



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 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; Fax: 512-398-4189

PO Box 231/415 E. Davis – Ste B, Luling, TX 78648, 830-875-3707 (*Please call for Office Hours*)
Email: rcruz@communityaction.com; Fax: 830-875-3706

CSBG Emergency Services and Case Management - *determined on a case by case basis*
UTILITY 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. Extreme Weather Conditions are only applicable during the summer months of June, July, August and September and winter months of November, December, January and February.
2. President or Governor declared disaster or
3. Life threatening crisis.

Payments are made directly to the utility company and **do not include** any fees for water, sewer, garbage, security lights, disconnection fees, late fees, collection recovery fees, surge protectors, membership fees, deposits, agency assistance fees, returned check fees, etc.

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 it is stamped complete 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.

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).**



CEAP CARES Act COVID-19 Grant

2021 COVID-19 Relief Fund 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:		

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- An appointment can be scheduled with a Case Manager if needed.
- NOTE: All assistance is subject to the availability of funds.

REQUIRED DOCUMENTS:

1. **COMPLETED Intake Application.**
2. **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 Utility Assistance (Electric, Natural Gas & Propane) - additional needed information: 4.

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

ONE OF THESE	OR	VALID PHOTO ID	AND	ONE OF THESE
Valid Passport		State Issue Driver’s License, Military		Certified Copy -State Issued Birth Certificate
Certificate of Naturalization		Card, State Issue ID Card State		(NOT the Footprint Record)
Certificate of US Citizenship		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)
6. Your **current utility bills** for Electricity, Natural Gas & Propane and a disconnect notice, **if applicable.**
7. A current utility or phone bill to verify address living within Hays, Caldwell, or Blanco counties.
8. Document proving reduction/loss of income related to COVID-19 (since March) such as documentation of filed unemployment case or a termination/furlough letter from employer.

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 SMEU PEC CSBG Senior Citizen Center SM Lifeline

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.

Household Member <i>Last, First, Middle Initial</i>	Relationship to applicant	Date of Birth AND SocSec#	Age	Gender M or F or Other	Race/ Ethnicity	Hispanic Y of N	Education <i>(Circle One)</i>	Working Y or N	PAID How often?	Health Insurance Y or N	*Veteran Y or N	Disabled Y or N
1.	self			M F O		Y N	0-8 9-12 HS Grad/GED 12+ college 2-4yr Grad	Y N		Y N	Y N	Y N
2.				M F O		Y N	0-8 9-12 HS Grad/GED 12+ college 2-4 yr Grad	Y N		Y N	Y N	Y N
3.				M F O		Y N	0-8 9-12 HS Grad/GED 12+ college 2-4 yr Grad	Y N		Y N	Y N	Y N
4.				M F O		Y N	0-8 9-12 HS Grad/GED 12+ college 2-4 yr Grad	Y N		Y N	Y N	Y N
5.				M F O		Y N	0-8 9-12 HS Grad/GED 12+ college 2-4 yr Grad	Y N		Y N	Y N	Y N
6.				M F O		Y N	0-8 9-12 HS Grad/GED 12+ college 2-4 yr Grad	Y N		Y N	Y N	Y N
7.				M F O		Y N	0-8 9-12 HS Grad/GED 12+ college 2-4 yr Grad	Y N		Y N	Y N	Y N
8.				M F O		Y N	0-8 9-12 HS Grad/GED 12+ college 2-4 yr Grad	Y N		Y N	Y N	Y N

***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/>.

To be eligible for CARES Act Funds, your situation MUST BE COVID-related.

Please circle ANY statement below that applies to you or your family.

1. A household member has lost a job due to COVID-19
 2. A household member is experiencing a reduction of work hours due to COVID-19
 3. A household member had to file for unemployment benefits due to COVID-19
 4. A household member is receiving unemployment benefits due to COVID-19
 5. I am not able to work due to loss of child care/school for my child due to COVID 19
 6. My household is experiencing another hardship due to COVID-19 (Please explain)
-
-

Current working situation for ALL household members 18 and older.

(Please indicate name of Household Member by # from the chart above)

- Employed** Applies to # _____ # _____ # _____ # _____ # _____
- Employed but reduction in hours** Applies to # _____ Previous Hours _____ Current Hours _____
Applies to # _____ Previous Hours _____ Current Hours _____
Applies to # _____ Previous Hours _____ Current Hours _____
- Furloughed** Applies to # _____ Estimated date to return _____ **Unknown**
Applies to # _____ Estimated date to return _____ **Unknown**
- Unemployed** Applies to # _____ Last day worked _____
Applies to # _____ Last day worked _____

I am requesting assistance with the following: (select all that apply)

- Food**
- Utility Assistance**
- Gasoline**
- Housing** (rent, mortgage) If renting, NAME, CONTACT INFORMATION of landlord _____
-
- Regular ongoing medical needs**
- Prescription Assistance**
- Other** (Please explain) _____
-

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 (regardless if paid)	
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 ___

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 or registered with the Texas Workforce within 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, 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/CSBG ELIGIBILITY DETERMINATION

1. Calculations: Monthly _____x 12 = _____
 Monthly _____x 12 = _____ Total Annual Income \$ _____

2. Household Poverty Income Level: ___0-50% ___>50-75% ___>75-125% ___>125-150%
 ___>150-200% ___>200%

3. Verification/Documentation of Household Income used: _____

Staff Signature _____

Date _____

APPLICANT MUST SIGN AND DATE AUTHORIZATIONS AND RELEASE OF INFORMATION FORM

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)

Systematic Alien Verification for Entitlements (SAVE) System and US Citizenship/US National
Applicant Certification Form for CEAP, DOE-WAP, LIHEAP-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 Systematic 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)		Documentation Provided for:	
	Yes	No	Yes	No	Citizenship/Qualified Alien	Identification
	Yes	No	Yes	No		
	Yes	No	Yes	No		
	Yes	No	Yes	No		
	Yes	No	Yes	No		
	Yes	No	Yes	No		
	Yes	No	Yes	No		
	Yes	No	Yes	No		
	Yes	No	Yes	No		
	Yes	No	Yes	No		
	Yes	No	Yes	No		
	Yes	No	Yes	No		
	Yes	No	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's Signature

Date

--	--	--

Signature of agency staff certifying they verified the above documents

Print Staff Name

Date

**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 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):*

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**

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

Community Action, Inc. of Central Texas, Inc.
2021 Intake Application

NEEDS ASSESSMENT

Please indicate what **OTHER** 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 in our agency or referrals to partner agencies.

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