



CVCAA

CONCHO VALLEY COMMUNITY ACTION AGENCY
133 W Concho Ave, Suite 301 - San Angelo, TX 76903
325.653.2411 - 325.658.3147 fax
www.cvcaa.org - info@cvcaa.org



EQUAL HOUSING
OPPORTUNITY
**HELPING PEOPLE
CHANGING LIVES**

NOTICE TO 2024 APPLICANTS

All applications must be dated

1/1/24 or later

Applications received or postmarked before

8am on 1/8/24 will not be accepted

Applications received or postmarked after

5pm on 1/12/24 will not be accepted

Pending funding, we will open additional application windows Feb

5th-9th and Mar 4th-8th

Veteran Services applications do not close



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CVCAA Program 2024 Application Instructions

Dear Applicant,

Please fill in all information for each page of the application, including signature pages. Any missing information or documentation could delay your application or cause your application to be denied.

Please send copies of the following documents with your application:

1. Proof of income for the **past 60 days** for ALL household members aged 18+ (benefit award letter, check stubs, child support, etc.) or No-Income Waiver
2. Photo ID for ALL household members aged 18+
3. Social security cards for ALL household members
4. Birth certificates for ALL household members born in the US
5. Proof of legal residency for ALL household members born outside of the US
6. Utility bills (if applying for utility or weatherization)
7. Lease agreement (**Housing Only**)
8. 6 months of bank statements savings and/or checking (**Housing & Veterans Only**)
9. Proof of Veteran Documentation – see staff for full list of eligible documents (**Veterans Only**)

As a military service member, you may be eligible for additional services. You can find information about these services at <https://veterans.portal.texas.gov/> and <https://tvc.texas.gov>

Please return the above information with a completed application to:

1. Mail: PO Box 671, San Angelo, TX 76902
2. Email: Apply@cvcaa.org
3. Fax: (325)658-3147
4. Physical office: 133 West Concho Ave, Suite 301, San Angelo, TX 76903
5. Online: www.cvcaa.org/forms

If you have any questions, please call (325)653-2411.

Please check your documents to make sure your application is complete. **We are not able to accept applications that are not complete or are missing required documents.**

Applications will be processed based on priority score and then in the order they are received.

Your application is not a guarantee of service. All services are dependent on available funding.

Please continue to pay your bills until you hear from us.

Office Use Only



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Please select all services you wish to apply for:

- | | | |
|--|--|---|
| <input type="checkbox"/> Utilities | <input type="checkbox"/> Homeless Housing | <input type="checkbox"/> Veteran Services |
| <input type="checkbox"/> Weatherization | <input type="checkbox"/> Relocation/Deposits | |
| <input type="checkbox"/> Case Management | <input type="checkbox"/> Mortgage/Rent | |

Head of Household Information

Name	_____	Birthdate	____ / ____ / ____
Physical	_____	County	_____
Address	_____	Phone #	_____
City,Zip	_____	Type:	<input type="checkbox"/> cell <input type="checkbox"/> work <input type="checkbox"/> home
Mailing	_____	Other contact Name/Phone#:	
Address	_____		
City,Zip	_____		
Email	_____		

Household Type

Number of people in household: _____

- | | | |
|--|--|---|
| <input type="checkbox"/> Single Parent Female | <input type="checkbox"/> 2 Adults, No Children | <input type="checkbox"/> Two Parent HH |
| <input type="checkbox"/> Single Parent Male | <input type="checkbox"/> Single Person | <input type="checkbox"/> Multi-Generational |
| <input type="checkbox"/> Non-related Adults w/Children | <input type="checkbox"/> Other: _____ | |

Housing Type

- | | | | |
|--|--|---------------------------------|--------------------------------|
| <input type="checkbox"/> Single Family House | <input type="checkbox"/> Apartment | <input type="checkbox"/> Duplex | <input type="checkbox"/> Other |
| <input type="checkbox"/> Single-wide Mobile Home | <input type="checkbox"/> Double-wide Mobile Home | | |

Landlord Name: _____

Landlord Phone: _____

Housing Status - Please check all that apply

- | | |
|--|--|
| <input type="checkbox"/> Receive Rent Assistance | <input type="checkbox"/> HUD or Public Housing |
| <input type="checkbox"/> Own/Buying | <input type="checkbox"/> Renting |

Select all that apply to any member of the household:

- | | | |
|-------------------------------------|--|---|
| <input type="checkbox"/> 60 or over | <input type="checkbox"/> Disabled | <input type="checkbox"/> Child 5 or younger |
| <input type="checkbox"/> Homeless | <input type="checkbox"/> Veteran/Active Duty | |

				Ethnicity		Race		Highest Education				Employment Status				Other															
Household Member Name Social Security Number		Date of Birth	Sex M/F/O	Relationship to Head of Household	Marital Status	Hispanic or Latino	NOT Hispanic or Latino	Black/African American	White/Caucasian	Hispanic	Native American/Alaskan Native	Asian	Multiple Races	Other	Grade 0-8	Grade 9-12 (non-graduate)	High School Grad/GED	Some Post Secondary	2 or 4 Year Degree	Master's Degree or Above	Full-time	Part-time	Seasonal	Unemployed (less than 6 months)	Unemployed (more than 6 months)	Unemployed (not in the labor force)	Retired	Student	Disabled	Military Veteran or Active Duty	Insurance Type or None (ex. Employer Paid, Medicare, Private, CHIP, etc.)
Ex	John Smith	9/10/53	M	Self	Single	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	medicaid
	123-45-6789																														
1						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

If there are additional household members, please ask staff for additional pages

Household Income - Please check all that apply

- | | | |
|--|---|--|
| <input type="checkbox"/> Employment | <input type="checkbox"/> Retirement from SS | <input type="checkbox"/> SSI <input type="checkbox"/> SSDI |
| <input type="checkbox"/> VA Disability - Service | <input type="checkbox"/> VA Disability - Non-Service | <input type="checkbox"/> Pension/Retirement |
| <input type="checkbox"/> Unemployment | <input type="checkbox"/> Worker's Compensation | <input type="checkbox"/> Alimony |
| <input type="checkbox"/> Child Support | <input type="checkbox"/> TANF/AFDC | <input type="checkbox"/> HUD Utility Check |
| <input type="checkbox"/> Survivor Pension | <input type="checkbox"/> Private Disability Insurance | <input type="checkbox"/> Earned Income Tax |
| <input type="checkbox"/> Family Support/Gifts | <input type="checkbox"/> Military Retirement Income | |

Non-Cash Benefits - Please check all that apply

- | | | |
|---|--|--|
| <input type="checkbox"/> SNAP (food stamps) | <input type="checkbox"/> Head Start | <input type="checkbox"/> HUD-VASH |
| <input type="checkbox"/> WIC | <input type="checkbox"/> Public Subsidized Housing | <input type="checkbox"/> Affordable Care Act |
| <input type="checkbox"/> Childcare Voucher | <input type="checkbox"/> Housing Choice Voucher | Subsidy |

Utility Service Information**Electric Provider**

Name of Company _____

Account Number _____

Account Name/Relationship _____

Gas Provider

Name of Company _____

Account Number _____

Account Name/Relationship _____

If propane, what size is tank? _____

Gallons _____

Water Provider

Name of Company _____

Account Number _____

Account Name/Relationship _____

Type of Air Conditioner Used:

- ☐
- Window Unit
- ☐
- Central Unit
- ☐
- Evaporative Cooler
- ☐
- None

Type of Heater Used:

- | | | | |
|--|---------------------------------------|---|-------------------------------------|
| <input type="checkbox"/> Central Unit | <input type="checkbox"/> Wall Furnace | <input type="checkbox"/> Gas Stove | <input type="checkbox"/> Wood Stove |
| <input type="checkbox"/> Fireplace | <input type="checkbox"/> None | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> Electric Space Heater | | <input type="checkbox"/> Gas Space Heater | |

FOR OFFICE USE ONLY

Total HH Annual Income: _____ Household Size: _____

HH % of Poverty Level: _____ HH % of AMI: _____

Program Recommendation:

- | | | |
|------------------------------------|---|-------------------------------|
| <input type="checkbox"/> Utilities | <input type="checkbox"/> Weatherization | <input type="checkbox"/> TBRA |
| <input type="checkbox"/> TBRA -PWD | <input type="checkbox"/> TVC | |
| <input type="checkbox"/> Other | | |

Weatherization Program

Weatherization is not available for apartments, duplexes, or double-wide mobile homes

RENTERS ONLY must provide a completed "Landlord Permission Form"

Landlord Permission Form is available on our website at www.cvcaa.org/forms or you may request a copy in our office.

Landlord Name: _____ **Landlord Phone:** _____

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

Housing Condition

Is your roof leaking? ☐ Yes ☐ No

If yes, how long has it been leaking? _____ Months

if yes, how many rooms are leaking? _____ Rooms

Are there holes in the... ☐ Walls ☐ Floors ☐ No Holes

Does your home have a good foundation? ☐ Yes ☐ No

Gas/Propane Status

Is there gas/propane in the home? ☐ Yes ☐ No

If yes, which type? ☐ Natural Gas ☐ Propane

Are the gas/propane lines active? ☐ Yes ☐ No

If no, why are they not active? _____

Please check all gas/propane appliances in the home:

☐ Water Heater ☐ Stove ☐ Space Heater

☐ Wall Furnace ☐ Central Unit ☐ Other: _____

Home Description

Home Color: _____ Name of nearest cross street: _____

Please list any landmarks or well-known nearby locations that could help us locate your home?

Please draw a map below which shows us where your house is located. Please be as specific as

TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS

Household Status Verification Form



Systematic Alien Verification for Entitlements (SAVE) System and US Citizenship/US National
Applicant Certification Form for CEAP, DOE-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 Systemic 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)	OFFICE USE ONLY Documentation Provided For:	
			Citizenship/Qualified Alien	Identification
ex. John Smith	Yes	No		

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

--	--

Applicant Signature

Date

--	--	--

Signature of agency staff certifying they verified the above documents

Print Staff Name

Date

APPLICANT’S AUTHORIZATION, UNDERSTANDING, AND AGREEMENT

- 1

The information provided is true and correct to the best of my knowledge and belief. I AM AWARE THAT I AM SUBJECT TO PROSECUTION FOR PROVIDING FALSE OR FRAUDULENT INFORMATION.
- 2

I understand that I can appeal a denial of eligibility, amount of assistance received, or a delay of service. A full complaint/appeal policy can be found at www.cvcaa.org/appeal
- 3

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.
- 4

I am aware this application is for all programs offered by CVCAA and I will only be considered for the programs I have selected on this application.
- 5

I understand that the programs I have applied for are NOT EMERGENCY SERVICES and that I will be assisted by priority order and then in the order my application is received. If I qualify for CVCAA services I must continue to pay my bill(s) until notified by CVCAA.
- 6

I understand I will be terminated from any and all programs immediately for the following offenses committed by any member of my household, such as but not limited to: incompliant, abusive language, threats, violent acts, physical confrontation, sexual harassment, under the influence of alcohol or drugs, etc. Violators will be asked to leave the premises; police and/or security called. Offense(s) may lead to denial of assistance for a period of time determined by CVCAA.
- 7

I certify I (or any household member) have not received funds or services from Texas Department of Housing and community Affairs (TDHCA) Emergency Rental Assistance Housing Stability Services Program for the same purpose and the same time period that might produce a duplication of benefits. Receiving rental assistance from TDHCA or receiving different stability services is allowable.
- 8

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

Signatures

All household member aged 18 and over must sign below:

Name: _____	Signature: _____	Date: _____
Name: _____	Signature: _____	Date: _____
Name: _____	Signature: _____	Date: _____
Name: _____	Signature: _____	Date: _____

Office Use Only

Application received complete/incomplete: _____	Notes: _____
Notice of incomplete application sent: _____	_____
Application processed/denied: _____	_____

Concho Valley Community Action Agency is committed to helping you meet your needs and connecting you with other area organizations that can give your family the stability and respect that you deserve. Please let us know how we can help you by answering the questions below.

Support Evaluation			
Please indicate if this applies to you or anyone in your household:		YES	NO
1	I am in need of food/clothing/household goods	<input type="checkbox"/>	<input type="checkbox"/>
2	I am in need of transportation assistance or bus passes	<input type="checkbox"/>	<input type="checkbox"/>
3	I am in need of childcare or elder care	<input type="checkbox"/>	<input type="checkbox"/>
4	I am in need of legal assistance and/or help obtaining child support	<input type="checkbox"/>	<input type="checkbox"/>
5	I am in need of medical care	<input type="checkbox"/>	<input type="checkbox"/>
6	I am in need of mental health care	<input type="checkbox"/>	<input type="checkbox"/>
7	I am in need of substance abuse services	<input type="checkbox"/>	<input type="checkbox"/>
8	I am in need of home repairs	<input type="checkbox"/>	<input type="checkbox"/>
9	What kind of repairs?		
10	My home/apartment/shelter is: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Safe <input type="checkbox"/> Unsafe		
11	I am in need of temporary shelter, low-income housing, or rental assistance	<input type="checkbox"/>	<input type="checkbox"/>
12	I am in need of help finding a job	<input type="checkbox"/>	<input type="checkbox"/>
13	I am interesting in educational opportunities such as GED classes, ESL classes, or vocational/technical/certificate training	<input type="checkbox"/>	<input type="checkbox"/>
14	I am interested in financial management/budgeting workshops	<input type="checkbox"/>	<input type="checkbox"/>
15	What other needs can we assist you with?		
Education & Experience (For ages 18-64)			
1	What is your highest level of education?		
2	I have a certificate/degree/license in...		
3	If you are currently in school, what program are you enrolled in? (ex. associate's degree, RMA, Cosmetology, etc.)		
4	If not employed, how long have you been out of the workforce?		
5	I have on-the-job training in...(ex. construction, food service, etc.)		