

PART ONE: HOUSEHOLD IDENTIFICATION

Residence/Service Address	Street/Box Number		City	State	Zip Code	County
	Street/Box Number		City	State	Zip Code	County
Mailing Address	Street/Box Number		City	State	Zip Code	County
	Street/Box Number		City	State	Zip Code	County
Telephone	Home	Work	Mobile	Email Address		
	Home	Work	Mobile	Email Address		

USE THE INFORMATION BELOW FOR COMPLETING PART TWO - HOUSEHOLD MEMBERS

Race	White	Black	Asian	Multi-Race	American Indian or Native American	Other
Relationship to Applicant	Self	Spouse	Child	Grandchild	Other	
Health Insurance	Medicaid	Medicare	Military Ins.	State Ins.	Private Ins.	CHIPS Thru Employment
Military Status	Active Military	Veteran	Unknown/Not Reported			
Work Status	Full-Time	Part-Time	Migrant	Retired	<6 Months Unemployment	>6 Months Unemployment
	Seeking Employment	Not Seeking Employment				

PART TWO: HOUSEHOLD MEMBERS

MEMBER	NAME	RACE	HISPANIC Y/N	GENDER M/F/O	AGE	DOB	RELATION	EDU. LEVEL	INS. TYPE	MILITARY STATUS	WORK STATUS	DISABLED Y/N
Self												
2												
3												
4												
5												
6												
7												
8												
9												
10												
<i>TOTAL NUMBER IN HOUSEHOLD</i>		<i>Use additional sheets if more than ten (10) household members</i>										

HOUSEHOLD TYPE

Single Person
 Two Adults, NO Children
 Single Parent (F)
 Single Parent (M)
 Non-related Adults with Children
 Other
 Two-Parent Household
 Unknown/Not Reported
 Multigenerational Household

PART THREE: INCOME SOURCES (Check all that apply for anyone in the household.)

TANF
 Unemployment Insurance
 SSI
 SSDI
 EITC
 Pension
 Retirement Income from SS
 VA Service-Connected Disability Pension
 No Income
 Other

PART FOUR: BENEFITS (Check all that apply for anyone in the household. Not used for determining eligibility. For reporting purposes only.)

SNAP
 WIC
 LIHEAP
 Affordable Care Act
 Childcare Voucher
 HUD-VASH
 Housing Voucher
 Permanent Support Housing
 Public Housing
 VA Non-Service Connected Disability
 Child Support
 Private Disability Insurance
 Alimony or Spousal Support
 Worker's Compensation
 Other

PART FIVE: HOUSING INFORMATION

Is the home rented or owned?	<input type="checkbox"/> Rented <input type="checkbox"/> Owned	Monthly Rent/Mortgage:			
What type of housing?	<input type="checkbox"/> Private Home <input type="checkbox"/> Apartment <input type="checkbox"/> Mobile Home <input type="checkbox"/> Rented Room	Year Built:			
If renting, list name, address and phone number of landlord					
Landlord Information	Landlord Name		Phone Number		
Mailing Address	Street/Box Number		City	State	Zip Code

PART SIX: UTILITY SERVICE INFORMATION VERY IMPORTANT: Be sure to include copies of your current utility bill(s)

How does your family pay for heating/cooling?	<input type="checkbox"/> To Utility Company <input type="checkbox"/> To Landlord <input type="checkbox"/> Included in Rent
Your Primary Heating and Cooling Source	
Electricity Utility Company	Acct. # <input type="checkbox"/> Heat <input type="checkbox"/> Cool
Gas or LP Utility Company	Acct. # <input type="checkbox"/> Heat <input type="checkbox"/> Cool
Propane Company	Acct. # <input type="checkbox"/> Heat <input type="checkbox"/> Cool
Type of Air Conditioner Used:	<input type="checkbox"/> Central Unit <input type="checkbox"/> Window Unit <input type="checkbox"/> Evaporator Cooler <input type="checkbox"/> Other <input type="checkbox"/> Heat <input type="checkbox"/> Cool
Type of Heater Used	<input type="checkbox"/> Central Unit <input type="checkbox"/> Wall Furnace <input type="checkbox"/> Electric Heater <input type="checkbox"/> Fireplace <input type="checkbox"/> Wood Burning Stove <input type="checkbox"/> Gas Heater <input type="checkbox"/> Other <input type="checkbox"/> None

PART SEVEN: CERTIFICATION

- The information provided is true and correct to the best of my knowledge and belief.
La informacion proveida en esta forma son verdaderas y correctas segun mi saber, entender y creencia.
- My household income has been annualized, at the time of the application, according to pre-established agency procedures.
Los ingresos de my hogar han sido calculados anualmente segun los reglamentos preescritos por la agencia.
- I understand I may request a hearing to appeal a denial of eligibility, amount of assistance received, or a delay of service delivery.
Comprendo que puedo solicitar una audiencia para apelar decisiones que me afectan, tales como: la elegibilidad al programa, asistencia recibid, o tardanza de asistencia.
- I authorize the Texas Department of Housing and Community Affairs and its contracted agencies to contact any source in order to solicit/verify information on my utility and/or fuel bills, past and future, necessary for an eligible determination.
Autorizo al "Texas Department of Housing and Community Affairs" y a sus agencias contratadas a comunicarse con cualquier persona o agencia para verificar informacion sobremis cuentas pasadas y futuras para luz y gas cuando la informacion se usa para reporter data estadis.
- I AM AWARE THAT I AM SUBJECT TO PROSECUTION FOR PROVIDING FALSE OR FRAUDULENT INFORMATION.**
COMPRENDO QUE ESTOY SUJETO A SER PROCESADO SI LA INFORMACION PROVEIDO ES FALSA INCORRECTA.

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Applicant's Signature / Firma de Solicitante Date / Fecha

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/>

*** FOR OFFICE USE ONLY ***

RECOMMENDED COMPONENT	EDUCATIONAL MATERIALS
<input type="checkbox"/> CEAP Household Crisis Component <input type="checkbox"/> CEAP General Assistance Component <input type="checkbox"/> CSBG Assistance <input type="checkbox"/> Utility Company Energy Aid Programs <input type="checkbox"/> Weatherization <input type="checkbox"/> DENIED	<input type="checkbox"/> Energy Conservation <input type="checkbox"/> Budgeting Tips <input type="checkbox"/> Benefits Program Information <input type="checkbox"/> Heat Wave Tips <input type="checkbox"/> Lead-Based Paint Brochure

TOTAL ANNUAL HOUSEHOLD INCOME	DESCRIPTION OF HOUSEHOLD SITUATION/ELIGIBILITY DETERMINATION
<hr/>	
LEVEL OF HOUSEHOLD INCOME	
<input type="checkbox"/> 0 - 50% <input type="checkbox"/> 51 - 75% <input type="checkbox"/> 76 - 150% <input type="checkbox"/> 151% & over	
ENERGY BURDEN	
<input type="checkbox"/> 1 - 10% <input type="checkbox"/> 11 - 19% <input type="checkbox"/> 20 - 29% <input type="checkbox"/> 30% & over	

IF DENIED, PROVIDE REASON:

Date Notice of Denial Mailed: _____

Client Specialist

Application Completion Date