



Concho Valley Community Action Agency

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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 [*copies not kept on file*] 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) (front & backside)

OR

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 by CVCAA or legible, 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, Current Year Award Letters from Social Security (SS, SSI, SSDI), Pensions, TANF, VA Benefits, Unemployment Benefits, HUD Utility Checks, etc. *Gross income is annualized at the time of application according to pre-established procedures.*

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 at cvcaa.org or request a copy from office).

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 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 and subject to available funds****

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

Concho Valley Community Action Agency Application for Services

ALL FIELDS MUST BE COMPLETED

PLEASE USE BLUE OR BLACK INK ONLY

Name of Applicant or Head of Household _____

Address _____ City _____ County _____ Zip _____

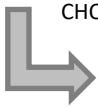
Mailing Address, if Different _____ Email Address _____

Phone # _____ Alt Phone # _____ How did you hear about us: _____

Check program(s) you are applying for: _____ **Assistance subject to available program funding*

1. CITY OF SAN ANGELO WATER PROGRAM (COSA) 2. UTILITY ASSISTANCE 3. WEATHERIZATION

CHOOSE OPTION A OR B, if no option chosen we will automatically default to "A"



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

OR

B) **COSA Senior Assistance:** 65+ years, 2 year contract, Maximum Savings up to \$3.54 per month

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

• Does your family **RECEIVE** any of the following Income benefits? (*Check all that apply*)

- | | | |
|---|---|---|
| <input type="checkbox"/> Retirement from Social Security | <input type="checkbox"/> TANF | <input type="checkbox"/> VA Service Connected |
| <input type="checkbox"/> SSI &/or SSDI | <input type="checkbox"/> Private Disability Insurance | <input type="checkbox"/> Disability Compensation |
| <input type="checkbox"/> Pensions | <input type="checkbox"/> Unemployment Benefits | <input type="checkbox"/> VA Non-Service Connected |
| <input type="checkbox"/> Child Support | <input type="checkbox"/> Earned Income Tax Credit | <input type="checkbox"/> Disability Pension |
| <input type="checkbox"/> Alimony or Other Spousal Support | <input type="checkbox"/> Workers Compensation | |

• Does your family **RECEIVE** any of the following Non Cash benefits? (*Check all that apply*)

- | | | |
|---|---|--|
| <input type="checkbox"/> SNAP (Food Stamps) | <input type="checkbox"/> Permanent Supportive Housing | <input type="checkbox"/> HUD-VAS |
| <input type="checkbox"/> Public Housing | <input type="checkbox"/> Housing Choice Voucher | <input type="checkbox"/> Affordable Care Act Subsidy |
| <input type="checkbox"/> WIC | <input type="checkbox"/> Childcare Voucher | |

• **Which household members receive these benefits:**

 ALL HOUSEHOLD IF NOT *all household*, who does not receive: _____

• 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

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

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

• Type of housing: Private Home Mobile Home Apartment Duplex Townhome
 Single Wide Mobile Home Double Wide Mobile Home Subsidized Housing

• 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
	___ Certification 1year 2+year	___ Certification 1year 2+year	___ Certification 1year 2+year	___ Certification 1year 2+year	___ Certification 1year 2+year
	___ 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	___ 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
	___ Black/African American	___ Black/African American	___ Black/African American	___ Black/African American	___ Black/African American
	___ Native Hawaiiin/Pacific Islander	___ Native Hawaiiin/Pacific Islander	___ Native Hawaiiin/Pacific Islander	___ Native Hawaiiin/Pacific Islander	___ Native Hawaiiin/Pacific Islander
	___ White	___ White	___ White	___ White	___ White
	___ Other	___ Other	___ Other	___ Other	___ Other
	___ 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)
	Ethnicity: ___ Hispanic ___ NonHispanic	Ethnicity: ___ Hispanic ___ NonHispanic	Ethnicity: ___ Hispanic ___ NonHispanic	Ethnicity: ___ Hispanic ___ NonHispanic	Ethnicity: ___ Hispanic ___ NonHispanic

Work Status	___ Full Time WITH OR WITHOUT BENEFITS	___ Full Time WITH OR WITHOUT BENEFITS	___ Full Time WITH OR WITHOUT BENEFITS	___ Full Time WITH OR WITHOUT BENEFITS	___ Full Time WITH OR WITHOUT BENEFITS
	___ Part Time WITH OR WITHOUT BENEFITS	___ Part Time WITH OR WITHOUT BENEFITS	___ Part Time WITH OR WITHOUT BENEFITS	___ Part Time WITH OR WITHOUT BENEFITS	___ Part Time WITH OR WITHOUT BENEFITS
	___ 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

Are you applying for the **WEATHERIZATION PROGRAM**? YES NO
If YES, you must answer ALL the following questions, if NO, continue to the next page.

*RENTERS ONLY must provide a completed "LANDLORD PERMISSION FORM"
(available on our website at cvcaa.org or request a copy from office)

● 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 walls or floors? YES NO WALLS FLOORS

● Does your home have a good foundation? YES NO

● Is there Gas/Propane in the home? YES NO

● Are the Gas/Propane lines active? YES NO

If no, reason not active: _____

● Please circle all **GAS/PROPANE** appliances in the home:

Water Heater Stove Space Heater Wall Furnace Central Unit Other _____

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

Please read and initial each statement.

____1. I attest the information provided on this application and the statements I have made are true and correct to the best of my knowledge. If I obtain or attempt to obtain services for which I not entitled by means of willful false statements or other fraudulent means, I may be considered guilty of a criminal offense and upon conviction for penalty of fraud may be fined and/or imprisoned.

____2. I authorize the Texas Department of Housing and Community Affairs (TDHCA), CVCAA and its contracted agencies to contact any source in order to solicit/verify information necessary for any eligibility determination. All information will be kept in strict confidence and used for program purposes only such as: employment, utility consumption, etc.

____3. I understand that a photocopy of this release is as valid as the original, and it may be used to obtain more information or verify other data for the purposes of providing program services and confirming my outcomes.

____4. If I qualify for the Utility Assistance Program, I understand that it could take up to 60 days to process this application. I understand that I must continue to pay my bill until I receive a letter from CVCAA stating that I am eligible to receive utility assistance.

____5. I understand it is my responsibility to contact CVCAA within 5 business days of changing my utility provider(s) with a new account number and vendor information. If I do not, all future payments will be suspended and/or cancelled.

____6. If I qualify for the Weatherization Program, I authorize all work on the residence listed on this application. I understand my home must be easily accessible and free from obstructions. Homes deemed inaccessible by agency staff and/or contractors will be denied.

____7. I will cooperate fully with state and federal personnel to obtain information from any source to verify statements I have made, and I will cooperate fully with state and federal personnel in quality control review. Failure to do so may result in denial/suspension of services from all programs.

____8. I understand I will be terminated from any and all programs immediately for the following offenses such as but not limited to and committed by me or any member of my household: abusive language, threats, violent acts, physical confrontation, sexual harassment, use of alcohol or drugs, etc. Violators will be asked to leave the premises; police and/or security will be called. Offense(s) may lead to a denial of assistance for a period of time determined by CVCAA.

CVCAA is required to obtain proof of citizenship for all household members. As per Texas Administrative Code, households that include a non-qualified alien will include that person's income in that household's income calculation, but that person will not be counted as a household member. Households with only non-qualified aliens are not eligible to receive Utility Assistance and/or Weatherization benefits. All applications will be considered without regard to race, color, religion, creed, national origin, sex, or political belief.

X _____ Date Submit last 30 days of income from date you list here

*****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: _____	_____

NEEDS ASSESSMENT QUESTIONNAIRE

If you are in need of assistance or would like a referral, please place a check mark next to the specified category.

BASIC NEEDS:

Food _____
Clothing _____
Other (specify) _____

INCOME/EMPLOYMENT:

Job Search _____
Resume Training _____
SS Benefits _____
Child Support _____
Budget Training _____

Are you actively looking for work? ___ Yes ___ No
Are you currently receiving Child Support? ___ Yes ___ No

TRANSPORTATION:

Work _____
Medical _____
Other (specify) _____

UTILITY ASSISTANCE:

Water _____

EDUCATION:

GED _____
ESL _____
Vocational/Technical _____
Other (specify) _____

Are you currently in school? ___ Yes ___ No
Are you interested in furthering your education? ___ Yes ___ No

MISCELLANEOUS NEEDS:

Child Care _____
Elder Care _____
Legal _____

HEALTH:

Health Care _____
Immunizations _____
Medications _____
Mental Health _____
Substance Abuse _____

HOUSING:

Temporary Shelter _____
Low Income Housing _____
Rental Assistance _____
Weatherization _____
Repairs (specify) _____

HEATING/COOLING APPLIANCES:

None in home _____
Needs repair (still working) _____
 Central Unit _____ Window Unit _____ Other _____
Explain _____
Needs repair (not working) _____
 Central Unit _____ Window Unit _____ Other _____
Explain _____
How long has it not worked _____

OTHER NEEDS NOT LISTED (Specify):

PLEASE CHECK THE FOLLOWING:

Food in my home is: _____ Enough _____ Not Enough
Do you use Food Pantries? _____ Yes _____ No
My credit is: _____ Good _____ Poor