



# Intake Application Requirements

204 E. First Street  
Alice, TX. 78332  
PH: (361) 664-0145  
Open Monday - Friday  
HOURS: 8AM - 12PM & 1PM - 5PM

## COMMUNITY SERVICES BLOCK GRANT (CSBG) PROGRAM

*SERVING: BEE, BROOKS, DUVAL, JIM WELLS, KENEDY, KLEBERG AND SAN PATRICIO COUNTIES*

### DOCUMENTS REQUIRED BEFORE APPLICATION CAN BE ACCEPTED

#### PROOF OF UNEMPLOYMENT

- Proof of COVID-19 job loss or reduction of hours

#### PROOF OF MEMBERS IN THE HOUSEHOLD

- Photo ID (*All household members 18 years of age or older*)
- Birth Certificate
- Social Security Cards

#### PROOF OF ALL GROSS INCOME FOR THE PAST 30 DAYS PRIOR TO THE DATE OF APPLICATION (*Must provide income for all household members.*)

- Social Security (SS) Award Letter
- Supplemental Security Income (SSI) Award Letter
- VA or VA Disability Benefits Award Letter
- Retirement or Pension Document
- Insurance/Workman's Comp/Annuity Payments Document
- Child Support/Unemployment Benefits/TANF
- Pay Stubs (*Weekly 4-5 checks or Bi-Weekly/Semi 2-3 checks or Monthly 1 check needed*)

If you are unemployed and not receiving any income, self-employed, paid in cash, or receiving family support a Declaration of Income Statement (DIS) form will need to be filled out.

*(Bank statements will not be accepted. Provide a Payment Detail Summary Sheet within 30 days of application date.)*

#### PROOF OF RESIDENCE

- Provide current electric, water or gas bill with service address

**PLEASE EMAIL IMAGES OF SUPPORTING DOCUMENTS TO  
[APPLY@CACOST.ORG](mailto:APPLY@CACOST.ORG)**

<b>BEE COUNTY RESIDENTS CALL</b>	361-664-0145 EXT. 1051
<b>SAN PATRICIO COUNTY RESIDENTS CALL</b>	361-664-0145 EXT. 3276
<b>BROOKS, KENEDY OR KLEBERG COUNTY RESIDENTS CALL</b>	361-664-0145 EXT. 2036 / 2801
<b>JIM WELLS OR DUVAL COUNTY RESIDENTS CALL</b>	361-664-0145 EXT. 2013

**THIS PROGRAM IS NOT AN ENTITLEMENT PROGRAM AND THERE ARE NOT SUFFICIENT FUNDS TO SERVE ALL CUSTOMERS THAT MAY BE ELIGIBLE.**

**APPLICATION FOR SERVICES**  
2021 Unified Intake



<b>PART ONE: APPLICANT IDENTIFICATION</b>		Client ID:	
Home Address, City, State and Zip code		County	Phone Number
Mailing Address if different from above, City, State, Zip code		County	Work Phone Number
<b>Household Type</b>			
<input type="checkbox"/> Single Person	<input type="checkbox"/> Single Parent/Female	<input type="checkbox"/> Two Parent Household	<input type="checkbox"/> Multigenerational
<input type="checkbox"/> Two adults NO children	<input type="checkbox"/> Single Parent/Male	<input type="checkbox"/> Non-related adults w/children	<input type="checkbox"/> Other

**PART TWO: DEMOGRAPHICS**  
↓ Please use table below to enter INFORMATION for EACH HOUSEHOLD MEMBER. See Example Provided. ↓

Race		Ethnicity		Gender		Education Level	
1. American Indian or Alaskan Native	4. Native Hawaiian or Other Pacific Islander	1. Hispanic or Latino	2. Non-Hispanic or Latino	1. Male	2. Female	3. Other	1. 0-8
2. Asian	5. White						2. 9-12 / Non-graduate
3. Black/African American	6. Other						3. H.S. Graduate/GED
	7. Multi-Race						4. 12+ Post-secondary
							5. 2- or 4-year College Grad
							6. Post-secondary Grad
Health Insurance Type				Work Status			
1. Direct - Purchase	5. Military Healthcare	7. State Health Insurance for Adults	8. No Insurance	1. Employed Full Time	2. Employed Part Time	3. Migrant Seasonal Farm Worker	4. Unemployed (Short-term, 6 Months or less)
2. Employment Based	6. State Children's Health Insurance Program-CHIP						5. Unemployed (Long-term, more than 6 months)
3. Medicaid							6. Unemployed (Not in Labor force)
4. Medicare							7. Retired
							8. Under 18

LIST ALL HOUSEHOLD MEMBERS											★USE NUMBERS ABOVE ★										
Name	Social Security #	Birth Date M/M / D/D / Y/YYYY	Age	Race	Ethnicity	Gender	Ed. Level	Ins. Type	Work Status	Disabled Yes / No	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	
Example: John Smith	123 - 45 - 6789	10 / 28 / 1985	33	5	1	1	3	2	1	No											

<b>HAS YOUR HOME EVER BEEN WEATHERIZED BY CACOST?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>I AM INTERESTED IN THE WEATHERIZATION ASSISTANCE PROGRAM.</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>MILITARY STATUS: IS ANYONE IN YOUR HOUESHOLD A VETERAN?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Veteran:	Active Duty? <input type="checkbox"/> Yes <input type="checkbox"/> No	

“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/>.”

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**PART THREE: SOURCES OF HOUSEHOLD INCOME \*\*\* SELECT ONLY ONE!**

<input type="checkbox"/> Employment Only	<input type="checkbox"/> Other Income Source Only	<input type="checkbox"/> Non-Cash Benefits Only	<input type="checkbox"/> Non-Cash Benefit & Other Inc. Source
<input type="checkbox"/> No Income	<input type="checkbox"/> Emp. & Other Inc. Source	<input type="checkbox"/> Emp. & Non-Cash Benefits	<input type="checkbox"/> Emp., Other Inc. Source & Non-Cash Benefits

**PART FOUR: OTHER INCOME SOURCE - Does anyone in the household receive any of the following: \*\*\*Check all that apply!**

<input type="checkbox"/> Alimony or Spousal Support	<input type="checkbox"/> Retirement Income from Social Security	<input type="checkbox"/> VA Non-Service Connected Disability Pension
<input type="checkbox"/> Child Support	<input type="checkbox"/> Social Security Disability Income (SSDI)	<input type="checkbox"/> VA Service-Connected Disability Compensation
<input type="checkbox"/> EITC	<input type="checkbox"/> Supplemental Security Income (SSI)	<input type="checkbox"/> Workers Compensation
<input type="checkbox"/> Pension	<input type="checkbox"/> TANF	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Private Disability Insurance	<input type="checkbox"/> Unemployment Insurance	

**PART FIVE: NON-CASH BENEFITS - Does anyone in the household receive any of the following: \*\*\*Check all that apply!**

<input type="checkbox"/> Affordable Care Act Subsidy	<input type="checkbox"/> HUD VASH	<input type="checkbox"/> Public Housing	<input type="checkbox"/> Other:
<input type="checkbox"/> Childcare Voucher	<input type="checkbox"/> LIHEAP	<input type="checkbox"/> SNAP	
<input type="checkbox"/> Housing Choice Voucher	<input type="checkbox"/> Permanent Supportive Housing	<input type="checkbox"/> WIC	

**PART SIX: HOUSING INFORMATION**

Select housing status: <input type="checkbox"/> Homeless <input type="checkbox"/> Rent <input type="checkbox"/> Own	Age of Home:
Housing Type: <input type="checkbox"/> Private Home <input type="checkbox"/> Mobile Home <input type="checkbox"/> Apartment <input type="checkbox"/> Rented Room	Rental/Mortgage Amount: \$

**If renting: Contact information of your landlord**

Landlord's Name, Address, City, State and Zip code	County	Phone Number

**PART SEVEN: UTILITY SERVICE INFORMATION**

★ VERY IMPORTANT - BE SURE TO INCLUDE COPIES OF YOUR CURRENT UTILITY BILL ★

Who does your family pay for heating or cooling: <input type="checkbox"/> Utility Company <input type="checkbox"/> Landlord/Manager <input type="checkbox"/> Included in rent
Electric Utility Vendor Name:
Electric Utility Vendor Account #: <input type="checkbox"/> Heat <input type="checkbox"/> Cool
Gas or LP Gas Utility Vendor Name:
Gas or LP Gas Utility Vendor Account #: <input type="checkbox"/> Heat <input type="checkbox"/> Cool
Propane Company Name:
Propane Company Account #: <input type="checkbox"/> Heat <input type="checkbox"/> Cool
Type of <b>Air Conditioning</b> Used: <input type="checkbox"/> Central Unit <input type="checkbox"/> Evaporator Cooler <input type="checkbox"/> Window Unit <input type="checkbox"/> None
Type of <b>Heater</b> Used: <input type="checkbox"/> Central Heat <input type="checkbox"/> Electric Space Heater <input type="checkbox"/> Fire Place <input type="checkbox"/> Stove <input type="checkbox"/> None <input type="checkbox"/> Wall Furnace <input type="checkbox"/> Wood Burning Stove <input type="checkbox"/> Gas Heater <input type="checkbox"/> Other

**PART EIGHT: CERTIFICATION**

- The information is true and correct to the best of my knowledge and belief.**
- My household income has been annualized, at the time of application, according to pre-established agency procedure.**
- I understand I may request a hearing to appeal denial of eligibility, amount of assistance received or a delay of assistance.**
- I authorize the Texas Department of Housing and Community Affairs and its contracted agencies to solicit/verify information on my utility and/or fuel bills, both past and future, to the extent that the information is used only to provide data.**
- I AM AWARE THAT I AM SUBJECT TO PROSECUTION FOR PROVIDING FALSE OR FRAUDULENT INFORMATION.**

**Certification** - (Applicants must sign this section)

Applicant Signature: \_\_\_\_\_ 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 días 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)*

**State of Texas**

**County of** \_\_\_\_\_

Sworn to and subscribed before me on the \_\_\_\_\_ day of \_\_\_\_\_ (month), \_\_\_\_\_ (year),

by \_\_\_\_\_ (name of applicant).

(Personalized Notary Seal) \_\_\_\_\_  
Notary Public's Signature

\_\_\_\_\_  
(Date/Fecha)

\_\_\_\_\_  
Subrecipient Representative Signature  
and Title: Client Service Specialist

\_\_\_\_\_  
(Date/Fecha)

# 2021 CUSTOMER BILLING / CONSUMPTION RELEASE FORM

## COMPREHENSIVE ENERGY ASSISTANCE PROGRAM WEATHERIZATION ASSISTANCE PROGRAM

NAME ON BILL: \_\_\_\_\_  
LAST FIRST MIDDLE INITIAL

ADDRESS: \_\_\_\_\_  
STREET

\_\_\_\_\_

CITY ZIP CODE

TELEPHONE: \_\_\_\_\_  
DAY EVENING

ALTERNATE PHONE#: \_\_\_\_\_

Electric Utility Company: \_\_\_\_\_  
Account Number: \_\_\_\_\_

Gas Utility Company: \_\_\_\_\_  
Account Number: \_\_\_\_\_

Propane Company: \_\_\_\_\_  
Account Number: \_\_\_\_\_

**I AUTHORIZE THE TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS AND ITS CONTRACTED AGENCY TO SOLICIT/VERIFY INFORMATION ON MY ENERGY BILLING AND CONSUMPTION HISTORIES, BOTH PAST AND FUTURE, TO THE EXTENT THE INFORMATION IS USED ONLY TO DETERMINE PROGRAM ELIGIBILITY AND TO PROVIDE DATA.**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

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**17 MONEY MANAGEMENT TIPS**

01. Buy only the things you really need. Before going shopping, make a list of your needs and stick to it.
02. Save up the money to buy what you need. Avoid taking out a loan or using a credit card.
03. Shop at the thrift store and/or garage sales. Negotiate prices.
04. Look for sales and off season bargains. Compare prices.
05. Carefully inspect everything you buy, make sure the item is worth the money. Keep your receipts.
06. Buy do not rent furniture. (Look for good quality used furniture, the classified ads and yard sales are great places to find gently used items at low prices.
07. Use coupons and buy store brands at the supermarket and drugstore. (Compare prices to see what a difference this can make.)
08. Car pool when possible. This will help save on gas.
09. Trade baby-sitting with neighbors, friends & relatives.
10. Go to dollar movies or rent videos.
11. Do as much repair work as possible yourself.
12. Buy large quantities of things you use a lot.
13. Eat at home. Make your meals from scratch.
14. Buy only energy efficient appliances.
15. Shop for food at supermarkets or warehouses with a shopping list based on menus; avoid costly convenience stores. Base your menu on grocery ads to take advantage of sale items.
16. Take your lunch to work.
17. When you go shopping take only cash. Don't take a credit card.

**25 ENERGY SAVING TIPS by SWEPCO**

For more informative tips on how to save energy, visit our website at : <http://www.csw.com>

**Safety Issues**

01. Keep plugs in electrical outlets for children's safety.
02. Know where the fuse box is and how to replace burned fuses. Keep spares on hand. If you have a breaker box, learn how to reset the breaker if it trips
03. Use dusk-to-dawn lighting for the exterior of your home. It is not only a safety issue for walking at night but also a great burglar deterrent.
04. Properly light your stairways and walkways. Night-lights are invaluable.
05. Eliminate the use of too many extensions cords. They are easy to trip over and could be a safety hazard in terms of overloading a socket. Some rewiring of your house could be necessary.

**Heating / Cooling**

06. Service the air conditioner, heat pump, and furnace each year. Keeping the air conditioner or heat pump serviced will result in lower operating costs. The gas furnace needs to be checked regularly for safety reasons.
07. If you have 2-3 window units, consider installing a central system. You may save operating money as well as be more comfortable.
08. If the Unit is over 15 years old, it may be cost advantageous for you to replace the system. When replacing, investigate the heat pump since this can save your heating dollars.
09. In the summer, try to keep your thermostat at 76-78 degrees; in the winter maintain at 70 degrees.
10. Replace the air filter at least once a month. A good reminder may be to change it every time you receive your electric bill.

**Kitchen**

11. Use properly sized pans on the various sized burners of your cook top. A small pan on a large burner adds heat to the room. Also, cook with lids on the pans to eliminate adding heat to the kitchen.
12. Place the refrigerator in a cool part of the room, not where the sun or heat can directly affect the operating time.
13. Use the dishwasher only with full loads.

**Water Heater**

14. Set your water heater thermostat on 120 degrees. It takes less energy to heat to 120 than it does to 140 degrees.
15. At least once a year drain water from the bottom of your water heater. Sediment will build up on the bottom, requiring extra energy usage.
16. Use cold or warm water for laundry; try to eliminate hot water wash except for extremely dirty clothing.
17. A water leak of 1 drop per second can waste 200 gallons per month. If it is a hot water leak, it is also wasting energy usage on the water heater.

**Insulation**

18. Add to the insulation in your attic. You want 10-12 "If your house has pier-and-beam construction, make sure the insulation under the house is still in good condition, if you have an R-19 batt installed.
19. Weather strip around the doors and windows, if necessary. If daylight can be seen under or around the door, energy money is being wasted here.
20. Check the attic to make sure it is properly ventilated to allow hot air escape.

**Miscellaneous**

21. Vent cloth dryer to the outside.
22. Clean lint filter regularly-ideally with every load, realistically at least once a week.
23. Keep direct sunlight out in the summer, pull shades or blinds. During the winter, keep them pulled to protect from the severe cold, open shade to the sunlight during the day for the sun's warming effect.
24. Use as many fluorescent bulbs as possible. They last 10 times longer and us much less electricity, as well as add less heat to the air conditioned space of your home.
25. Payment Plans:
  - AMP - Average Monthly Payment Plan - each month you pay approximately the same amount since you are being billed for the average consumption. This is a great budgeting tool.
  - RETIREMENT PLUS - Delays the due date of your bill until after the Social Security check is received.

The Community Action Corporation of South Texas has provided these money management suggestions, and I have fully read and understood them.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Household Status Verification Form



**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:	
			Citizenship/Qualified Alien	Identification

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.**

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Applicant's Signature

Date

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Signature of agency staff certifying they verified the above documents

Print Staff Name

Date