

APPLICATION FOR SERVICES
2021 Unified Intake



PART ONE: APPLICANT IDENTIFICATION		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
Household Type <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. 9-12 / Non-graduate	3. H.S. Graduate/GED	4. 12+ Post-secondary	5. 2- or 4-year College Grad	6. Post-secondary Grad			
Health Insurance Type				Work Status											
1. Direct - Purchase	2. Employment Based	3. Medicaid	4. Medicare	5. Military Healthcare	6. State Children's Health Insurance Program-CHIP	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)	5. Unemployed (Long-term, more than 6 months)	6. Unemployed (Not in Labor force)	7. Retired	8. Under 18

LIST ALL HOUSEHOLD MEMBERS ★USE NUMBERS ABOVE ★ ↑ ↑ ↑ ↑ ↑ ↑

Name	Social Security #	Birth Date <small>M/M / D/D / Y/YYYY</small>	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

HAS YOUR HOME EVER BEEN WEATHERIZED BY CACOST?	<input type="checkbox"/> Yes <input type="checkbox"/> No
I AM INTERESTED IN THE WEATHERIZATION ASSISTANCE PROGRAM.	<input type="checkbox"/> Yes <input type="checkbox"/> No
MILITARY STATUS: IS ANYONE IN YOUR HOUESHOLD A VETERAN?	<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 Air Conditioning Used:	<input type="checkbox"/> Central Unit	<input type="checkbox"/> Evaporator Cooler	<input type="checkbox"/> Window Unit	<input type="checkbox"/> None	
Type of Heater 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)

Table with 3 columns: 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)

Table with 2 columns: 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):

Three horizontal lines for providing details on the situation.

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)