



## 2022 CSBG/ CEAP/ LIHWAP Intake Application

|                                 |             |           |
|---------------------------------|-------------|-----------|
| Last Name:                      | First:      | Middle I: |
| Address:                        |             | Apt #:    |
| City, State, Zip:               |             | County:   |
| Mailing Address (if different): |             | Apt#:     |
| City, State, Zip                |             | County:   |
| Home Phone:                     | Cell Phone: |           |
| Email Address:                  |             |           |

### **REMINDER: INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED or PROCESSED!**

- Once the application is received with **ALL supporting documents**, it will be processed in the order completed and by priority.
- Until your application is processed, **you are responsible for your utility bills and any late fees applied.**
- Once the application is processed, you will be notified if you qualify for assistance. This application is for screening purposes only and does not guarantee your eligibility to receive services.
- If you qualify for assistance, you will be called and sent information.
- An appointment can be scheduled with a Case Manager if needed.
- NOTE: All assistance is subject to the availability of funds.

### **REQUIRED DOCUMENTS: for all programs**

1. **COMPLETED Intake Application.**
2. **Copy of Valid photo ID and Social Security card of ALL IN HOUSEHOLD.** (example: Texas Driver's License, ID, & SS)
3. **Proof of ALL income for the past 30 days for all household members 18 years and older, who work or receive assistance.** (Social Security/SSI/VA award letter, check stubs, TANF letter, unemployment benefits, child support, etc.)  
*NOTE: If any member of the household, 18 or over, is NOT receiving any income, you must complete the attached Declaration of Income Statement.*

### **To obtain Energy Assistance or Household Water Assistance - additional needed information:**

4. **PROOF OF CITIZENSHIP and IDENTITY for ALL household members. If you need help, please contact us.**  

| <b>ONE OF THESE</b>                | <b>OR</b> | <b>VALID PHOTO ID</b>              | <b>AND</b> | <b>ONE OF THESE</b>                            |
|------------------------------------|-----------|------------------------------------|------------|--|
| Valid Passport                     |           | State Issue Driver's License,      |            | Certified Copy -State Issued Birth Certificate |
| Certificate of Naturalization      |           | Military Card, State Issue ID Card |            | ( <i>NOT the Footprint Record</i> )            |
| Certificate of US Citizenship      |           | State Offender Card,               |            | Permanent Resident Card                        |
| US Tribal Enrollment Card w/ Photo |           | Current School ID                  |            | Non-Immigrant Cards Refugee/Asylee Card        |
5. **A 12 month billing history** from each of your energy providers. (Electric, Natural Gas & Propane)  
To get this history, City of San Marcos customers should request an "Electric Usage History" for Community Action, Inc. PEC customers should request a "Customer Profile." City of Lockhart and City of Luling customers are required to pay a small fee for the report.  
*Note: If a 12 month history is not available, please submit as many months available.*
6. Your **current utility bills** for Water, and/or Electricity, Natural Gas & Propane and a disconnect notice, **if applicable.**

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     CEAP     CEAP ARP     LIHWAP     CSBG     Senior Citizen Center     Lifeline



**To APPLY:**

**Applications can be mailed, emailed, faxed or delivered to the following locations:**

**Hays County & Blanco County:**

PO Box 748 San Marcos, TX 78667 or 215 S. Reimer Ave. Ste.130, San Marcos, TX, 78666  
512-392-1161, ext. 334 – Office Hours: 8am-12, 1-5pm Monday to Friday  
Email: [utilityassistance@communityaction.com](mailto:utilityassistance@communityaction.com) Fax: 512-396-4255

**Caldwell County:**

901 Bois D' Arc Street, Lockhart, TX 78644, 512-398-4420 (*Please call for Office Hours*)  
Email: [mflores@communityaction.com](mailto:mflores@communityaction.com); Fax: 512-398-4189

PO Box 231/109 E. Newton Street, Luling, TX 78648, 830-875-3707 (*Please call for Office Hours*)  
Email: [rcruz@communityaction.com](mailto:rcruz@communityaction.com); Fax: 830-875-3706

**CSBG Emergency Services and Case Management - *determined on a case by case basis***

**CEAP Energy ASSISTANCE - about the program**

The Comprehensive Energy Assistance Program (CEAP) combines education and financial assistance to help low-income consumers reduce their utility bills. Services include utility payment assistance for electric, natural gas and propane. Priority is also given to lowest percentages of income levels, highest energy burdens, vulnerable individuals 60 years and over, persons with disabilities, and families with children five years of age or under, and veterans.

**Utility Assistance Component (UA):** Payments are to assist low-income households to reduce their home energy costs and payments up to allocation limits are based off the previous 12-month billing history. Low-income households with a vulnerable priority member receive assistance up to their allocation limit. Households with non-vulnerable member receive six months of assistance up to their allocation limit.

**Crisis Assistance Component (CAC):** Provides Assistance with utility bills when households have lost service or are in danger of losing service and meet **one of three conditions** which include:

1. Extreme Weather Conditions,
2. Declared Disaster,
3. Life threatening crisis

***Payments are made directly to the utility company and do not include any extra fees.***

**LIHWAP Water ASSISTANCE - about the program**

**The Low Income Household Water Assistance Program (LIHWAP)** combines education and financial assistance to help low-income consumers in emergency situations in which they are: **1. behind in their bills and disconnection is threatened, OR 2. Consumers have been disconnected.**

***Payments are made directly to the utility company and do include some fees.***

Priority is also given to lowest percentages of income levels, highest energy burdens, vulnerable individuals 60 years and over, persons with disabilities, and families with children five years of age or under, and veterans.

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**SERVICE AREA**

The counties serviced by Community Services Block Grant (CSBG) and Comprehensive Utility Assistance Program (CEAP) include: **Blanco, Caldwell, and Hays.**

**FUNDING SOURCE**

This program is funded (in whole or in part) by the **Texas Department of Housing and Community Affairs (TDHCA).**

| <i>List Head of Household and ALL other persons living in Household. All information is required to determine your household eligibility. Use additional sheets if needed.</i> |                              |                                 |     |                              |                    |                    |  |                   |                    |                               |                    |                    |
|--|------------------------------|---------------------------------|-----|------------------------------|--------------------|--------------------|--|-------------------|--------------------|-------------------------------|--------------------|--------------------|
| Household Member<br>Last, First, Middle Initial  | Relationship<br>to applicant | Date of Birth<br>AND<br>SocSec# | Age | Gender<br>M or F<br>or Other | Race/<br>Ethnicity | Hispanic<br>Y of N | Education<br>(Circle One)                                | Working<br>Y or N | PAID<br>How often? | Health<br>Insurance<br>Y or N | *Veteran<br>Y or N | Disabled<br>Y or N |
| 1.   | self                         |                                 |     |                              |                    |                    | 0-8 9-12<br>HS Grad/GED<br>12+ college<br>2 or 4 yr Grad |                   |                    |                               |                    |                    |
| 2.   |                              |                                 |     |                              |                    |                    | 0-8 9-12<br>HS Grad/GED<br>12+ college<br>2 or 4 yr Grad |                   |                    |                               |                    |                    |
| 3.   |                              |                                 |     |                              |                    |                    | 0-8 9-12<br>HS Grad/GED<br>12+ college<br>2 or 4 yr Grad |                   |                    |                               |                    |                    |
| 4.   |                              |                                 |     |                              |                    |                    | 0-8 9-12<br>HS Grad/GED<br>12+ college<br>2 or 4 yr Grad |                   |                    |                               |                    |                    |
| 5.   |                              |                                 |     |                              |                    |                    | 0-8 9-12<br>HS Grad/GED<br>12+ college<br>2 or 4 yr Grad |                   |                    |                               |                    |                    |
| 6.   |                              |                                 |     |                              |                    |                    | 0-8 9-12<br>HS Grad/GED<br>12+ college<br>2 or 4 yr Grad |                   |                    |                               |                    |                    |
| 7.   |                              |                                 |     |                              |                    |                    | 0-8 9-12<br>HS Grad/GED<br>12+ college<br>2 or 4 yr Grad |                   |                    |                               |                    |                    |
| 8.   |                              |                                 |     |                              |                    |                    | 0-8 9-12<br>HS Grad/GED<br>12+ college<br>2 or 4 yr Grad |                   |                    |                               |                    |                    |

**\*VETERANS Please NOTE:** 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/>.

**INCOME SOURCES** (List ALL income of adults and children that are 18 years of age or older for the last 30 days)

*Identify income from any of the following sources:*

|   |        |                | \$ received per month | times per month                                |
|---|--------|----------------|-----------------------|--|
| Salary from Employment                    | ___Yes | ___No          | _____                 | _____  |
| Tips and Bonuses                          | ___Yes | ___No          | _____                 | _____  |
| Commissions/Fees                          | ___Yes | ___No          | _____                 | _____  |
| Recurring Gifts                           | ___Yes | ___No          | _____                 | _____  |
| Veteran Benefits – service or non-service | ___Yes | ___No          | _____                 | _____  |
| Alimony                                   | ___Yes | ___No          | _____                 | _____  |
| Interest/ Dividends                       | ___Yes | ___No          | _____                 | _____  |
| Social Security                           | ___Yes | ___No          | _____                 | _____  |
| Supplemental Security Income (SSI)        | ___Yes | ___No          | _____                 | _____  |
| Social Security Disability Income (SSDI)  | ___Yes | ___No          | _____                 | _____  |
| Retirement Funds                          | ___Yes | ___No          | _____                 | _____  |
| Pension                                   | ___Yes | ___No          | _____                 | _____  |
| Unemployment Benefits                     | ___Yes | ___No          | _____                 | _____  |
| Workers' Compensation                     | ___Yes | ___No          | _____                 | _____  |
| TANF                                      | ___Yes | ___No          | _____                 | _____  |
| Food Stamps                               | ___Yes | ___No          | _____                 | _____  |
| Medicare/Medicaid                         | ___Yes | ___No          | _____                 | _____  |
| General Assistance                        | ___Yes | ___No          | _____                 | _____  |
| Unknown/Not Reported                      | ___Yes | ___No          | _____                 | _____  |
| EITC                                      | ___Yes | ___No          | _____                 | _____  |
| Private Disability Insurance              | ___Yes | ___No          | _____                 | _____  |
| Child Support:                            | ___Y/N | ___Anticipated | ___Voluntary          | ___Court Ordered ( <i>regardless if paid</i> ) |
| Other:                                    | _____  |                |                       |  |

**HOUSING INFORMATION**

Type: \_\_\_Private Home \_\_\_Mobile Home \_\_\_Apartment \_\_\_Subsidized/ Public Housing

OWN: \_\_\_Yes \_\_\_No Mortgage/Month \_\_\_\_\_

RENT: \_\_\_Yes \_\_\_No Rent/Month \_\_\_\_\_ Utilities included: \_\_\_Yes \_\_\_No

**UTILITY INFORMATION**

Electric Service: \_\_\_\_\_ Account # \_\_\_\_\_ Heating \_\_\_ Cooling \_\_\_ Both \_\_\_

Natural Gas Service: \_\_\_\_\_ Account # \_\_\_\_\_ Heating \_\_\_ Cooling \_\_\_ Both \_\_\_

Propane Service: \_\_\_\_\_ Account # \_\_\_\_\_ Heating \_\_\_ Cooling \_\_\_ Both \_\_\_

Water/Wastewater : \_\_\_\_\_ Account # \_\_\_\_\_ Heating \_\_\_ Cooling \_\_\_ Both \_\_\_

Type of A/C: \_\_\_Central \_\_\_Evaporative \_\_\_Window Unit \_\_\_None

Type of Heater: \_\_\_Central \_\_\_Electric Heater \_\_\_Fireplace \_\_\_Space Heater \_\_\_Wall Furnace \_\_\_None

**PRIORITY INFORMATION**

1. Have you ever received services with Community Action, Inc. of Central Texas? \_\_\_Yes \_\_\_No
2. Is anyone enrolled in secondary education/registered with Texas Workforce in the last 30 days? \_\_\_Yes \_\_\_No
3. Is anyone in the household 60 years of age or older \_\_\_Yes \_\_\_No
4. Is anyone in the household disabled? \_\_\_Yes \_\_\_No
5. Are there any children 5 years of age or younger in the household? \_\_\_Yes \_\_\_No
6. Are you interested in receiving case management services to increase income/education level? \_\_\_Yes \_\_\_No
7. \*Is anyone in the household a female veteran? \_\_\_Yes \_\_\_No

**CONFLICT OF INTEREST INFORMATION**

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? \_\_\_\_\_Yes \_\_\_\_\_No

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? \_\_\_\_\_Yes \_\_\_\_\_No

If YES, identify who and role \_\_\_\_\_

FOR OFFICE USE ONLY: *If there is a Conflict of Interest, this application requires the Executive Director's Signature.*

Executive Director Signature: \_\_\_\_\_

**OFFICE USE ONLY: CEAP/ LIHWAP/ 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% \_\_\_\_\_>50%

3. Verification/Documentation of Household Income used: \_\_\_\_\_

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

Date \_\_\_\_\_

**AUTHORIZATIONS 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 case worker within 5 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.

*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)*



Community Action, Inc. of Central Texas, Inc.  
2022 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:<br>Food, Clothing,<br>Food Stamps, WIC,<br>Meals On Wheels,<br>Emergency, Other                 | YES<br>NO |             | COUNSELING:<br>Family,<br>Alcohol/Substance<br>Abuse, Other                                 | YES<br>NO |             |
| INCOME:<br>SS, SSI, TANF,<br>VA, Child Support,<br>Budget, Other   | YES<br>NO |             | TRANSPORTATION:<br>To Work, Dr.<br>Appointment, Car<br>Repair, Other                        | YES<br>NO |             |
| EMPLOYMENT:<br>Looking For A Job,<br>Job Search<br>Assistance,<br>Resume, Other                              | YES<br>NO |             | VETERAN NEEDS:<br>Medical, Training,<br>Home Repairs,<br>Accessibility, Other               | YES<br>NO |             |
| UTILITY<br>ASSISTANCE:<br>Electric, Natural<br>Gas, Propane,<br>Water, Other                                 | YES<br>NO |             | LEGAL:<br>Child Support, Criminal<br>Civil. Other   | YES<br>NO |             |
| HOUSING:<br>Temporary Shelter,<br>Subsidized, Section<br>8, Housing,<br>Repairs,<br>Weatherization,<br>Other | YES<br>NO |             | HEALTH:<br>Immunizations,<br>Prescriptions, Primary<br>Health Care, Mental<br>Health, Other | YES<br>NO |             |
| HEATING /<br>COOLING<br>Heaters, Window<br>Units, Repairs,<br>Water Heater                                   | YES<br>NO |             | EDUCATION:<br>GED, English as<br>Second Language-ESL,<br>Vocational Training,<br>Other      | YES<br>NO |             |
| CARE NEEDS:<br>Child Care, Elderly<br>Care, Other  | YES<br>NO |             | Other Needs Not<br>Identified On This<br>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, 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 días 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.)*

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

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



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

| <h2 style="margin: 0;">Self Certification of Disability</h2> |  |
|--|--|
| 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