



**2026 Community Services Application**  
**Applications will not be processed until all documents are received.**

- Applications are accepted by mail, email, fax, or drop off and processed in the order received.
- It may take up to 6-8 weeks to process complete applications. Some cases may take longer depending on the time of year and volume of applications received.
- You are still responsible for your utility bills until your application is processed and you are notified.
- This application is for screening purposes only and does not guarantee eligibility to receive services.
- All assistance is subject to availability of funds.

**Required Documents for All Programs**

- ❖ Completed application including all required documents.
- ❖ Social Security cards for all household members.
- ❖ Proof of all household income for the past 30 days from date of application. Proof may include:

|                                       |                                 |                      |
|---------------------------------------|---------------------------------|----------------------|
| -Check Stubs (past 30 days)           | -VA letters (dated 2026)        | -SNAP Benefit letter |
| -Social Security letters (dated 2026) | -Unemployment Benefits Schedule | -TANF Benefit letter |
| -Pension letters (dated 2026)         | -Child Support Schedule         | NO Bank Statements   |

- ❖ Household Members age 18 and over with no proof of income must complete Declaration of Income Statement form (Page 8).

**Electric, Gas, and Propane Assistance Requires All Above Documents and The Following:**

- ❖ Proof of Citizenship and Identity for ALL household members. No exceptions!

**One of These:** US Passport, Certificate of Naturalization, Certificate of US Citizenship, Certificate of US Tribal Enrollment (w/ photo) **OR**

**One of These:** State Issued Driver's License, State Issued ID Card, Current School ID, Military Card, or State Offender Card

**And One of These:** US Certified State Issued Birth Certificate, Permanent Resident Card, Non-Immigrant Card, or Refugee Card

- ❖ Your current electric / gas / propane bills.
- ❖ 12 Month Usage History obtained from each utility provider. Please do not submit 12 bills. If you have less than 12 months usage, submit as many months as possible.

**Best way to contact us:**

Email to: [utilityassistance@communityaction.com](mailto:utilityassistance@communityaction.com)

Fax 512-396-4255

Phone 512-392-1161



Community Action, Inc.  
of Central Texas  
— DEVELOPING OPPORTUNITIES —

**OFFICE USE ONLY!**

Date Received: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Date Enrolled: \_\_\_\_\_

**Priority**

Elderly/Disabled/Child 5 or  
younger/Veteran

**2026 Community Services Application**

| HEAD OF HOUSEHOLD INFORMATION   |   |  |   |  |   |
|---|---|--|---|--|---|
| First Name:   |   | Last Name:   |   |  | Middle Initial:   |
| Date of Birth:  |   | Age:   | SS#:  |  |   |
| Contact # or Cell Phone:  |   |  | Housing Type (circle): Rent or Own  |  |   |
| Residential Address:  |   |  |   | Apt. #:  |   |
| City:   |   | State:   | Zip:  | County:  |   |
| Mailing Address (if different):   |   |  |   | Apt. #:  |   |
| City:   |   | State:   | Zip:  |  |   |
| Email Address:  |   |  | Preferred Method of Contact? Email <input type="checkbox"/> Phone <input type="checkbox"/><br>(Check one)   |  |   |
| <b>Gender</b><br><input type="checkbox"/> Male<br><input type="checkbox"/> Female   | <b>Race</b><br><input type="checkbox"/> African American /Black<br><input type="checkbox"/> American Indian/ Alaskan Native<br><input type="checkbox"/> White <input type="checkbox"/> Multi-Race<br><input type="checkbox"/> Asian <input type="checkbox"/> Other<br><input type="checkbox"/> Native Hawaiian/Pacific Islander | <b>Ethnicity</b><br><input type="checkbox"/> Hispanic<br><input type="checkbox"/> Not Hispanic   | <b>Education</b><br><input type="checkbox"/> 0-8<br><input type="checkbox"/> 9-12<br><input type="checkbox"/> HS Grad<br><input type="checkbox"/> GED<br><input type="checkbox"/> 12+ college<br><input type="checkbox"/> 2/4 yr Grad | <b>Disabled</b><br><input type="checkbox"/> Yes<br><input type="checkbox"/> No   | <b>Relationship to Applicant</b><br><input type="checkbox"/> Self<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Child<br><input type="checkbox"/> Grandchild<br><input type="checkbox"/> Other |
| <b>Work Status 18 or over</b><br><input type="checkbox"/> Employed Full-Time<br><input type="checkbox"/> Employed Part-Time<br><input type="checkbox"/> Unemployed 6 month +<br><b>Last day worked</b> _____<br><input type="checkbox"/> Unemployed less than 6 mos.<br><b>Last day worked</b> _____<br><input type="checkbox"/> Retired<br><input type="checkbox"/> Minor under 18   |   | <input type="checkbox"/> Migrant Seasonal Farm Worker<br><input type="checkbox"/> Unemployed -Not in Labor Work force  |   | <b>Military Status</b><br><input type="checkbox"/> Active<br><input type="checkbox"/> Veteran<br><input type="checkbox"/> Never Served   |   |
| <b>Other income received</b><br><input type="checkbox"/> Child Support<br><input type="checkbox"/> SS Disability<br><input type="checkbox"/> SS Retirement<br><input type="checkbox"/> SSI<br><input type="checkbox"/> Pension<br><input type="checkbox"/> Private Disability<br><input type="checkbox"/> TANF  |   | <input type="checkbox"/> Worker's Comp<br><input type="checkbox"/> Alimony/Spousal Support<br><input type="checkbox"/> VA Service Connected Disability<br><input type="checkbox"/> VA Non-Service Connected Dis.<br><input type="checkbox"/> Unemployment Benefit<br><input type="checkbox"/> SS Survivor's Benefit<br><input type="checkbox"/> None<br><input type="checkbox"/> Other |   | <b>Receive Non-Cash Benefits</b><br><input type="checkbox"/> SNAP (Food Stamps)<br><input type="checkbox"/> Childcare Voucher<br><input type="checkbox"/> Affordable Care Subsidy<br><input type="checkbox"/> Housing Choice Voucher<br><input type="checkbox"/> Public Housing<br><input type="checkbox"/> WIC<br><input type="checkbox"/> None |   |
| <b>Health Insurance</b><br><input type="checkbox"/> Direct purchase<br><input type="checkbox"/> Employment<br><input type="checkbox"/> Military Health Care<br><input type="checkbox"/> Adults State Health Ins.<br><input type="checkbox"/> Medicare<br><input type="checkbox"/> Medicaid <b>OR</b> Healthy Texas Women<br><input type="checkbox"/> CHIP<br><input type="checkbox"/> None  |   |  |   |  |   |
| <b>How did you hear about our services?</b><br><input type="checkbox"/> WIC<br><input type="checkbox"/> St. Vincent De Paul<br><input type="checkbox"/> School<br><input type="checkbox"/> Salvation Army<br><input type="checkbox"/> Food Bank<br><input type="checkbox"/> CAI Program<br><input type="checkbox"/> Word of Mouth (Family or Friend)<br><input type="checkbox"/> Returning Client<br><input type="checkbox"/> Social Media<br><input type="checkbox"/> Employer<br><input type="checkbox"/> Utility Company<br><input type="checkbox"/> Outreach Event<br><input type="checkbox"/> Southside Community Center<br><input type="checkbox"/> Other _____ |   |  |   |  |   |

Please complete the following pages for all other household member(s). You **MUST** answer **ALL** questions.

# OTHER HOUSEHOLD MEMBERS

|   |  |   |  |  |  |   |  |
|---|--|---|--|--|--|---|--|
| <b>Household Member</b>   |  |   |  |  |  |   |  |
| First Name:   |  |   |  | Last Name:   |  | Middle Initial:   |  |
| Date of Birth:  |  | Age:  |  | SS #:  |  |   |  |
| <b>Gender</b><br><input type="checkbox"/> Male<br><input type="checkbox"/> Female   |  | <b>Race</b><br><input type="checkbox"/> African American /Black<br><input type="checkbox"/> American Indian/ Alaskan Native<br><input type="checkbox"/> White <input type="checkbox"/> Multi-Race<br><input type="checkbox"/> Asian <input type="checkbox"/> Other<br><input type="checkbox"/> Native Hawaiian/Pacific Islander |  | <b>Ethnicity</b><br><input type="checkbox"/> Hispanic<br><input type="checkbox"/> Not Hispanic   |  | <b>Education</b><br><input type="checkbox"/> 0-8<br><input type="checkbox"/> 9-12<br><input type="checkbox"/> HS Grad<br><input type="checkbox"/> GED<br><input type="checkbox"/> 12+ college<br><input type="checkbox"/> 2/4 yr Grad   |  |
|   |  |   |  | <b>Disabled</b><br><input type="checkbox"/> Yes<br><input type="checkbox"/> No   |  | <b>Relationship to Applicant</b><br><input type="checkbox"/> Self<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Child<br><input type="checkbox"/> Grandchild<br><input type="checkbox"/> Other   |  |
| <b>Work Status 18 or over</b><br><input type="checkbox"/> Employed Full-Time <input type="checkbox"/> Migrant Seasonal Farm Worker<br><input type="checkbox"/> Employed Part-Time<br><input type="checkbox"/> Unemployed 6 month <input type="checkbox"/> Unemployed - Not in Labor Work force<br><b>Last day worked</b> _____<br><input type="checkbox"/> Unemployed less than 6 mos.<br><b>Last day worked</b> _____<br><input type="checkbox"/> Retired<br><input type="checkbox"/> Minor under 18 |  |   |  | <b>Military Status</b><br><input type="checkbox"/> Active<br><input type="checkbox"/> Veteran<br><input type="checkbox"/> Never Served   |  | <b>Health Insurance</b><br><input type="checkbox"/> Direct purchase<br><input type="checkbox"/> Employment based<br><input type="checkbox"/> Military Health Care<br><input type="checkbox"/> Adults State Health Ins.<br><input type="checkbox"/> Medicare<br><input type="checkbox"/> Medicaid <b>OR</b> Healthy TX Women<br><input type="checkbox"/> CHIP<br><input type="checkbox"/> None |  |
| <b>Other income received</b><br><input type="checkbox"/> Child Support<br><input type="checkbox"/> SS Disability<br><input type="checkbox"/> SS Retirement<br><input type="checkbox"/> SSI<br><input type="checkbox"/> Pension<br><input type="checkbox"/> Private Disability<br><input type="checkbox"/> TANF  |  |   |  | <input type="checkbox"/> Worker's Comp<br><input type="checkbox"/> Alimony/Spousal Support<br><input type="checkbox"/> VA Service Connected Disability<br><input type="checkbox"/> VA Non-Service Connected Dis.<br><input type="checkbox"/> Unemployment Benefit<br><input type="checkbox"/> SS Survivor's Benefit<br><input type="checkbox"/> None<br><input type="checkbox"/> Other |  | <b>Receive Non-Cash Benefits</b><br><input type="checkbox"/> SNAP (Food Stamps)<br><input type="checkbox"/> Childcare Voucher<br><input type="checkbox"/> Affordable Care Subsidy<br><input type="checkbox"/> Housing Choice Voucher  |  |
|   |  |   |  | <input type="checkbox"/> Public Housing<br><input type="checkbox"/> WIC<br><input type="checkbox"/> None   |  |   |  |

  

|   |  |   |  |  |  |   |  |
|---|--|---|--|--|--|---|--|
| <b>Household Member</b>   |  |   |  |  |  |   |  |
| First Name:   |  |   |  | Last Name:   |  | Middle Initial:   |  |
| Date of Birth:  |  | Age:  |  | SS #:  |  |   |  |
| <b>Gender</b><br><input type="checkbox"/> Male<br><input type="checkbox"/> Female   |  | <b>Race</b><br><input type="checkbox"/> African American /Black<br><input type="checkbox"/> American Indian/ Alaskan Native<br><input type="checkbox"/> White <input type="checkbox"/> Multi-Race<br><input type="checkbox"/> Asian <input type="checkbox"/> Other<br><input type="checkbox"/> Native Hawaiian/Pacific Islander |  | <b>Ethnicity</b><br><input type="checkbox"/> Hispanic<br><input type="checkbox"/> Not Hispanic   |  | <b>Education</b><br><input type="checkbox"/> 0-8<br><input type="checkbox"/> 9-12<br><input type="checkbox"/> HS Grad<br><input type="checkbox"/> GED<br><input type="checkbox"/> 12+ college<br><input type="checkbox"/> 2/4 yr Grad   |  |
|   |  |   |  | <b>Disabled</b><br><input type="checkbox"/> Yes<br><input type="checkbox"/> No   |  | <b>Relationship to Applicant</b><br><input type="checkbox"/> Self<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Child<br><input type="checkbox"/> Grandchild<br><input type="checkbox"/> Other   |  |
| <b>Work Status 18 or over</b><br><input type="checkbox"/> Employed Full-Time <input type="checkbox"/> Migrant Seasonal Farm Worker<br><input type="checkbox"/> Employed Part-Time<br><input type="checkbox"/> Unemployed 6 month <input type="checkbox"/> Unemployed - Not in Labor Work force<br><b>Last day worked</b> _____<br><input type="checkbox"/> Unemployed less than 6 mos.<br><b>Last day worked</b> _____<br><input type="checkbox"/> Retired<br><input type="checkbox"/> Minor under 18 |  |   |  | <b>Military Status</b><br><input type="checkbox"/> Active<br><input type="checkbox"/> Veteran<br><input type="checkbox"/> Never Served   |  | <b>Health Insurance</b><br><input type="checkbox"/> Direct purchase<br><input type="checkbox"/> Employment based<br><input type="checkbox"/> Military Health Care<br><input type="checkbox"/> Adults State Health Ins.<br><input type="checkbox"/> Medicare<br><input type="checkbox"/> Medicaid <b>OR</b> Healthy TX Women<br><input type="checkbox"/> CHIP<br><input type="checkbox"/> None |  |
| <b>Other income received</b><br><input type="checkbox"/> Child Support<br><input type="checkbox"/> SS Disability<br><input type="checkbox"/> SS Retirement<br><input type="checkbox"/> SSI<br><input type="checkbox"/> Pension<br><input type="checkbox"/> Private Disability<br><input type="checkbox"/> TANF  |  |   |  | <input type="checkbox"/> Worker's Comp<br><input type="checkbox"/> Alimony/Spousal Support<br><input type="checkbox"/> VA Service Connected Disability<br><input type="checkbox"/> VA Non-Service Connected Dis.<br><input type="checkbox"/> Unemployment Benefit<br><input type="checkbox"/> SS Survivor's Benefit<br><input type="checkbox"/> None<br><input type="checkbox"/> Other |  | <b>Receive Non-Cash Benefits</b><br><input type="checkbox"/> SNAP (Food Stamps)<br><input type="checkbox"/> Childcare Voucher<br><input type="checkbox"/> Affordable Care Subsidy<br><input type="checkbox"/> Housing Choice Voucher  |  |
|   |  |   |  | <input type="checkbox"/> Public Housing<br><input type="checkbox"/> WIC<br><input type="checkbox"/> None   |  |   |  |

## OTHER HOUSEHOLD MEMBER

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| <b>Household Member</b>  |  |  |  |  |  |  |  |
| First Name:  |  |  |  | Last Name:   |  | Middle Initial   |  |
| Date of Birth  |  | Age:   |  | SS #:  |  |  |  |
| <b><u>Gender</u></b><br><input type="checkbox"/> Male<br><input type="checkbox"/> Female<br><input type="checkbox"/> Other   |  | <b><u>Race</u></b><br><input type="checkbox"/> African American /Black<br><input type="checkbox"/> American Indian/ Alaskan Native<br><input type="checkbox"/> White <input type="checkbox"/> Multi-Race<br><input type="checkbox"/> Asian <input type="checkbox"/> Other<br><input type="checkbox"/> Native Hawaiian/Pacific Islander |  | <b><u>Ethnicity</u></b><br><input type="checkbox"/> Hispanic<br><input type="checkbox"/> Not Hispanic  |  | <b><u>Education</u></b><br><input type="checkbox"/> 0-8<br><input type="checkbox"/> 9-12<br><input type="checkbox"/> HS Grad<br><input type="checkbox"/> GED<br><input type="checkbox"/> 12+ college<br><input type="checkbox"/> 2/4 yr Grad |  |
|  |  |  |  | <b><u>Disabled</u></b><br><input type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | <b><u>Relationship to Applicant</u></b><br><input type="checkbox"/> Self<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Child<br><input type="checkbox"/> Grandchild<br><input type="checkbox"/> Other                       |  |
| <b><u>Work Status 18 or over</u></b><br><input type="checkbox"/> Employed Full-Time<br><input type="checkbox"/> Employed Part-Time<br><input type="checkbox"/> Unemployed 6 month<br><b>Last day worked</b> _____<br><input type="checkbox"/> Unemployed less than 6 mos.<br><b>Last day worked</b> _____<br><input type="checkbox"/> Retired<br><input type="checkbox"/> Minor under 18 |  |  |  | <input type="checkbox"/> Migrant Seasonal Farm Worker<br><input type="checkbox"/> Unemployed -Not in Labor Work force  |  | <b><u>Military Status</u></b><br><input type="checkbox"/> Active<br><input type="checkbox"/> Veteran<br><input type="checkbox"/> Never Served  |  |
|  |  |  |  | <b><u>Health Insurance</u></b><br><input type="checkbox"/> Direct purchase<br><input type="checkbox"/> Employment based<br><input type="checkbox"/> Military Health Care<br><input type="checkbox"/> Adults State Health Ins.<br><input type="checkbox"/> Medicare<br><input type="checkbox"/> Medicaid <b>OR</b> Healthy TX Women<br><input type="checkbox"/> CHIP<br><input type="checkbox"/> None |  |  |  |
| <b><u>Other income received</u></b><br><input type="checkbox"/> Child Support<br><input type="checkbox"/> SS Disability<br><input type="checkbox"/> SS Retirement<br><input type="checkbox"/> SSI<br><input type="checkbox"/> Pension<br><input type="checkbox"/> Private Disability<br><input type="checkbox"/> TANF  |  |  |  | <input type="checkbox"/> Worker's Comp<br><input type="checkbox"/> Alimony/Spousal Support<br><input type="checkbox"/> VA Service Connected Disability<br><input type="checkbox"/> VA Non-Service Connected Dis.<br><input type="checkbox"/> Unemployment Benefit<br><input type="checkbox"/> SS Survivor's Benefit<br><input type="checkbox"/> None   |  |  |  |
|  |  |  |  | <b><u>Receive Non-Cash Benefits</u></b><br><input type="checkbox"/> SNAP (Food Stamps)<br><input type="checkbox"/> Childcare Voucher<br><input type="checkbox"/> Affordable Care Subsidy<br><input type="checkbox"/> Housing Choice Voucher  |  |  |  |
|  |  |  |  | <input type="checkbox"/> Public Housing<br><input type="checkbox"/> WIC<br><input type="checkbox"/> None   |  |  |  |

  

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| <b>Household Member</b>  |  |  |  |  |  |  |  |
| First Name:  |  |  |  | Last Name:   |  | Middle Initial   |  |
| Date of Birth  |  | Age:   |  | SS #:  |  |  |  |
| <b><u>Gender</u></b><br><input type="checkbox"/> Male<br><input type="checkbox"/> Female<br><input type="checkbox"/> Other   |  | <b><u>Race</u></b><br><input type="checkbox"/> African American /Black<br><input type="checkbox"/> American Indian<br><input type="checkbox"/> White <input type="checkbox"/> Alaskan Native<br><input type="checkbox"/> Asian <input type="checkbox"/> Multi-Race |  | <b><u>Ethnicity</u></b><br><input type="checkbox"/> Hispanic<br><input type="checkbox"/> Not Hispanic  |  | <b><u>Education</u></b><br><input type="checkbox"/> 0-8<br><input type="checkbox"/> 9-12<br><input type="checkbox"/> HS Grad<br><input type="checkbox"/> GED<br><input type="checkbox"/> 12+ college<br><input type="checkbox"/> 2/4 yr Grad |  |
|  |  |  |  | <b><u>Disabled</u></b><br><input type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | <b><u>Relationship to Applicant</u></b><br><input type="checkbox"/> Self<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Child<br><input type="checkbox"/> Grandchild<br><input type="checkbox"/> Other                       |  |
| <b><u>Work Status 18 or over</u></b><br><input type="checkbox"/> Employed Full-Time<br><input type="checkbox"/> Employed Part-Time<br><input type="checkbox"/> Unemployed 6 month<br><b>Last day worked</b> _____<br><input type="checkbox"/> Unemployed less than 6 mos.<br><b>Last day worked</b> _____<br><input type="checkbox"/> Retired<br><input type="checkbox"/> Minor under 18 |  |  |  | <input type="checkbox"/> Migrant Seasonal Farm Worker<br><input type="checkbox"/> Unemployed -Not in Labor Work force  |  | <b><u>Military Status</u></b><br><input type="checkbox"/> Active<br><input type="checkbox"/> Veteran<br><input type="checkbox"/> Never Served  |  |
|  |  |  |  | <b><u>Health Insurance</u></b><br><input type="checkbox"/> Direct purchase<br><input type="checkbox"/> Employment based<br><input type="checkbox"/> Military Health Care<br><input type="checkbox"/> Adults State Health Ins.<br><input type="checkbox"/> Medicare<br><input type="checkbox"/> Medicaid <b>OR</b> Healthy TX Women<br><input type="checkbox"/> CHIP<br><input type="checkbox"/> None |  |  |  |
| <b><u>Other income received</u></b><br><input type="checkbox"/> Child Support<br><input type="checkbox"/> SS Disability<br><input type="checkbox"/> SS Retirement<br><input type="checkbox"/> SSI<br><input type="checkbox"/> Pension<br><input type="checkbox"/> Private Disability<br><input type="checkbox"/> TANF  |  |  |  | <input type="checkbox"/> Worker's Comp<br><input type="checkbox"/> Alimony/Spousal Support<br><input type="checkbox"/> VA Service Connected Disability<br><input type="checkbox"/> VA Non-Service Connected Dis.<br><input type="checkbox"/> Unemployment Benefit<br><input type="checkbox"/> SS Survivor's Benefit<br><input type="checkbox"/> None   |  |  |  |
|  |  |  |  | <b><u>Receive Non-Cash Benefits</u></b><br><input type="checkbox"/> SNAP (Food Stamps)<br><input type="checkbox"/> Childcare Voucher<br><input type="checkbox"/> Affordable Care Subsidy<br><input type="checkbox"/> Housing Choice Voucher  |  |  |  |
|  |  |  |  | <input type="checkbox"/> Public Housing<br><input type="checkbox"/> WIC<br><input type="checkbox"/> None   |  |  |  |

|   |                |   |                                |
|---|----------------|---|--------------------------------|
| <b>Housing Information:</b>   |                |   |                                |
| Type  | Private Home__ | Mobile Home__   | Apartment/Duplex____ Other __  |
| Subsidized/Public Housing? <input type="checkbox"/> Y <input type="checkbox"/> N  |                | Own <input type="checkbox"/> Or Rent <input type="checkbox"/> | Monthly Mortgage/Rent \$ _____ |
| Utilities included in rent? <input type="checkbox"/> Yes <input type="checkbox"/> No  |                |   |                                |
| <b>Utility Company:</b>   |                |   |                                |
| Electric Co. Name : _____ Account # _____ Heating __ Cooling__ Both _____   |                |   |                                |
| Natural Gas Co. Name: _____ Account # _____ Heating __ Cooling__ Both _____   |                |   |                                |
| Propane Co. Name: _____ Account # _____ Heating __ Cooling__ Both _____   |                |   |                                |
| Type of A/C: <input type="checkbox"/> Central / <input type="checkbox"/> Evaporative Cooler / <input type="checkbox"/> Window Unit / <input type="checkbox"/> None  |                |   |                                |
| Type of Heater: <input type="checkbox"/> Central / <input type="checkbox"/> Space Heater / <input type="checkbox"/> Wall Furnace / <input type="checkbox"/> Fireplace Stove / <input type="checkbox"/> None |                |   |                                |

|   |  |
|---|--|
| <b>Priority Information:</b>  |  |
| 1. Have you ever received services with Community Action, Inc. of Central Texas? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span><br>If Yes, please check which services:<br><input type="checkbox"/> Adult Education (GED, ESL, Career Training)<br><input type="checkbox"/> Community Services (Utility Assistance/TBRA)<br><input type="checkbox"/> Head Start      Currently enrolled? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Health Services (Case Management for HIV, Breast Cancer)<br><input type="checkbox"/> Home Visiting<br><input type="checkbox"/> Senior Citizen Center |  |
| 2. Is anyone enrolled in secondary education/registered with Texas Workforce in the last 30 days  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Is anyone in the household 60 years of age or older?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Is anyone in the household disabled? (If Yes, complete Self-Certification of Disability)   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Are there any children 5 years of age or younger in the household?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Are you interested in receiving case management services to increase income/education level  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Is anyone in the household a veteran?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>CONFLICT OF INTEREST INFORMATION</b>   |  |
| 1. Is anyone in the household currently serving as an employee agent, consultant, and officer or elected or appointed official of Community Action, Inc of Central Texas? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If YES, identify who and role _____   |  |
| 2. Is anyone in the household related to anyone currently serving as an employee, agent, consultant, officer or elected official of Community Action, Inc. of Central Texas? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If YES, identify who and role _____  |  |
| FOR OFFICE USE ONLY: <i>If there is a Conflict of Interest, this application requires the Executive Director's Signature.</i>   |  |
| Executive Director Signature: _____   |  |

**OFFICE USE ONLY: CEAP/ CSBG ELIGIBILITY DETERMINATION**

1. Calculations: Monthly \_\_\_\_\_ x 12 = \_\_\_\_\_ Total Annual Income \$  
Monthly \_\_\_\_\_ x 12 = \_\_\_\_\_
2. Household Poverty Income Level: \_\_\_\_\_ 0-50% \_\_\_\_\_ >50-75% \_\_\_\_\_ >75-125% \_\_\_\_\_ >125-150% \_\_\_\_\_ >150%
3. Verification/Documentation of Household Income used: \_\_\_\_\_

Staff Signature \_\_\_\_\_

Date \_\_\_\_\_

**OFFICE USE ONLY:** *Client potentially eligible for the following Community Action, Inc. programs and referrals:*

- ☐ Head Start/Early Head Start ☐ Health Services ☐ Adult Education ☐ Community Services ☐ Home Visiting  
☐ CEAP \_\_\_\_\_ ☐ CSBG ☐ Senior Citizen Center ☐ Lifeline ☐ SMEU

**AUTHORIZATION AND RELEASE OF INFORMATION:**

1. The information provided is true and correct to the best of my knowledge and belief.
2. I understand that my gross household income is annualized at the time of application according to pre-established agency rules and procedures in order to receive assistance.
3. I understand that I may request a hearing to appeal a denial of eligibility, amount of assistance received, or a delay in receiving services from Community Action, Inc. of Central Texas.
4. I authorize the Texas Department of Housing and Community Action, Inc. of Central Texas to solicit/verify information including employment verification needed to provide assistance with my utilities and/ or fuel bills, both past and future.
5. I am an applicant of Community Action, Inc. of Central Texas. I hereby give my permission to release and verify all information requested and understand that it will be kept in strict confidence to be used for program purposes only. I understand that photocopy of this release is as valid as the original and may be used to obtain employment information or verify other data.
6. I understand that if I change utility companies I must notify the caseworker within 10 business days of my new utility company and account number with the name on the account. If I do not notify Community Action, Inc. of Central Texas of my new utility company, I will lose any payments due. When the information is provided, any remaining assistance may be reinstated.
7. If I or another member of the household has no income the Declaration of No Income sheet must be completed for all household members over 18 years of age having no income. *Note: On this sheet do not include anyone who has shown income on the application. The Declaration of No Income no longer needs to be notarized.*
8. I UNDERSTAND THAT I AM SUBJECT TO PROSECUTION FOR PROVIDING FALSE OR FRAUDULENT INFORMATION ON THIS APPLICATION. In addition, I understand that I may be terminated from receiving services if I display threatening behavior, sexual harassment, verbal abuse, theft, or violation of Community Action, Inc. of Central Texas firearm policy. I understand if terminated, I will not be able to reapply for 2 years.
9. I designate Community Action, Inc. of Central Texas to release and discuss information

to: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact Info: \_\_\_\_\_

**By signing below, I acknowledge that I have read, understand and agree with the entire CAICT application:**

*I certify that the information on this application is correct and I also understand that receipt or assistance through misrepresentation or fraud is punishable by fine or imprisonment.*

**Applicant Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_  
(when application is logged in)

**TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS**  
**Systematic Alien Verification for Entitlements (SAVE) System and US Citizenship/US National**  
**Applicant Certification Form for WAP and CEAP**

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.

| Household Member Name | US Citizen (Born or Naturalized) or U.S. National |    | Qualified Alien |    | OFFICE USE ONLY             |                |
|-----------------------|---|----|-----------------|----|-----------------------------|----------------|
|                       |   |    |                 |    | Documentation Provided for: |                |
|                       | Yes   | No | Yes             | No | Status                      | 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 FRAUDULENT INFORMATION.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of agency staff certifying the above

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Staff Name

\_\_\_\_\_  
Date

Community Action, Inc. of Central Texas, Inc.  
2026 Intake Application

**NEEDS ASSESSMENT**

Please indicate what NEEDS you may have below by circling either YES or NO in each box. If you circle YES, please explain the need you are experiencing so that we may help you in locating services.

| SERVICE  | NEED      | EXPLANATION | SERVICE   | NEED      | EXPLANATION |
|--|-----------|-------------|---|-----------|-------------|
| BASIC NEEDS: Food, Clothing, Food Stamps, WIC, Meals On Wheels, Emergency, Other           | YES<br>NO |             | COUNSELING: Family, Alcohol/Substance Abuse, Other                              | YES<br>NO |             |
| INCOME: SS, SSI, TANF, VA, Child Support, Budget, Other                                    | YES<br>NO |             | TRANSPORTATION: To Work, Dr. Appointment, Car Repair, Other                     | YES<br>NO |             |
| EMPLOYMENT: Looking For A Job, Job Search Assistance, Resume, Other                        | YES<br>NO |             | VETERAN NEEDS: Medical, Training, Home Repairs, Accessibility, Other            | YES<br>NO |             |
| UTILITY ASSISTANCE: Electric, Natural Gas, Propane, Other                                  | YES<br>NO |             | LEGAL: Child Support, Criminal Civil. Other                                     | YES<br>NO |             |
| HOUSING: Temporary Shelter, Subsidized, Section 8, Housing, Repairs, Weatherization, Other | YES<br>NO |             | HEALTH: Immunizations, Prescriptions, Primary Health Care, Mental Health, Other | YES<br>NO |             |
| HEATING / COOLING Heaters, Window Units, Repairs, Water Heater                             | YES<br>NO |             | EDUCATION: GED, English as Second Language-ESL, Vocational Training, Other      | YES<br>NO |             |
| CARE NEEDS: Child Care, Elderly Care, Other  | YES<br>NO |             | Other Needs Not Identified On This Assessment:                                  | YES<br>NO |             |



## DECLARATION OF INCOME STATEMENT (DECLARACION DE INGRESOS)

|   |                                |                          |
|---|--------------------------------|--------------------------|
| Applicant Name (Nombre del Solicitante) | Applicant Last Name (Apellido) | Suffix (Sufijo)          |
| Address (Dirección)                     | City (Ciudad)                  | Zip Code (Código Postal) |

State the gross income for household members, 18 years and older (including students), who have no documentation of the income received in the **30 day period prior to the date of application** for assistance: *(Declarar el ingreso recibido por los miembros de su hogar, que tienen 18 años de edad ó mas, y que no tienen documentación de ingresos por los 30 dias antes del aplicar para asistencia)*

|               |  |
|---------------|--|
| Name (Nombre) | Gross Income Received (Ingreso Bruto Recibido) |
| Name (Nombre) | Gross Income Received (Ingreso Bruto Recibido) |
| Name (Nombre) | Gross Income Received (Ingreso Bruto Recibido) |
| Name (Nombre) | Gross Income Received (Ingreso Bruto Recibido) |

My household has no documented proof of income due to the following situation *(Mi hogar no tiene prueba para documentar los ingresos por medio de tal razones):*

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I certify that the above information is true and correct to the best of my knowledge and belief. *(Yo certifico que la información proveida de los ingresos es verdadera y correcta según mi saber y creencia.)*

I understand that the information will be verified to the extent possible; and that I may be subject to prosecution for providing false or fraudulent information. *(Comprendo que la información será verificada hasta donde sea posible y que puedo ser enjuiciado por haber proveido información falsa ó fraudulenta.)*

\_\_\_\_\_  
*(Signature/Firma del Solicitante)*

\_\_\_\_\_  
*(Date/Fecha)*

**Community Action, INC. of Central Texas**  
**COMMUNITY SERVICES**

## Self Certification of Disability

|  |  |
|--|--|
| Applicant's Name:                                    |  |
| Name of Person with Disability:                      |  |
| Relationship of Person with Disability to Applicant: |  |

**Persons with Disabilities--Any individual who is:**

- ✓ A handicapped individual as defined in §7(9) of the Rehabilitation Act of 1973;
- ✓ Under a disability as defined in §1614(a)(3)(A) or §223(d)(1) of the Social Security Act or in V102(7) of the Developmental Disabilities Services and Facilities Construction Act: or
- ✓ Receiving benefits under 38 U.S.C. Chapter 11 or 15.

**APPLICANT'S AUTHORIZATION TO DECLARE DISABLED STATUS:**

I hereby confirm my eligibility as a Person with Disability, in accordance with the above-stated definition of Person with Disability.

\_\_\_\_\_  
Signature of Person with Disability or His/Her Guardian

\_\_\_\_\_  
Date