



Concho Valley Community Action Agency

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED WE MUST HAVE ALL REQUIRED DOCUMENTS

****APPLICATION IS NOT A GUARANTEE OF SERVICES, YOU MUST QUALIFY FOR PROGRAMS****

PLEASE PROVIDE COPIES OF THE FOLLOWING:

ALL APPLICATIONS

- Proof of any **2018** income earned/received in the last thirty (30) days for all household members 18 years and older, such as:
- CHECK STUBS
 - UNEMPLOYMENT BENEFITS
 - AWARD LETTERS (SS, SSI, SSDI)
 - WORKERS' COMPENSATION
 - PENSIONS
 - SHORT/LONG TERM DISABILITY BENEFITS
 - VA BENEFITS
 - ALIMONY
 - SELF EMPLOYMENT
 - TANF
 - UTILITY REIMBURSEMENT CHECK
 - CHILD SUPPORT (If not received through the Attorney General, we will need a letter from the payee; we may also request CIN#)
 - DIRECT INCOME received from family/friend to assist with expenses (We will need a letter from the payee.)

We **cannot** accept the following: **bank statements, W2 tax forms.**

- If NO income has been earned/received, household members 18 years and older must complete a Declaration of Income/No Income Statement (see our website or request a copy)
- Valid social security numbers for everyone in the household
- Dates of birth for everyone in the household
- All pages of application and all documents must be filled out and signed**
- Current copy of ELECTRIC, GAS, or PROPANE bill (front & backside)
If you have a disconnect notice, we will need the most recent bill **and** any past due bills
- Do not submit your application until you have gathered all the information and documents above
- ❖ **UTILITY ASSISTANCE ONLY - ALL FEES MUST BE PAID BEFORE WE CAN ASSIST WITH BILL**

MAIL IN APPLICATIONS

**Elderly (60+), disabled and households with children 5 and under (Tom Green County only)
and ALL other residents outside Tom Green County**

- ❖ **Account must be current - NO DISCONNECT NOTICES FOR MAIL IN APPLICATIONS**
- ❖ **Continue to pay any outstanding bills**
- ❖ Once application is received, allow 2 – 4 weeks for processing; you will receive a confirmation letter by mail

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WEATHERIZATION APPLICATIONS

- Pre-Renovation Form (see our website or request a copy)
- Landlord Permission Form – RENTERS ONLY (see our website or request a copy)
- You must include a map or brief description of your home on page 4 of your application
- ❖ **Weatherization DOES NOT include windows, doors, flooring, roofing, wiring, or plumbing.**
- ❖ **Weatherization and Heating & Cooling Rules:**
 - Assessments are scheduled by our staff by phone call or home visit. After two (2) attempts to reach you with no response, your application will be denied.
 - You are allowed to reschedule an assessment one (1) time. Any subsequent attempts to reschedule an assessment will cause your application to be denied.
 - Any missed appointment for an assessment with no prior notice will cause your application to be denied.
 - Any home that is considered a health and safety risk to our staff or contractors will be subject to further review at CVCAA's discretion.

**** PLEASE CALL THE OFFICE TO SEE IF WE ASSIST WITH YOUR UTILITY PROVIDER****

Applications and all supporting documents may be returned in person, by mail or email, or by fax.

- ❖ *Physical address: 36 E. Twohig, Ste. B2, San Angelo, TX 76903*
- ❖ *Mailing address: P.O. Box 671, San Angelo, TX 76902*
- ❖ *Email address: mail@cvcaa.org*
- ❖ *Fax number: 325-658-3147*



Please answer the following questions:

Is anyone in the household elderly 60 and up? Yes_____ No_____

If yes: how many elderly household members? _____

Is anyone in the household disabled and receiving SSI or SSDI? Yes_____ No_____

If yes, how many disabled household members? _____

Are there any children 5 and under in the household? Yes_____ No _____

If yes, how many 5 and under? _____

Please read and sign below the statement.

If I qualify for utility assistance, I understand that it could take up to 2-4 weeks 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.

Client signature_____ Date_____

<i>Office use only: Total points from above based on priority answers_____</i>
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Concho Valley Community Action Agency Application for Services

Name of Applicant or Head of Household		
Residence Address, City, County, Zip		
Mailing Address if Different	Home Telephone	Work Telephone
Email Address	Referred By	

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

HOUSEHOLD MEMBER INFORMATION

FIRST & LAST NAME	RELATIONSHIP TO YOU	Social Security #	Date of Birth	Sex Male Female Other	YES/ NO			For this section use Legend below				
					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								
8				M F O								

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

Household Income Information

Please provide proof of all income

Name	Income Source	Total Monthly Income

Please include any other income sources: 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, EITC

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	
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

WEATHERIZATION APPLICATIONS ONLY

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: _____

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.



APPLICANT'S AUTHORIZATION, UNDERSTANDING, AND AGREEMENT

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. I authorize the Texas Department of Housing and Community Affairs (TDHCA) and its contracted agencies to contact any source in order to solicit/verify information necessary for an eligibility determination. I also agree to provide TDHCA and its contracted agencies with any information necessary to verify my eligibility.

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.

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.

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.

Applicant's Signature

Date

Spouse's Signature

Date

Office Use Only:

Application Received Complete / Incomplete: _____

Notes/Comments: _____

Notice of Incomplete Application Sent: _____

Application Processed / Denied: _____

CONCHO VALLEY COMMUNITY ACTION AGENCY

CLIENT ACKNOWLEDGEMENTS

I understand that I must pay my bill until I receive a letter from CVCAA stating that I have qualified for the Utility Assistance Program.

Utility assistance payments will be made on my behalf to my utility provider(s). Payments will be made according to last year's history in the month in which energy consumption was the highest. It is my responsibility to pay any difference between the amount paid on my behalf and the actual charges and any months not listed on utility assistance sheet.

I understand that it is my responsibility to contact CVCAA within 5 business days of changing my Utility Provider(s) with new account number and vendor information. If not, all future payments will be suspended and/or denied.

I have or will receive the energy savers booklet to help me in conserving energy in my home.

I authorize Concho Valley Community Action Agency to contact any outside source to request, verify, or share information necessary for an eligibility determination or to provide services. I understand that a copy of this authorization is as valid as the original, and it may be used to obtain employment information or benefits information.

I agree to the terms and conditions set forth from CVCAA.

Signature _____ Date _____

WEATHERIZATION ASSISTANCE PROGRAM
COMPREHENSIVE ENERGY ASSISTANCE PROGRAM

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.

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 |
| 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: GED, ESL, or vocational/technical training? | YES | / | NO |
| 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: _____ | | | |
| How long has it not worked? _____ | | | |

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		Health Insurance	
Retirement Fund		Auto Insurance	
College Fund		Homeowner/Renter	
		Life Insurance	
HOUSING		PERSONAL	
Mortgage/Rent		Child Care	
Real Estate Taxes		Child Support	
Repairs/Maint		Baby Supplies	
Furniture		Pet Supplies	
		Toiletries	
UTILITIES		RECREATION	
Electricity		Entertainment	
Heating		Vacation	
Water			
Trash		DEBTS	
Phone		Credit Card 1	
Internet		Credit Card 2	
Cable		Credit Card 3	
FOOD		STUDENT LOAN	
Groceries		Student Loan	
Restaurants		Other	
CLOTHING			
Adults			
Children			
Cleaning/Laundry			

TOTAL INCOME _____

TOTAL EXPENSES _____

INCOME OVER/(UNDER) EXPENSES _____

