

Application for Comprehensive Energy Assistance Program (CEAP) and Weatherization Assistance Program (WAP) for CVCAA

Please provide the following information listed below:

- **Proof of all income that has been received by any family member in your household within the last 30 days.** Such as Check Stubs, TANF, Utility Reimbursement Check, VA Benefits, Unemployment Benefits, Self-Employment, SS, SSI, SSDI (Must have the award letter dated 2018), Pension, Worker's Comp, Long/Short Term Disability Benefits, Alimony, Child Support (If not received through Attorney General, we also need a letter from the payee), Income received from a family member/friend to assist with expenses (A letter from the payee is needed if income is received by any household member), and any other income that comes into the household. If there is anyone over 18 in your household that is not working, please ask for a Declaration of Income Statement to be completed with your application.
- Valid Social Security numbers for everyone in the household
- Dates of birth for everyone in the household
- A current copy of your electricity, gas, or propane bill. The front and back page of the bill must be included. **(Even if you have a disconnect notice- you will also need a copy of your most recent bill, if you owe a past due bill we will need that one also. All fees must be paid before we can assist with bill. This is for CEAP only.)**
- Please call your utility provider, and request a 12 month history for your electric/gas/or propane charges and have them fax it 325-658-3147 (Check with a staff member, a few of the companies allow us to obtain online billing histories.)

An incomplete application will delay the processing of your application for assistance.

This application is not a guarantee of services, you must qualify for our programs.

The Weatherization Program is not a Windows and Doors Program. Weatherization does not include windows, doors, flooring, roofing, wiring, or plumbing.

Weatherization Rules:

1. After two visits to a client's home with no response, your application will be denied.
2. When a scheduled appointment is missed, you will have one chance to reschedule. After that, if you miss the appointment application will be denied.
3. Weatherization Assistance Program will either call or do a home visit to set an assessment time/date.
4. Any home that is considered a health and safety risk to our employees, assessors, and contractor will be subject to further review at CVCAA's discretion.
5. As stated on page 3 of application, please provide a brief description of your home. Please include, color, trim, landmark or road sign to show us where to find your home.

For Weatherization Applications return in person or mail application with the above mentioned items to:

Concho Valley Community Action Agency

36 E. Twohig Ste. B2

P.O. Box 671

San Angelo, TX 76902

Concho Valley Community Action Agency Application for Services

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

Household Member Information (Include Yourself)				List additional members on back or separate page							
Name and Relationship	Social Security #	Date of Birth	Race	Ethnicity <small>Hispanic Non- Hispanic</small>	Sex <small>Male Female Other</small>	Health Insurance	Veteran	Active Military	Disabled	Education	Work Status <small>(18 years or older only)</small>
1			A B C D E F G		M F O	A B C D E F G H	Y N	Y N	Y N	A B C D E F	A B C D E F G
2			A B C D E F G		M F O	A B C D E F G H	Y N	Y N	Y N	A B C D E F	A B C D E F G
3			A B C D E F G		M F O	A B C D E F G H	Y N	Y N	Y N	A B C D E F	A B C D E F G
4			A B C D E F G		M F O	A B C D E F G H	Y N	Y N	Y N	A B C D E F	A B C D E F G
5			A B C D E F G		M F O	A B C D E F G H	Y N	Y N	Y N	A B C D E F	A B C D E F G
6			A B C D E F G		M F O	A B C D E F G H	Y N	Y N	Y N	A B C D E F	A B C D E F G
7			A B C D E F G		M F O	A B C D E F G H	Y N	Y N	Y N	A B C D E F	A B C D E F G
8			A B C D E F G		M F O	A B C D E F G H	Y N	Y N	Y N	A B C D E F	A B C D E F G
Race <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Multi-race (2 or more)				Education <input type="checkbox"/> 0-8 Grade <input type="checkbox"/> 9-12 grade/ Non Graduate <input type="checkbox"/> High School Graduate or GED <input type="checkbox"/> Some College <input type="checkbox"/> 2 or 4 year College Graduate <input type="checkbox"/> Graduate of other Post-Secondary School							
Insurance <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> State Children's Health Insurance (CHIP) <input type="checkbox"/> State Health Insurance for Adults <input type="checkbox"/> Military Health Care <input type="checkbox"/> Direct Purchased <input type="checkbox"/> Employment Based <input type="checkbox"/> None				Work Status <input type="checkbox"/> Employed Full Time <input type="checkbox"/> Employed Part Time <input type="checkbox"/> Migrant, Seasonal, or Farm Worker <input type="checkbox"/> Unemployed (6 months or less) <input type="checkbox"/> Unemployed (more than 6 months) <input type="checkbox"/> Unemployed (not in Labor Force) <input type="checkbox"/> Retired							
Household Type (Circle your choice) <input type="checkbox"/> Single Person <input type="checkbox"/> Two Adults NO Children <input type="checkbox"/> Single Parent-Female <input type="checkbox"/> Single Parent- Male <input type="checkbox"/> Two Parent Household <input type="checkbox"/> Non-related Adults with Children <input type="checkbox"/> Multigenerational Household				Does your Family Receive SNAP Benefits (Food Stamps)? <div style="text-align: center;">Yes or No</div>							

Household Income Information

Please provide proof of all income

A Employment Only B Employment plus Another Source C Employment, Another Source, and Non-Cash Benefits D Employment and Non-Cash Benefits
 E Another Source of Income F Another Source of Income plus Non-Cash Benefits G No Income H Non-Cash Benefits Only

Name	Income Source	Total Monthly Income
	A B C D E F G H	
	A B C D E F G H	
	A B C D E F G H	
	A B C D E F G H	
	A B C D E F G H	

Non-Cash Benefits Include: SNAP, WIC, LIHEAP, Housing Choice Voucher, Public Housing, Permanent Supportive Housing, HUD-VASH, Childcare Voucher, Affordable Care Act Subsidy
Another Income Sources: TANF, SSI, SSDI, VA Services- Connected Disability Compensation, VA Non-Service Connected Disability Pension, Private Disability Insurance, Worker's Compensation, Retirement from Social Security, Pension, Child Support, Alimony or other Spousal Support, Unemployment Insurance, EITC

Has this residence ever received services from the Weatherization Program? Yes _____ No _____ When? _____

What year was your home built? _____ Do you own or rent your residence? _____

If owned, type of housing owned? Private Home Mobile Home Monthly Mortgage? _____

If rented, type of housing rented? Private Home Mobile Home Apartment Rented Room Subsidized Housing Type? _____

Monthly Rent? _____ Are utilities included in rent? Yes No

Electric Company:	Account #	Heating	Cooling	
Natural Gas Company:	Account #	Heating	Cooling	
Propane Company:	Account #	Heating	Cooling	
Other Company:	Account #	Heating	Cooling	
Type of Air Conditioner Used:	Window Unit	Central Unit	Evaporative Cooler	None
Type of Heater Used:	Space Heater	How many?	Central Unit	Wall Furnace
Electric Heater	How many?	Wood Burning Stove		
Is your roof leaking? Yes No	If yes, how long has it been leaking?		In how many rooms is it leaking?	
Are there holes in your floors? Yes No	Does your home have a good foundation? Yes No			
How many outside doors does your home have?				

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. Please include a description of your home including color, trim color, roof type and/ or color, etc.? It is very important that we have as much information as possible in order to be able to find your home.

APPLICANT’S AUTHORIZATION, UNDERSTANDING, AND AGREEMENT

My answers to all of the previous questions and to the statements I have made are true and correct to the best of my knowledge. I authorize the Texas Department of Housing and Community Affairs and its contracted agencies to contact any source in order to solicit/verify information necessary for an eligibility determination. I also agree to provide the Texas Department of Housing and Community Affairs and its contracted agencies with any information necessary to verify my eligibility.

If I am eligible for weatherization services, I give my permission to allow work on the residence listed on this form. I will cooperate fully with state and federal personnel to obtain information from any source to verify statements I made. I will cooperate fully with state and federal personnel in quality control review.

I have been advised and understand that this application will be considered without regard to race, color, religion, creed, national origin, sex, or political belief.

PENALTIES FOR FRAUD

Whoever obtains or attempts to obtain services for which he is not entitled, by means of willful false statements or other fraudulent means, may be considered guilty of a criminal offense and upon conviction may be fined and/or imprisoned.

AUTORIZACION, ENTENDIMIENTO, Y ACUERDO DEL SOLICITANTE

Mis respuestas a todas las preguntas anteriores y las declaraciones que he hecho son verdaderas y correctas según mi leal saber, entender, y creencia. Autorizo al Texas Department of Housing and Community Affairs y a sus agencias contratadas a comunicarse con cualquier persona o agencia para verificar o solicitar información necesaria para la determinación de elegibilidad. Acepto responsabilidad de dar al Departamento cualquier información que se necesite para verificar mi elegibilidad.

Si califico para servicios de Climatización de Hogar, doy permiso para que se hagan reparaciones a la residencia identificada en esta solicitud. Cooperare plenamente con personas del gobierno estatal o federal para obtener cualquier información necesario para verificar las declaraciones que he hecho, cual en lo mismo se incluyen estudios tocante la calidad del trabajo.

Me han avisado y entiendo que esta solicitud será considerada sin distinción de raza, color, religión, credo, origen nacional, sexo, ni creencia política.

CASTIGO POR FRAUDE

Si alguna persona recibe servicios por medio de declaraciones falsas de intenta defraudar por medio de estas declaraciones, se considerara culpable de una ofensa criminal y al ser convicta puede ser multada o encarcelada.

Applicant’s Signature/*Firma de Solicitante*

Date/*Fecha*

Spouse’s Signature/*Firma de Esposo(a)*

Date/*Fecha*