

Case # _____

Office Use Only: _____



Combined Community Action

1018 Frost St Rosenberg, TX 77471 165 West Austin Giddings TX 78942
(346)515-1500 Fax (346)770-2819 (979)540-2980 Fax (979)542-9565
www.ccaction.com

Family Services Pre-Application (CEAP/CSBG/LIHWAP)

Date: _____

County: _____

Name _____
(First) (Last)

Phone Number: _____
WE MUST BE ABLE TO CONTACT YOU

Address: _____
(House Number) (Street) (Apt#) (City) (Zip)

Email address: _____

HOUSEHOLD COMPOSITION & CHARACTERISTICS – List the Head of Household and all other people currently living in the home. Indicate the relationship of each family member to the Head of Household. If you have additional family members, please include them on page 2

Household Member Name	Relationship to Head of HH	Race	Sex	Highest Level of Education	DOB	US Citizen*
	SELF					

*presence (or absence) of US citizen in household does not automatically disqualify a household from service.

INCOME INFORMATION – Includes all wages (i.e. salaries, unemployment benefits, part-time income, seasonal income, Social Security, Supplemental Security, and any other income or benefits your household may receive).

Household Member Name	Source of Income (Include employer's name)	Amount of Gross Income for 30 days prior to application date

Utility Providers:

Electric Provider _____

Gas/Propane Provider (if you use to heat your home): _____

Water Provider: _____

I CERTIFY THAT THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Applicant's Signature)

(Date)

What type of place do you live in? Apartment _____ House _____ Mobile Home _____

Are you interested in self-sufficiency case management services? Yes _____ No _____

DESCRIBE NEED FOR ASSISTANCE – If you are not asking for utility assistance, please specify what type of assistance you need. Assistance for emergency services (rent, temporary shelter, deposit, etc) is very limited and not guaranteed. If you have a disconnect notice send it along with the application.

Additional Family Members:

Household Member Name	Relationship to Head of HH	Race	Sex	Highest Level of Education	DOB	US Citizen

You may return your application by using the following options: When faxing or scanning - please include front and back. All pages must be faxed at one time.

Mail: COMBINED COMMUNITY ACTION, INC.
165 West Austin Street
Giddings, Texas 78942

1018 Frost St **Ft Bend County ONLY**
Rosenberg, TX 77471

Fax: 979.542.9565
346.770.2819 **Ft Bend County ONLY**

Email: fsintake@ccaction.com For applications ONLY, do not send general correspondence to this email.

CCA will contact you by phone for additional documentation. Completion of this request does **NOT** guarantee assistance. Assistance is based on applicant being eligible, AVAILABILITY of funds and available appointments. An incomplete pre-application can be **DENIED**.

For Office Use only:

Revised: December, 6 2023