



Combined Community Action, Inc. Application for Services

Please print clearly and complete all areas of application. Enter NA if this does not apply to your household.

Section A	Name of Applicant or Head of Household			Telephone Number
Physical Address		City	Zip	Secondary Telephone Number
Mailing Address if different from Physical Address		City	Zip	County of Residence
Has this residence received prior Weatherization Services? (Please circle correct response)		YES	NO	If "YES", what year were the services completed?
Have the residents of this household received utility assistance during this current year? (Please circle correct response)		YES	NO	If "YES", when and in what county was the assistance received?

Section B The following information must be completed on all household members residing at above physical address

Name	Date of Birth	Education Level	Sex	Race*	US Citizen (Please Circle one)		Handicapped (Please Circle one)		Social Security Number**	Relationship to head of household
					YES	NO	YES	NO		
Household Member 1					YES	NO	YES	NO		
Household Member 2					YES	NO	YES	NO		
Household Member 3					YES	NO	YES	NO		
Household Member 4					YES	NO	YES	NO		
Household Member 5					YES	NO	YES	NO		
Household Member 6					YES	NO	YES	NO		
Household Member 7					YES	NO	YES	NO		
Household Member 8					YES	NO	YES	NO		



- Information annotated with "*" is voluntary and is requested to ensure benefits are provided without regard to race, color or national origin. It will not affect your ability or benefit level.
- Although this information, annotated with "**" is not required by law, it is necessary for correct processing of your application

Section C		Income Reporting and Verification	
The following information must be completed on all household members, age 18 and older for the most recent 30-day pay period. Copies of current paystubs from employer must be submitted with application to determine income eligibility for programs requesting.			
Name of person working:	Employers Name, Address and Telephone Number	Total GROSS monthly income	Pay frequency

If any household member receives any of the following types of unearned income or benefits, check the type of benefit received. If applicable enter the case number and monthly amount. DO NOT INCLUDE FOOD STAMPS AS INCOME. Copies of award letters must be submitted with application.

Type of assistance	Person receiving benefit	Case Number	Monthly amount
TANF			
SSI (this includes all types awarded via the Social Security Administration, SSI, SSDI, RSDI etc..)			
Veterans Benefits			
Retirement Benefits			
Military Allotments			
HUD Utility Supplements			
Child Support			
Unemployment Compensation			



Workman's Compensation			
Contributions			
Other			
Are you employed as a Migrant or Seasonal Farm worker? Yes No			
Section D	Housing information		
Do you own your residence? YES NO		Do you rent your residence? YES NO	
Rental applicants must have owner's approval. Landlord agreement must be completed by owner and submitted by applicant.			
Type of Housing owner: <input type="checkbox"/> Private Home <input type="checkbox"/> Mobile Home		Type of housing if rented: <input type="checkbox"/> Private Home <input type="checkbox"/> Mobile Home <input type="checkbox"/> Apartment <input type="checkbox"/> Rented Room <input type="checkbox"/> Low Rent Federally Subsidized Housing <input type="checkbox"/> Type (Section 8, etc.)	
Type of energy (utility) used to heat your household (Check one): <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electricity <input type="checkbox"/> Bottled Gas <input type="checkbox"/> Other (Please specify other) _____		Type of air conditioning used to cool your home (check one): <input type="checkbox"/> None <input type="checkbox"/> Central Unit <input type="checkbox"/> Window Unit <input type="checkbox"/> Evaporative Cooler	
Please enter the year that your home was built: _____ What is the approximate square footage of your home: _____			
Is this home a () Single Story () Two Story () Three Story () Duplex () Apartment Complex			



Give a Short description of your home, such as the color, siding, size of house, fencing, etc. This will help us locate your home for initial home inspections in the weatherization program. Also provide information as to the concerns you have for your home and its current condition.

Applicants 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 and belief. I authorize the Texas Department of Housing and Community Affairs (TDHCA) and its subcontracted agencies, Combined Community Action, Inc. (CCA) to contact any source in order to solicit/verify information necessary for an eligibility determination. I also agree to provide TDHCA and CCA 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, _____
(city) _____ (State) _____ (Zip Code) _____. I will

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cooperate fully with State and Federal personnel to obtain information from any source to verify the statements I have made. I will in addition, cooperate fully with any State or Federal personnel in a 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 weatherization or utility assistance services for which he/she 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 or imprisoned.

BEFORE YOU SIGN, ENSURE EACH ANSWER IS COMPLETE AND ACCURATE

<p>_____</p> <p>Signature Applicant - Date</p> <p>Date</p>	<p>_____</p> <p>Signature Spouse -</p>
<p>_____</p> <p>Signature/Date (Individual making application on applicants behalf or caseworker assisting applicant)</p> <p>Date</p>	<p>_____</p> <p>Signature Witness -</p> <p>(If signed with "X")</p>

Combined Community Action House Assessment - Weatherization Program

Name:	Address:
Phone Number:	Alternate Phone Number:



My home was built in:

Is your home a mobile home?

Please answer the following questions about your home to better assist Combined Community Action, Inc. to determine your household need for the Weatherization program.

About the outside of my house: Please check one box for each question

1. The outside of my home is mostly () Brick () Wood () Vinyl or Aluminum Siding () Asbestos Siding () Other
2. The outside of my home is in () Very good condition () Good Condition () Fair Condition () Poor Condition
3. The roof on my home is made of () Regular Shingles () Wood Shingles () Metal
4. My roof is in () Very good condition () Good Condition () Fair Condition () Poor Condition
5. If your roof leaks, how many rooms have water damage? _____
6. My home's foundation is () Concrete Slab () Wood or Concrete Piers
7. My foundation is in () Very good condition () Good Condition () Fair Condition () Poor Condition
8. If your foundation is poor, how many rooms have cracks in the walls or ceilings? _____

About the inside of my house: Please check one box for each question

1. My home has _____ windows, and the window frames are () Wood () Metal
2. The windows are in () Very good condition () Good Condition () Fair Condition () Poor Condition
3. I have _____ broken panes
4. My home has _____ doors to the outside.
5. The doors are in () Very good condition () Good Condition () Fair Condition () Poor Condition
6. The ceilings in my home are in () Very good condition () Good Condition () Fair Condition () Poor Condition
7. The floors in my home are in () Very good condition () Good Condition () Fair Condition () Poor Condition
8. The walls in my home are in () Very good condition () Good Condition () Fair Condition () Poor Condition.

About my energy use and utilities

1. My home has () Central air. How old is the central air unit? _____
2. My home has window units which are in () Very good condition () Good Condition () Fair Condition () Poor Condition
3. My home has () Central heat. How old is the Central heat unit? _____
4. My home has gas space heaters which are in () Very good condition () Good Condition () Fair Condition () Poor Condition



Please provide any additional information on this page which you may feel is relevant to your application for weatherization services.