



Concho Valley Community Action Agency

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San Angelo, TX 76902
www.cvcaa.org

UTILITY ASSISTANCE & WEATHERIZATION APPLICATIONS

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, no further documentation needed.*

- 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)

Section 3: (Must have ONE of these documents)

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

If none of the above in Section 3, 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 office if you do not have the above documentation, other forms 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 bill (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 #	Secondary or Alternate Phone#
Email Address	Referred By		

Please circle the program you are applying for: UTILITY ASSISTANCE &/or WEATHERIZATION

ALL FIELDS MUST BE COMPLETED FOR EACH HOUSEHOLD MEMBER

YES/ NO

For this section use Legend below

FIRST & LAST NAME	RELATIONSHIP TO YOU	Social Security #	Date of Birth	Sex Male Female Other	ACTIVE MILITARY	VETERAN	DISABLED	HEALTH INSURANCE	WORK STATUS (18 years or older only)	EDUCATION	RACE	ETHNICITY Hispanic or Non Hispanic
1	SELF			M F O								
2				M F O								
3				M F O								
4				M F O								
5				M F O								
6				M F O								
7				M F O								

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

LEGEND

Health Insurance: (more than one may be chosen)

- A. Medicaid
- B. Medicare
- C. State Children’s Health Insurance (CHIP)
- D. State Health Insurance for Adults
- E. Military Health Care
- F. Direct Purchased
- G. Employment Based
- H. None

Education:

- A. 0 – 8 Grade
- B. 9 – 12 Grade
- C. High School Graduate or GED
- D. Some College
- E. 2 or 4 year College Graduate
- F. Graduate of other Post-Secondary School

Work Status:

- A. Full Time
- B. Part Time
- C. Migrant, Seasonal or Farm Worker
- D. Unemployed (6 months or less)
- E. Unemployed (more than 6 months)
- F. Unemployed (not in Labor Force)
- G. Retired

Race:

- A. Black or African American
- B1. Hispanic
- B2. White
- C. American Indian or Alaskan Native
- D. Asian
- E. Multi-race (2 or more)
- F. Other

List all members of household (18 years & over) who work: (If paid semi-monthly, please list pay dates, ex: 5th & 20th)

NAME		WEEKLY	EVERY 2 WEEKS	SEMI-MONTHLY	MONTHLY
	GETS PAID				
	GETS PAID				
	GETS PAID				
	GETS PAID				

Does your family receive any of the following benefits? (Circle)

Retirement from Social Security SSI SSDI Pension Child Support TANF
 VA-Services – Connected Disability Compensation VA Non-Service Connected Disability Pension
 Private Disability Insurance Worker’s Compensation Alimony or other Spousal Support
 Unemployment Insurance Earned Income Tax Credit

Is anyone in the household a Veteran, Surviving Spouse, or dependent of a Veteran? Yes or 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 SNAP benefits (Food Stamps)? Yes or No

Does your family receive any of the following benefits? (Circle)

WIC Childcare Voucher Public Housing HUD-VASH
 Permanent Supportive Housing Housing Choice Voucher Affordable Care Act Subsidy

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? _____		
If OWNED , type of housing?	Private Home	Mobile Home (Single or Double Wide)	Monthly Mortgage: _____
If RENTED , type of housing?	Private Home	Mobile Home (Single or Double Wide)	
	Apartment	Subsidized Housing	
Monthly Rent: _____	Are utilities included in rent?	Yes	No

Please write account # and circle options below:				
Electric Company:	Account # _____	Heating	Cooling	Other
Natural Gas Company:	Account # _____	Heating	Cooling	Other
Propane Company:	Account # _____	Heating	Cooling	Other
Tank Size: _____				
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		

“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 Spouse's Signature Date

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

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

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 Utility Co: _____

Account Number: _____

Other: _____

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 water bill? | YES | / | NO |
| 7. Are you in need of child/elder care or do you have any legal needs? | 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: immunizations, medications, mental health, drug/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	
		Optometrist	
SAVING		INSURANCE	
Savings Account			
Retirement Fund		HEALTH INSURANCE	
College Fund			
		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 minimum wage:
- ___ Full-time employment at minimum 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:
 - Job type:
- ___ I have on-job training in:
- ___ 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)