San Angelo Water Assistance Program only, Birth Certificate not required

AND

Section 3: Must have ONE of these documents (**Water Assistance Program must provide photo ID**)

- Texas DL or photo ID (can be expired up to 2 years)
- Government Employee ID (city, county, state or federal)
- U.S. Military or military dependent ID

OR please provide TWO of the following documents

- Social Security Card
- Voter Registration Card
- Medicare or other Health Card
- Student ID
- School records (Verification of Enrollment, report card)
- Immunization records

(Please call the office if you do not have the above documentation, other documents may be acceptable)

****If documents requested are not verifiable or legible by CVCAA, you may be asked to provide additional information****

COPY OF PROOF OF ALL INCOME earned/received in the last thirty (30) days for all household members 18 years and older such as: Paystubs, 2019 Award Letters from Social Security (SS, SSI, SSDI), Pensions, TANF, VA Benefits, Unemployment Benefits, HUD Utility Checks, etc...

COPY OF CHILD SUPPORT If not received through the Attorney General, we will need a letter from the payee. We may request CIN#, please have available.

We **cannot** accept the following: **bank statements or W2 tax forms** as proof of income

IF NO INCOME has been earned/received for household members 18 years and older, complete a Declaration of Income/No Income Statement (see our website or request a copy).

COPY OF CURRENT ELECTRIC, GAS or PROPANE and if applicable **WATER** bill (from City of San Angelo (COSA) only) (front & backside)

****Fees, deposits, reconnect charges, security lights &/or other charges need to be paid by customer****

Continue to pay any outstanding bills until you receive a confirmation letter from us stating that you are on the program.

Once application is received, allow up to 60 days or more for processing. *Applications are processed in order received and by priority rating scale.*

Applications and all supporting documents may be returned in person, by mail or email (mail@cvcaa.org), or by fax.

*****Application is not a guarantee of services, you must qualify for programs*****

Do not submit application until you have all the information required and application is complete and signed!!

Concho Valley Community Action Agency Application for Services

ALL FIELDS MUST BE COMPLETED

Name of Applicant or Head of Household

Address City County Zip

Mailing Address if Different Primary Phone # Alt Phone #

Email Address Referred By

Check program(s) you are applying for: UTILITY ASSISTANCE WEATHERIZATION
CITY OF SAN ANGELO WATER PROGRAM (COSA)

Senior Assistance: 65+ years, 2 year contract, Maximum Savings up to \$3.54 per month
OR

Low Income Assistance: 1 time per calendar year (no deposits or tap fees)

*****Cannot be enrolled in both COSA programs; bill must be under household member's name*****

• Does your family receive any of the following benefits: (Check all that apply)

Retirement from Social Security TANF VA Service Connected
 SSI &/or SSDI Private Disability Insurance Disability Compensation
 Pensions Unemployment Benefits VA Non-Service Connected
 Child Support Earned Income Tax Credit Disability Pension
 Alimony or other Spousal Support Workers Compensation

• Is anyone in the household a Veteran, Surviving Spouse, or dependent of a Veteran: Yes No

If yes, please identify which household member and circle the category that describes them.

Household member name: _____ Veteran / Surviving Spouse / Dependent

• Does your family receive any of the following benefits: (Check all that apply)

SNAP (Food Stamps) Permanent Supportive Housing HUD-VASH
 Public Housing Housing Choice Voucher Affordable Care Act Subsidy
 WIC Childcare Voucher

• Has this residence ever received services from the Weatherization Program: Yes No When? _____

• What year was your home built? _____ • Do you **OWN** or **RENT** your residence? _____

• Type of housing: Private Home Mobile Home Apartment Subsidized Housing
(Single or Double Wide) – circle one

• Monthly Mortgage or Rent Amount: _____ Are utilities included in rent? Yes No

• Type of **Air Conditioner** Used: Window Unit Central Unit Evaporative Cooler None

• Type of **Heater** Used: Gas Space Heater -- How many: _____ Central Unit Wall Furnace
 Electric Heater -- How many: _____ Stove – Gas or Wood Other _____

Electric Co: _____ Account # _____ Heating Cooling Other

Gas Co: _____ Account # _____ Heating Cooling Other

Propane Co: _____ Account # _____ Heating Cooling Other

Tank Size: _____

City of San Angelo (COSA) Water Account# _____

ALL FIELDS MUST BE COMPLETED FOR EACH HOUSEHOLD MEMBER

1. First & Last Name	2. First & Last Name	3. First & Last Name	4. First & Last Name	5. First & Last Name
Relationship to You SELF	Relationship to You	Relationship to You	Relationship to You	Relationship to You
Social Security #	Social Security #	Social Security #	Social Security #	Social Security #
Date of Birth	Date of Birth	Date of Birth	Date of Birth	Date of Birth
Sex: ___ M ___ F ___ O	Sex: ___ M ___ F ___ O	Sex: ___ M ___ F ___ O	Sex: ___ M ___ F ___ O	Sex: ___ M ___ F ___ O
Active Military ___ YES ___ NO	Active Military ___ YES ___ NO	Active Military ___ YES ___ NO	Active Military ___ YES ___ NO	Active Military ___ YES ___ NO
Veteran ___ YES ___ NO	Veteran ___ YES ___ NO	Veteran ___ YES ___ NO	Veteran ___ YES ___ NO	Veteran ___ YES ___ NO
Disabled: ___ YES ___ NO	Disabled: ___ YES ___ NO	Disabled: ___ YES ___ NO	Disabled: ___ YES ___ NO	Disabled: ___ YES ___ NO

Health Insurance check all that apply	___ Medicaid	___ Medicaid	___ Medicaid	___ Medicaid	___ Medicaid
	___ Medicare	___ Medicare	___ Medicare	___ Medicare	___ Medicare
	___ State Children's Health Insurance (CHIP)	___ State Children's Health Insurance (CHIP)	___ State Children's Health Insurance (CHIP)	___ State Children's Health Insurance (CHIP)	___ State Children's Health Insurance (CHIP)
	___ State Health Insurance for Adults	___ State Health Insurance for Adults	___ State Health Insurance for Adults	___ State Health Insurance for Adults	___ State Health Insurance for Adults
	___ Military Health Care	___ Military Health Care	___ Military Health Care	___ Military Health Care	___ Military Health Care
___ Direct Purchased	___ Direct Purchased	___ Direct Purchased	___ Direct Purchased	___ Direct Purchased	
___ Employment Based	___ Employment Based	___ Employment Based	___ Employment Based	___ Employment Based	
___ None	___ None	___ None	___ None	___ None	
Education	___ 0-8 Grade	___ 0-8 Grade	___ 0-8 Grade	___ 0-8 Grade	___ 0-8 Grade
	___ 9-12 Grade	___ 9-12 Grade	___ 9-12 Grade	___ 9-12 Grade	___ 9-12 Grade
	___ High School Graduate or GED	___ High School Graduate or GED	___ High School Graduate or GED	___ High School Graduate or GED	___ High School Graduate or GED
	___ Some College	___ Some College	___ Some College	___ Some College	___ Some College
	___ 2 or 4 year College Graduate	___ 2 or 4 year College Graduate	___ 2 or 4 year College Graduate	___ 2 or 4 year College Graduate	___ 2 or 4 year College Graduate
___ Graduate of other Post Secondary School	___ Graduate of other Post Secondary School	___ Graduate of other Post Secondary School	___ Graduate of other Post Secondary School	___ Graduate of other Post Secondary School	
Race	___ Black or African American	___ Black or African American	___ Black or African American	___ Black or African American	___ Black or African American
	___ Hispanic	___ Hispanic	___ Hispanic	___ Hispanic	___ Hispanic
	___ White	___ White	___ White	___ White	___ White
	___ American Indian or Alaskan Native	___ American Indian or Alaskan Native	___ American Indian or Alaskan Native	___ American Indian or Alaskan Native	___ American Indian or Alaskan Native
	___ Asian	___ Asian	___ Asian	___ Asian	___ Asian
	___ Multi-Race (2 or more)	___ Multi-Race (2 or more)	___ Multi-Race (2 or more)	___ Multi-Race (2 or more)	___ Multi-Race (2 or more)
___ Other	___ Other	___ Other	___ Other	___ Other	
Work Status	___ Full Time	___ Full Time	___ Full Time	___ Full Time	___ Full Time
	___ Part Time	___ Part Time	___ Part Time	___ Part Time	___ Part Time
	___ Migrant, Seasonal or Farm Worker	___ Migrant, Seasonal or Farm Worker	___ Migrant, Seasonal or Farm Worker	___ Migrant, Seasonal or Farm Worker	___ Migrant, Seasonal or Farm Worker
	___ Unemployed (6 months or less)	___ Unemployed (6 months or less)	___ Unemployed (6 months or less)	___ Unemployed (6 months or less)	___ Unemployed (6 months or less)
	___ Unemployed (6 months or more)	___ Unemployed (6 months or more)	___ Unemployed (6 months or more)	___ Unemployed (6 months or more)	___ Unemployed (6 months or more)
	___ Unemployed (not in Labor Force)	___ Unemployed (not in Labor Force)	___ Unemployed (not in Labor Force)	___ Unemployed (not in Labor Force)	___ Unemployed (not in Labor Force)
	___ Retired	___ Retired	___ Retired	___ Retired	___ Retired
Pay Period	___ Weekly	___ Weekly	___ Weekly	___ Weekly	___ Weekly
	___ Every 2 weeks	___ Every 2 weeks	___ Every 2 weeks	___ Every 2 weeks	___ Every 2 weeks
	___ Semi - Monthly	___ Semi - Monthly	___ Semi - Monthly	___ Semi - Monthly	___ Semi - Monthly
	*List pay dates: _____	*List pay dates: _____	*List pay dates: _____	*List pay dates: _____	*List pay dates: _____
___ Monthly	___ Monthly	___ Monthly	___ Monthly	___ Monthly	

Important information for former military services members: Women and Men who served in any branch of the United States Armed Forces, including Army, Navy, Marines, Coast Guard, Reserves or National Guard, may be eligible for additional benefits and services. For more information, please visit the Texas Veterans Portal at <https://veterans.portal.texas.gov/>

List additional members on back or separate page

“WEATHERIZATION APPLICATIONS” please complete this page...*All others continue to page 4.*

RENTERS ONLY -- Submit “Landlord Permission Form” – (see our website or request a copy)

Please answer the following questions:

Is your roof leaking? YES NO

If Yes, how long has it been leaking? _____

In how many rooms is it leaking? _____

Are there holes in your floors? YES NO

Does your home have a good foundation? YES NO

Please draw a map below which shows us where your house is located. Please be as specific as possible, providing street names, county road numbers, landmarks, etc. It is very important that we have as much information as possible in order to be able to find your home.

Color of home: _____

Please provide the name of the nearest cross street: _____

Please provide information on any landmarks we can use to find your home: _____



****Weatherization DOES NOT include windows, doors, flooring, roofing, wiring, or plumbing.**



APPLICANT’S AUTHORIZATION, UNDERSTANDING, AND AGREEMENT

I authorize the Texas Department of Housing and Community Affairs (TDHCA) and CVCAA and its contracted agencies to contact any source in order to solicit/verify information necessary for any eligibility determination &/or employment verification and that it will be kept in strict confidence to be used for program purposes only. I understand that a photocopy of this release is as valid as the original and may be used to obtain more information or verify other data needed to provide services. I have been advised and understand that this application will be considered without regard to race, color, religion, creed, national origin, sex, or political belief.

If I qualify for the Utility Assistance Program, I understand that it could take up to 60 days to process the application. I understand that I must pay my bill until I receive a letter from CVCAA stating that I am eligible to receive utility assistance. If I am eligible for weatherization services, I give my permission to allow work on the residence listed on this form. I will cooperate fully with state and federal personnel to obtain information from any source to verify statements I have made. I will cooperate fully with state and federal personnel in quality control review.

CVCAA is required to obtain proof of citizenship for all household members. As per Texas Administrative Code Rule, households that include an unqualified alien will have their income calculated; but will not be counted as a household member. Households with only unqualified aliens are not eligible to receive CEAP &/or Weatherization benefits.

PENALTIES FOR FRAUD

Whoever obtains or attempts to obtain services for which he is not entitled, by means of willful false statements or other fraudulent means, may be considered guilty of a criminal offense and upon conviction may be fined and/or imprisoned.

My answers to all of the previous questions and to the statements I have made are true and correct to the best of my knowledge.

Sign here



X _____
Applicant’s Signature Date

****If mailing application please include appropriate postage or application will be returned to you****

Office Use Only:	
Application Received Complete / Incomplete: _____	Notes/Comments: _____
Notice of Incomplete Application Sent: _____	_____
Application Processed / Denied: _____	_____

TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS

**Systematic Alien Verification for Entitlements (SAVE) System and US Citizenship/US National
Applicant Certification Form for WAP and CEAP**



The program for which you are applying requires verification that you are a U.S. citizen, a non-citizen national, or a legal resident of the United States. Documentation of your status is required. This agency uses the Systematic Alien Verification for Entitlements (SAVE) System to verify the status of non-citizens.

Household Member Name	U.S. Citizen (Born or Naturalized) or U.S. National (Yes/No)	Qualified Alien (Yes/No)	Documentation Provided for:	
			Status	Identification

This section
Office Use Only

To add additional household members, use another copy of this form.

<i>I AM AWARE THAT I AM SUBJECT TO PROSECUTION FOR PROVIDING FALSE OR FRAUDULANT INFORMATION.</i>			
X	Client Signature		Date
	Signature of agency staff certifying they verified the above documents	Print Staff Name	Date

CUSTOMER BILLING/CONSUMPTION RELEASE FORM

Agency: CONCHO VALLEY COMMUNITY ACTION AGENCY

Name: _____
Last First MI

Address: _____
Street

City Zip

Telephone: _____
Day Evening

Electric Utility Co: _____

Account Number: _____

ESI Number: _____

Gas or Propane Co: _____

Account Number: _____

Water Utility Co: ****For use only with City of San Angelo (COSA)****

Account Number: _____

I authorize the Texas Department of Housing and Community Affairs and its contracted agency to solicit/verify information on my energy billing and consumption histories, both past and future, to the extent the information is used only to determine program eligibility and to provide data.

Sign here



 X _____
Signature Date

Needs Assessment Questionnaire

- | | | | |
|--|-----|---|----|
| 1. Are you in need of food? | YES | / | NO |
| 2. Are you in need of clothing? | YES | / | NO |
| 3. Are you in need of income/employment? | YES | / | NO |
| Are you willing to seek employment? | YES | / | NO |
| If yes, are you registered with the Texas Workforce Commission? | YES | / | NO |
| 4. Are you in need of child support? | YES | / | NO |
| If yes, do you have a case filed? | YES | / | NO |
| If no, list reason _____ | | | |
| 5. Are you in need of transportation? | YES | / | NO |
| 6. Are you in need of assistance with your COSA water bill? | YES | / | NO |
| 7. Are you in need of: (please circle)
child care / elder care / legal aid | YES | / | NO |
| 8. Are you in need of education? | YES | / | NO |
| If yes, are you willing to further your education? | YES | / | NO |
| Are you interested in: GED classes ESL
vocational/technical training other _____ | | | |
| 9. Are you in need of health services: (please circle)
immunizations / medications / mental health
drug and alcohol abuse counseling | YES | / | NO |
| 10. Are you in need of temporary shelter, low income housing, or rental assistance? | YES | / | NO |
| 11. Are you in need of weatherization? | YES | / | NO |
| 12. Are you in need of home repairs? | YES | / | NO |
| If yes, describe your need: _____ | | | |
| 13. Is your heating and cooling working? | YES | / | NO |
| If no, list reason: _____ | | | |
| Do you have central or window units? _____ | | | |
| How many window units are not working? _____ | | | |

Concho Valley Community Action Agency
MONTHLY BUDGET WORKSHEET

****Please list last 30 days of expenses****

INCOME		TRANSPORTATION	
Salaries/Wages		CAR PAYMENT	
Social Security		GAS	
Retirement		Repairs/Maint	
Child Support		License/Taxes	
Other		Bus/Taxi	
CHARITY		MEDICAL/HEALTH	
Church		MEDICATIONS	
Donations		Doctor	
		Dentist	
SAVING		Optometrist	
Savings Account			
Retirement Fund		INSURANCE	
College Fund		Health Insurance	
		AUTO INSURANCE	
HOUSING		Homeowner/Renter	
MORTGAGE/RENT		Life Insurance	
REAL ESTATE TAXES			
Repairs/Maint		PERSONAL	
Furniture		Child care	
		Child support (paid out)	
UTILITIES		Baby Supplies	
Electricity		PET SUPPLIES	
Heating		TOILETRIES	
WATER		Allowance	
Trash		Alcohol/Tobacco	
PHONE		Other	
Internet			
CABLE		RECREATION	
		Entertainment	
FOOD		Vacation	
GROCERIES			
Restaurants		DEBTS	
		CREDIT CARD 1	
CLOTHING		Credit Card 2	
Adults		Credit Card 3	
Children		Student Loan	
CLEANING/LAUNDRY		OTHER	

Please fill out all applicable fields with approximate monthly amounts

Client Questionnaire

Please mark each answer that most closely reflects your situation in the following areas:

Employment

- Full-time employment above mininum wage:
 Full-time employment at mininum wage:
 Part-time employment
 Unemployed
 with benefits without benefits

Education

Job Skills/Certs Outcomes

- I have a certification or license from a program that took:
 1 yr
 2 yrs
 3 yrs
 I am presently attending a training program in:
 Name of program:
 I have on-job training in:
 Job type:
 I have been out of the work force for awhile
 How long?

GED/College Outcomes

- College Degree(s):
 Masters
 Bachelors
 Associates
 Post-high school credits, vocational or technical education
 High School diploma or GED
 No HS diploma or GED and lacking basic skills

Income

- Approximately \$_____ /month
 Savings account or IDA
 Able to add to savings
 Credit is: Good
 Poor
 Need help with money management

Housing

- Own my home and it is:
 Paid in full can make payments
 in foreclosure cannot make payments
 Rent home or apartment:
 of choice all I can afford
 not affordable
 Subsidized housing: Section 8-Public Housing
 Live with others, and it is:
 permanent temporary
 safe unsafe
 Living in a shelter that is:
 safe, 30 day shelter unsafe shelter
 Homeless
 Housing utilities are:
 able to be paid each month often have a carry-over balance
 about to be disconnected unable to be paid due to large balance

Health

- I (we) live:
 independently
 dependent upon assistance
 Health Insurance is:
 employer provided w/co-pay paid out of pocket
 thru Medicare; Medicaid do not have any
 Food is:
 adequate to meet family need dependent upon federal food benefits
 scarce to non-existent subsidized (food pantry, Meals on Wheels)