



Concho Valley Community Action Agency

36 E. Twohig, Ste. B2
Phone: 325-653-2411

P. O. Box 671
Fax: 325-658-3147

San Angelo, TX 76902
www.cvcaa.org

2021 APPLICATION

APPLICATION FOR UTILITY ASSISTANCE/WEATHERIZATION &/or WATER SERVICES

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

Please provide copies (copies not kept on file) -- NO ORIGINALS!!

REQUIRED DOCUMENTATION FOR ALL HOUSEHOLD MEMBERS (NO EXCEPTIONS)

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

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

- U.S. Passport (can be expired)
- 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)

AND

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

- **Texas DL or Photo ID** (ALL household members 18 years and older – can be expired up to 2 years)
- Government Employee ID (city, county, state or federal)
- U.S. Military or Military Dependent ID

(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 – Current YTD printout - If not received through the Attorney General, we will need a letter from the payee or a Declaration of Income form (see our website at cvcaa.org or request a copy from office).

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).

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

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****

See "Vendor List" online or call office to make sure we have a contract with your company

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.

Lack of supporting documentation or incomplete applications will cause a delay in processing or a denial

*****Application is not a guarantee of services, you must qualify for programs and subject to available funds*****

Concho Valley Community Action Agency Application for Services

2021 PROGRAM YEAR

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"/> HUD Utility Check	<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	<input type="checkbox"/> Private Disability Insurance

● **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/Subsidized 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

● **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

Name Electric Co: _____ Account # _____ Heating Cooling Other

Name Gas Co: _____ Account # _____ Heating Cooling Other

Name Propane Co: _____ Account # _____ Heating Cooling Other

Tank size: _____

Water Co: **COSA** if other, list name of co: _____ 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 <u>WITH OR WITHOUT BENEFITS</u>	___ Full Time <u>WITH OR WITHOUT BENEFITS</u>	___ Full Time <u>WITH OR WITHOUT BENEFITS</u>	___ Full Time <u>WITH OR WITHOUT BENEFITS</u>	___ Full Time <u>WITH OR WITHOUT BENEFITS</u>
	___ Part Time <u>WITH OR WITHOUT BENEFITS</u>	___ Part Time <u>WITH OR WITHOUT BENEFITS</u>	___ Part Time <u>WITH OR WITHOUT BENEFITS</u>	___ Part Time <u>WITH OR WITHOUT BENEFITS</u>	___ Part Time <u>WITH OR WITHOUT BENEFITS</u>
	___ 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:

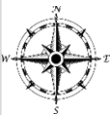
Water Heater Stove Space Heater Wall Furnace Central Unit Other _____

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**

Applicant's Signature

****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: _____	_____



**Systematic Alien Verification for Entitlements (SAVE) System and US Citizenship/US National
Applicant Certification Form for CEAP, DOE-WAP, LIHEAP-WAP Subrecipients, and SHTF, ESG, HHSP, EH (political subdivision only)**

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.

<u>LIST ALL HOUSEHOLD MEMBERS</u> Household Member Name	U.S. Citizen (Born or Naturalized) or U.S. National (Yes/No)	Qualified Alien (Yes/No)	This section for Office Use Only Documentation Provided for:	
			Citizenship/Qualified Alien	Identification

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

I AM AWARE THAT I AM SUBJECT TO PROSECUTION FOR PROVIDING FALSE OR FRAUDULANT INFORMATION.

X	
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Applicant's Signature	Date
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Signature of agency staff certifying they verified the above documents

Print Staff Name

Date

THIS PAGE MUST BE SIGNED

NEEDS ASSESSMENT QUESTIONNAIRE

Please answer the following questions. 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 _____

Food in my home is: ___ Enough ___ Not Enough

Do you use Food Pantries? ___ Yes ___ No

Clothing _____

Other (specify) _____

INCOME/EMPLOYMENT:

Job Search _____

Resume Training _____

SS Benefits _____

Child Support _____

Are you currently receiving Child Support? ___ Yes ___ No

Budget Training _____

My credit is: ___ Good ___ Poor

TRANSPORTATION:

Work _____

Are you actively looking for work? ___ Yes ___ No

Medical _____

Other (specify) _____

UTILITY ASSISTANCE:

Water _____

EDUCATION:

Are you currently in school? ___ Yes ___ No

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

GED _____

ESL _____

Vocational/Technical _____

Other (specify) _____

MISCELLANEOUS NEEDS:

Child Care _____

Elder Care _____

Legal _____

HEALTH:

Health Care _____

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 ANSWER THE FOLLOWING:

1) Has your household been affected by the current economic/financial crisis due to the Covid-19 pandemic? Yes No

2) Have your utility bills increased due to being home more because of Covid-19 restrictions? Yes No

3) Have you lost employment, been laid-off, or furloughed from a job due to Covid-19? Yes No



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2021 Client Survey to Evaluate Services

Concho Valley Community Action Agency

City and County where you live: _____

Age (optional): _____

Please provide your feedback to help improve our services and plan future services.

1. Please place an X next to the service(s) received from our agency:

- Case Management _____
- Food _____
- Other Emergency Assistance _____
- Referral _____
- Rent Assistance _____
- Utility Assistance _____
- Weatherization _____
- Other Services – please explain: _____

2. Rate how satisfied you are with the services you received from our agency by circling the rating which

Rating	No Opinion 0	Poor 1	Fair 2	Good 3	Excellent 4
How did staff treat you?	0	1	2	3	4
Did staff do what they said they would do to assist you?	0	1	2	3	4
Did staff assist you in a timely manner?	0	1	2	3	4
How was your overall service experience?	0	1	2	3	4

3. Are there other types of assistance or services which you are seeking that our agency did not provide?

Yes _____ No _____

If yes, please describe what the assistance or services are in the space below.

4. Do you have any recommendations to improve how we serve you?

Concho Valley Community Action Agency
Helping People, Changing Lives

Thank you for taking time to provide us your feedback.



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Community Needs Survey for Residents

Concho Valley Community Action Agency would like your input to better serve you.

City and County where you live:					
	Local Official	Client	Volunteer	Board Member	Resident
	Other:				
Ranking needs from 1 to 5, 1 being the highest and 5 being the lowest					
Category	Needs	Select your needs here	Please rank your top needs from 1-5		
<i>Employment</i>	Help finding a job with a living wage				
	Help obtaining increased job skills, job training in order to earn better wages				
<i>Education</i>	GED classes				
	English as a Second Language Classes				
	Adult Education or Night School				
	Computer Skills Training				
	Assistance to attend trade or technical school, or college				
	Education programs for children to gain literacy skills and Childcare so that parent can attend school				
<i>Income & Asset Building</i>	Assistance with goals and self-sufficiency				
	Financial Education/Budgeting Classes/Credit Counseling				
	Help with applying for Social Security, SSDI, WIC, TANF, etc.				
<i>Housing</i>	Assistance with safe temporary shelter for homeless persons				
	Affordable Housing				
	Help paying rent or mortgage				
	Help with utility bills				
	Help to make my home more energy efficient				
<i>Health and Social/ Behavioral Development</i>	Nutrition Education/Healthy Eating Education workshops				
	Assistance with major health conditions in your area (i.e.,				
	Mental and Behavioral Health Counseling or Classes				
	Programs and Activities for Seniors				
	Assistance for elderly and disabled and persons with Programs and activities to prevent criminal recidivism for				

<i>Civic Engagement & Community Involvement</i>	Programs, activities, workshops on leadership skills, community involvement		
	Activities and or programs to improve social networks and ability to engage (ex: voter education, citizenship classes, volunteer training, etc.)		
	Community Revitalization (such as neighborhood clean-up projects, crime prevention, recreational areas, etc.)		
<i>Emergency Assistance</i>	Prescription Assistance		
	Health Insurance/Medical Care		
	Food		
	Transportation		
	Help finding resources in the community		
	Child Care Assistance		

Helping People, Changing Lives

Thank you for taking time to provide us your feedback.