

Return application to/*Devuelva la solicitud a*

**Concho Valley Community Action Agency
36 E. Twohig Ste. B2
San Angelo, TX 76902**

Please provide copies of your current wage stubs, Social Security/SSI, Veterans' Benefits, Pension, TANF, award letters, employer letters, etc. for the previous 30 days.

Please include a copy of your most recent electric and gas bills. The front and back of all pages of the electric bill must be included.

Por favor proporcione copias de talones de pago, Seguro Social/Seguridad de Ingreso Suplementario, Beneficios de Veteranos, Pensión, TANF, cartas de concesión, cartas de empleadores, etc. de los últimos 30 días.

Por favor incluya una copia de su más reciente factura de electricidad y gas. El frente y reverso de todas las páginas de la factura eléctrica se debe incluir.

NOTICE/AVISO

THIS IS NOT A WINDOWS AND DOORS PROGRAM./ESTO NO ES UN PROGRAMA DE VENTANAS Y PUERTAS.

WEATHERIZATION DOES NOT INCLUDE WINDOWS, DOORS, FLOORING, ROOFING, WIRING, OR PLUMBING/CLIMATIZACIÓN NO INCLUYE VENTANAS, PUERTAS, PISOS, TECHOS, ALAMBRADO, O PLOMERIA

Concho Valley Community Action Agency

Application for Services/Solicitud de Servicios

Name of Client or Head of Household/ <i>Nombre del Cliente o Responsable de la Casa</i>		
Residence Address, City, County, Zip/ <i>Dirección de Residencia, Ciudad, Condado, Zip</i>		
Mailing Address if Different/ <i>Dirección Postal si es Diferente</i>	Home Telephone/ <i>Teléfono de la Casa</i>	Work Telephone/ <i>Teléfono del Trabajo</i>
Email Address/ <i>Dirección de Correo Electrónico</i>	Referred By/ <i>Referido Por</i>	

Household Member Information (Include Yourself) *Información de los Miembros de la Casa (Incluirse a Si Mismo)*

Name <i>Nombre</i>	Social Security # <i># de Seguro Social</i>	Race <i>Raza</i>	Sex <i>Sexo</i>	Date of Birth <i>Fecha de Nacimiento</i>	Health Insurance <i>Seguro de Salud</i>	Veteran <i>Veterano</i>	Disabled <i>Incapacitado</i>	Education <i>Educación</i> ***
1			M F		Y N	Y N	YES NO	A B C D E
2			M F		Y N	Y N	YES NO	A B C D E
3			M F		Y N	Y N	YES NO	A B C D E
4			M F		Y N	Y N	YES NO	A B C D E
5			M F		Y N	Y N	YES NO	A B C D E
6			M F		Y N	Y N	YES NO	A B C D E
7			M F		Y N	Y N	YES NO	A B C D E
8			M F		Y N	Y N	YES NO	A B C D E

- A 0-8 grade/*grado*
 B 9-12 grade/*grado* (non graduate/*no graduado*)
 C high school graduate or GED/*Graduado de Escuela Secundaria o GED*
 D Some College/*Alguna Educación Superior*
 E College Graduate/*Graduado de Educación Superior*

List additional members on back or separate page/*Si necesita más espacio, escriba al reverse de esta página o en otro papel*

Please check all that apply to the household/*Por favor marque todas las que se aplican a la familia*

- Food Stamps/*Estampillas de Comida*
 Farmer/*Agricultor*
 Migrant Farmworker/*Trabajador Agrícola Migrante*
 Seasonal Farmworker/*Trabajador Agrícola Temporal*

Household Income Information/*Información Sobre los Ingresos de la Casa*

Include TANF, Social Security, Veteran's Benefits, Retirement Benefits, Child Support, Unemployment, Workman's Comp
Incluye TANF, Seguro Social, Beneficios de Veteranos, Beneficios de Retiro, Manutención de Niños, Desempleo, Comp de Trabajadores

Name <i>Nombre</i>	Income Source <i>Fuente de Ingresos</i>	Total Monthly Income <i>Ingreso Mensual Total</i>

Please provide proof of all income/*Por favor proporcione pruebas de todos los ingresos*

Has this residence ever received services from the Weatherization Program? <i>Esta residencia ha recibido servicios del programa de climatización?</i>	Yes/Si <input type="checkbox"/> When/Cuando? _____	No <input type="checkbox"/>
What year was your home built/ <i>En qué año fue construida su casa?</i> _____	Do you <input type="checkbox"/> own <input type="checkbox"/> rent your residence? <i>Es <input type="checkbox"/> dueño <input type="checkbox"/> renta su residencia?</i>	
If owned, type of housing owned? <i>Si es dueño, tipo de casa propiedad?</i>	Private Home/Casa <input type="checkbox"/>	Mobile Home/Casa Móvil <input type="checkbox"/>
	Monthly Mortgage <i>Hipoteca Mensual</i> _____	
If rented, type of housing rented? <i>Si renta, tipo de casa rentada?</i>	Private Home/Casa <input type="checkbox"/>	Mobile Home/Casa Móvil <input type="checkbox"/>
	Apartment/Apartamento <input type="checkbox"/>	
Rented Room/ <i>Cuarto Rentado</i> <input type="checkbox"/>	Subsidized Housing/ <i>Residencia con Subsidio</i> <input type="checkbox"/>	Type? <i>Tipo?</i> _____
Monthly Rent <i>Renta Mensual</i> _____	Are utilities included in rent? <i>Son los utilidades incluidos en la renta?</i>	Yes/Si <input type="checkbox"/> No <input type="checkbox"/>

Electric Company <i>Compañía de Electricidad</i> _____	Account # <i># de Cuenta</i> _____	Heating/ <i>Calefacción</i> <input type="checkbox"/>	Cooling/ <i>Refrigeración</i> <input type="checkbox"/>
Natural Gas Company <i>Compañía de Gas Natural</i> _____	Account # <i># de Cuenta</i> _____	Heating/ <i>Calefacción</i> <input type="checkbox"/>	Cooling/ <i>Refrigeración</i> <input type="checkbox"/>
Propane Company <i>Compañía de Propano</i> _____	Account # <i># de Cuenta</i> _____	Heating/ <i>Calefacción</i> <input type="checkbox"/>	Cooling/ <i>Refrigeración</i> <input type="checkbox"/>
Other Company <i>Otra Compañía</i> _____	Account # <i># de Cuenta</i> _____	Heating/ <i>Calefacción</i> <input type="checkbox"/>	Cooling/ <i>Refrigeración</i> <input type="checkbox"/>

Type of Air Conditioner Used/*Tipo de Acondicionador de Aire Utilizada* Window Unit/*Unidad de Ventana*
 Central Unit/*Unidad Central* Evaporative Cooler/*Enfriador Evaporativo* None/*Ninguno*

Type of Heater Used <i>Tipo de Calefacción Utilizado</i>	Space Heater/ <i>Calentador</i> <input type="checkbox"/> How many/ <i>Cuántos</i> _____	Central Unit/ <i>Unidad Central</i> <input type="checkbox"/>	Wall Furnace/ <i>Calentador de Pared</i> <input type="checkbox"/>
Electric Heater/ <i>Calentador Eléctrico</i> <input type="checkbox"/>	Fireplace/ <i>Chimenea</i> <input type="checkbox"/>	Wood Burning Stove/ <i>Estufa de Leña</i> <input type="checkbox"/>	

Do you live in a/*En qué tipo de casa vive?* Frame (Wood) House/*Casa de Madera* Brick House/*Casa de Ladrillo*
 Mobile Home (Trailer)/*Casa Móvil* Other/*Otro*

Is your roof leaking/*Detiene las lluvias su techo?* Yes/Si No In how many rooms/*En cuántos cuartos?* _____

Are there holes in your floors/*Tiene agujeros en el piso?* Yes/Si No
Does your home have a good foundation/*Tiene una buena fundación su casa?* Yes/Si No

How many windows does your house have/*Cuántas ventanas tiene su casa?* _____ Are your windows wood aluminum?
Son de? Madera Aluminio

How many outside doors does your home have/*Cuántas puertas exteriores tiene su casa?* _____

Are your walls/*Las paredes son de?* Sheetrock/*Yeso* Paneling/*Revestimiento de Madera*
Are there holes or cracks in your walls/*Tiene agujeros o grietas en las paredes?* Yes/Si No
Are there holes or cracks in your ceiling/*Tiene agujeros o grietas en el techo interior?* Yes/Si No

Please draw a map below which shows us where your house is located and a description of your house which will help us find you. Please be as specific as possible, providing street names, county road numbers, landmarks, etc. whenever possible.

Por favor dibuje un mapa que nos muestra dónde se encuentra su casa y una descripción de su casa, que nos ayudará a encontrar. Por favor sea tan específico como posible, proporcionando los nombres de calles, número de camino de condado, monumentos, etc. siempre posible.

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, religión, 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*

Concho Valley Community Action Agency

Self-Sufficiency Client Questionnaire

Client Name or ID: _____

Please place a check mark or answer next to the statement that most closely reflects your situation.

EMPLOYMENT:

- ___ 1. Full-time work above minimum wage: ___ with benefits ___ without benefits
___ 2. Full-time work at minimum wage: ___ with benefits ___ without benefits
___ 3. Part-time employment: ___ with benefits ___ without benefits
___ 4. Unemployed: ___ Have work history or skills ___ Have no work history or skills

JOB SKILLS:

- ___ 1. I have a certification or license from a: ___ 3 yr program ___ 2 yr program ___ 1 yr program
___ 2. Am presently attending a training program in:
___ 3. I have on-job training in:
___ 4. I have been out of the work force for awhile. How long?

EDUCATION:

- ___ 1. College degree: ___ Master's degree ___ Bachelor's degree ___ Associates degree
___ 2. Post-High School credits, vocational or technical education
___ 3. High School diploma or GED certification
___ 4. Reading, writing, and basic math skills are lacking; no HS diploma or GED

INCOME:

- ___ 1. Approximately \$ _____/month
___ 2. Credit is: ___ Good ___ Poor
___ 3. Need help with money management 4. Difficulty meeting basic living expenses: ___ Yes ___ No

HOUSING:

- ___ 1. Own my home: ___ paid in full ___ can pay mortgage ___ cannot afford mortgage ___ in foreclosure
___ 2. Rent home or apartment: ___ is what I want ___ is all I can afford
___ 3. Subsidized housing: Section 8/Public Housing
___ 4. Live with others (relatives or friends): ___ is permanent ___ is temporary ___ is safe ___ is unsafe
___ 5. Living in a shelter: ___ safe, 30 day shelter ___ unsafe shelter
___ 6. Homeless

HEATING AND COOLING:

Type of Air Conditioner Used - Window Unit, Central Unit, Evaporative Cooler

Type of Heater Used - Space Heater, Central Unit, Wall Furnace, Electric Heater, Wood Burning Stove

___1. None in house

___2. Not working properly

FOOD:

___1. Sufficient to meet family need

___2. Receive federal food benefits.

___3. Need additional food assistance. ___federal food benefit ___food pantry

UTILITIES:

___1. Pay entire bill each month

___2. Often have carry-over balance on next month's bill

___3. Have a installment payment plan with provider

___4. Have large balance on bill and trouble paying it.

___5. Have a disconnect notice.

CHILDCARE:

___ 1. Child enrolled in licensed childcare: ___ I pay all ___ I receive some assistance

___ 2. Child provided childcare by a family member or friend: ___ permanent ___ temporary

___ 3. Child enrolled in unregulated or unlicensed childcare facility

___ 4. Child on waiting list for enrollment in childcare

TRANSPORTATION:

___ 1. I have transportation needs met through public transportation, a car, or a regular ride

___ 2. I sometimes have transportation needs met through public transportation, a car, or a regular ride

___ 3. I rarely have public transportation, a car, or a regular ride

HEALTH INSURANCE:

___1. Have health insurance

___2. Enrolled in Medicare and/or Supplemental Insurance

___3. Enrolled in the Affordable Care Act

___4. No health insurance

NOTES (note any particular issues affecting client/household or any particular areas the client mentions they want to focus on):