

Greater Coastal Community Action Council

Galveston County Community Action Council, Inc.

dba

Greater Coastal Community Action Council

(website: gccac.org)

Applications and supporting documentation will be accepted as follows:

1. **Fax:** (409) 762-8953
2. **Email:** clientsupport@gccac.org
3. **U. S. Postal:** GCCAC
4700 Broadway Suite C-100
Galveston, TX 77552

Applications will be processed in the order that they are received.

Las solicitudes y la documentación de respaldo se aceptarán de la siguiente manera:

4. **Fax:** (409) 762-8953
5. **Email:** clientsupport@gccac.org
6. **U. S. Postal:** GCCAC
4700 Broadway Suite C-100
Galveston, TX 77552

Las solicitudes se procesarán en el orden en que se reciben.

INTAKE APPLICATION



GCCAC OFFICES: Angleton: 200 E. Mulberry; PH: 979-849-2928
Rosenberg: 902 Frost St; PH: 281-341-3012
Galveston: 4700 Broadway, Ste C100; PH: 409-762-8418
Wharton: 1506 N Alabama Rd, Ste G; PH: 979-532-8222

Please bring completed application along with copies of the following items to one of GCCAC's offices:

- 1. Picture ID** for everyone 18 years and older (e.g. Driver's License, ID Cards, passport)
- 2. Proof of US Citizenship** for all household members (e.g. passport, birth certificate, naturalization certification, green card, asylum seeker certificate)
- 3. Social Security Numbers** for all household members (if applicable)
- 4. Proof of all income** earned or received in the last thirty (30) days for all household members 18 years and older. This could be such items as:
 - a. **Check Stubs:** 5 stubs if paid weekly; 3 stubs if paid every 2 weeks (bi-weekly); 2 stubs if paid twice a month; or 1 stub if paid monthly (**Do NOT submit W-2 Tax forms**)
 - b. **Current Year Award Letter(s):** (e.g. Social Security, SSDI, SSI, VA, TANF, SNAP)
 - c. **Current Year Pension or Retirement Statements**
 - d. **Receipts** (if paid in cash)
 - e. **Child Support Statement**
 - f. **Unemployment Income Statement**
 - g. **Declaration of Income Statement:** This form **MUST** be completed for all persons 18 or older living in the home if ANY person 18 or older has no proof of income. Only one form per household is required to be filled out and signed.
- 5. Current utility bills** (front and backside) for: Electric, gas or propane.
- 6. Complete current Lease** if rental assistance is requested
- 7. Signed Systematic Alien Verification for Entitlement (SAVE) Form** (form is in packet and **MUST** be signed)

IMPORTANT: Applications are processed in the order they are received and by a priority rating scale. Allow 30-90 days for processing. Incomplete applications will cause a delay in services. Until your application is processed, you are required to continue to pay your utility bill



Intake Application

Household Type: Grand Parents with grandchildren;
Single parent/female; Single parent/male; Single Person;
Two Adults/No Children; Two-parent household; Other

FOR OFFICE USE ONLY	
Receive Date _____	Priority _____
VUL _____	HH# _____
CM _____	CEAP _____
CSBG _____	

Name: _____	Email: _____	
Physical Address: _____		
City / State / Zip: _____		
Mailing Address (If different from physical): _____		
City / State / Zip: _____		
(Circle One) Own	Rent	Other
Homeless _____ Other _____		
Alternate Contact Name: _____		Relationship: _____
APT# _____		County: _____
APT# _____		Phone: _____
Are You a: <input type="checkbox"/> Farmer <input type="checkbox"/> Migrant		
<input type="checkbox"/> Seasonal farm worker <input type="checkbox"/> Other		

Priority Information	YES	NO
Have you ever received services from Galveston County Community Action Council Inc. in the past?		
Is anyone in your household 60 years of age or older?		
Is anyone in the household disabled?		
Are there any children 5 years or younger in the household?		
Is anyone in the home a veteran?		
Is anyone in your household age 14-24 that is not going to school or working? If yes Who?		

Conflict of Interest Information:	YES	NO
Is anyone in the household currently an employee, agent, officer or board member of Galveston County Community Action Council? If YES, identify who and their position _____		
Is anyone in the household related to anyone currently serving as an employee, agent, consultant, officer or board member of Galveston County Community Action Council Inc? If YES, who and their position _____		
FOR OFFICE USE ONLY: If there is a Conflict of Interest, this application requires the Executive Director's Approval signature before processing for assistance with any program with in GCCAC.		
Executive Director signature _____		Date _____

Intake Application

Dear Applicant:

The information provided on this form is needed to determine your household's eligibility. Please complete this entire form and leave no blanks.

Household Member Name	Relationship to Applicant (See key below)	Social Security Number	Race (See key below)	Hispanic or Latino Y or N	Gender	Date of Birth			Age	Disabled Y or N	Type of Insurance (See key below)	Education (See key below)
						MO	Day	YR				
1.	SELF	
2.
3.
4.
5.
6.
7.
			Race			Type of Insurance			Education			
Relationship to Applicant			A. American Indian B. Alaskan Native C. Asian D. Black or African American E. White F. Multi-race G. Other			A. Direct-Purchased B. Employment Based C. Medicaid D. Medicare E. Military Health Care F. State Children's Health Insurance G. State Health Insurance for Adults			A. 0-8 B. 9-12 / Non-Grad C. HS Grad / GED D. 12+ Post Secondary College E. 2 or 4 Yr. College Graduate			

NOTE: Use additional sheets if there are more than seven members living in the household.

Intake Application Sources of Household Income

List all income of adults and children that are 18 years or older for the past 30 days.

Household Member Name	INCOME FROM EMPLOYMENT	OTHER SOURCES OF INCOME	NON-CASH BENEFITS	
	How often Paid?	INCOME	INCOME	AMOUNT
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$
7.	\$

<u>Income From Employment</u>	<u>Other Sources of Income</u>	<u>Non-Cash Benefits</u>
How Often Paid? A. Monthly B. Weekly C. Bi-Weekly D. Semi-Monthly	A. VA Service Connected B. VA Non-Service Connected C. Social Security Disability (SSDI) D. VA retirement pension E. Social Security Supplemental Income (SSI) F. Retirement from Social Security (SS) G. Pension H. Spousal support / Alimony I. Unemployment income J. Utility Subsidy K. TANF L. Workers Compensation M. Child support N. If Other, Explain	A. SNAP B. WIC C. Housing Choice Voucher (Section 8) D. Public Housing (HUD) E. Permanent Supportive Housing F. HUD-VASH (Veterans ONLY) G. Childcare Voucher H. Affordable Care Act Subsidy I. If Other, Explain

Intake Application

Housing Information

Where do you live (Circle correct one)	Do you own or pay rent		Monthly Rent or Mortgage amount	Are the Utilities Included?		
Private Home	Own	Rent	\$	YES	NO	
Mobile Home	Own	Rent	\$	YES	NO	
Apartment	Own	Rent	\$	YES	NO	
Subsidized or Public housing		Rent	\$	YES	NO	
Shelter or transitional housing		Rent	\$	YES	NO	
With a friend or family member or in a Motel		Rent	\$	YES	NO	

Landlord / Mortgage information:

Name:	Phone:
Address:	City, State, Zip:

Energy Efficiency Information

Do you need home repair or weatherization?	YES	NO
--------------------------------------------	-----	----

UTILITY INFORMATION

Electric Service Vender:	Account #	Heating Cooling Both
Name of Account Holder:		
Natural Gas Service Vendor:	Account #	Heating Cooling Both
Name of Account Holder:		
Propane Service Vendor:	Account #	Heating Cooling Both
Name of Account Holder:		
Water Vendor:	Account #	Heating Cooling Both
Name of Account Holder:		
Type of A/C: (Circle One) Central Unit Evaporative Cooler Window Unit None	Type of Heater: (Circle One) Central unit Electric Heater Fireplace Space Heater Wall Furnace None	

Veteran Information

1. Are you, or anyone in the household a Veteran, or a Dependent of a veteran? YES NO
 If yes, please identify which household member and circle the category that describes them.
 Household Member Name: _____ Veteran | Surviving Spouse of a Veteran | Dependent of a Veteran

2. Have you ever served in the National Guard? (Circle One) YES NO

3. Have you ever served in the Military, excluding ROTC? (Circle One) YES NO

Intake Application

SITUATION DOCUMENTATION

Note: Services cannot be provided unless this page is completed

Please tell us what your personal or family situation is documenting why you need assistance:

If there is no household income in the last 30 days how have you been living with no income? What sources are you using to pay for rent, utilities and/or other necessities? _____

When was the last income received and where did it come from? _____

Authorizations

1. The information provided is true and correct to the best of my knowledge and belief.
2. I understand that my **gross household income** is annualized at the time of application according to preestablished agency rules and procedures in order to receive assistance.
3. I understand that I may request a hearing to appeal a denial of eligibility, amount of assistance received, or a delay in service delivery.
4. I authorize the Texas Department of Housing and Community Affairs and its contracted agency, the Galveston County Community Action Council Inc. to solicit / verify information including employment verification needed to provide assistance with my utilities / fuel bills or rent, both past and future.
5. I am an applicant of Galveston County Community Action Council Inc. I hereby give my permission to release and verify all information requested and understand that it will be kept in strict confidence to be used for program purposes only. I understand that photocopy of this release is as valid as the original and may be used to obtain employment information or verify other data.
6. I understand that **if I change utility companies I must notify Galveston County Community Action Council Inc. within 5 business days** of my new utility company and account number with the name on the account. **If I do not notify Galveston County Community Action Council Inc. of my new utility company I will lose any payments due. When the information is provided any remaining assistance may be reinstated depending on available funding.**
7. If you or another member of the household has no income the Declaration of Income Sheet must be completed for all household members over 18 years of age.
8. **I UNDERSTAND THAT I AM SUBJECT TO PROSECUTION FOR PROVIDING FALSE OR FRAUDULENT INFORMATION ON THIS APPLICATION AND I ALSO UNDERSTAND THAT RECEIPT OR ASSISTANCE THROUGH MISREPRESENTATION OR FRAUD IS PUNISHABLE BY FINE OR IMPRISONMENT.**

Applicant's Signature

Date

GCCAC, Staff Member

Date

Needs Assessment

Please indicate what needs you have below by circling either "yes" or "no" in each box.
 If you circle "yes", please explain the need you're experiencing so that we can help you.

SERVICE	NEED	CLIENT EXPLAIN	SERVICE	NEED	CLIENT EXPLAIN
Basic Needs : Food, Clothing, Food Stamps, WIC, Meals on Wheels, Emergency, Other	YES		Counseling: Family, Alcohol/Substance Abuse, Other	YES	
	NO			NO	
Income: SSI, TANF, SS, SSI, VA, Child Support, Budget, Other	YES		Transportation: To Work, Dr. Appointment, Other	YES	
	NO			NO	
Employment: Looking for a job, Job Search Assistance, Resume, Other	YES		Veteran's Needs: Medical, Training, Home Repairs, Handicap Accessibility, Other	YES	
	NO			NO	
Utility Assistance: Gas/Propane, Water, Electric, Other	YES		Legal Needs: Child Support, Criminal, Civil, Other	YES	
	NO			NO	
Housing Needs: Temporary Shelter, low income housing, Rent Assistance, Weatherization, Repairs, Other	YES		Health Needs: Immunizations, Medication, Mental Health Services, Other	YES	
	NO			NO	
Heating/Cooling Assistance: Heaters, Window Units, Repairs Hot Water Heater, Natural Gas Piping/Repairs	YES		Health Needs: Life Supporting Medical Equipment, or Need for Ambient Air Temperature	YES	
	NO			NO	
Child Care/Elderly Care, Other	YES		Education: GED, English as a Second Language, Vocation/Tech training, Other	YES	
	NO			NO	

Other needs not identified on assessment: _____

TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS
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.

Applicant's Signature

Date

Signature of agency staff certifying they verified the above documents

Print Staff Name

Date



GALVESTON COUNTY COMMUNITY ACTION COUNCIL INC.

Declaration of Income Statement

This form **MUST** be completed for all persons 18 or older living in the home if ANY person 18 or older has no proof of income. Only one form per household is required to be filled out.

List name of each person 18 years or older	Gross Income In The Last 30 Days	Income Proof Provided	Paid In Cash and Source of Income	Unemployed No Income	In School No Income
1. <i>John Doe (Example)</i>	\$0.00			X	
2. <i>Jane Doe (Example)</i>	\$125.00		<i>Yard Work</i>		
3.					
4.					
5.					
6.					
7.					
TOTAL					

I certify that the above information is true and correct to the best of my knowledge and belief. I understand that the information will be verified to the extent possible; and that I am subject to prosecution for providing false or fraudulent information.

Applicant Name (Print): _____

Applicant Signature: _____

Date: _____ / _____ / _____

Self-Certification of Disability

Applicant's Name:	
Name of Person with Disability:	
Relationship of Person with Disability to Applicant:	

Person with Disabilities--Any individual who is:

- A handicapped individual as defined in §7(9) of the Rehabilitation Act of 1973;
- Under a Disability as defined in §1614(a)(3)(A) or §223(d)(1) of the Social Security Act or in §102(7) of the Developmental Disabilities Services and Facilities Construction Act; or
- Receiving benefits under 38 U.S.C. Chapter 11 or 15.

APPLICANT'S AUTHORIZATION TO DECLARE DISABLED STATUS:

I hereby authorize for the purpose of confirming my eligibility as a person with disability, in accordance with the above-stated definition of Person with Disability.

Signature of Person with Disability or His/her Guardian

Date

ENERGY SAVING TIPS

The following list is designed to assist you with suggestions in reducing your energy use and therefore reducing your energy costs.

SUGGESTIONS:

Use a ceiling fan whenever possible to reduce air-conditioning costs.

Use natural lighting whenever possible

Wash clothes in cold water

Don't leave mobile phones plugged in overnight. Phones charge fast.

Don't leave ventilation fans on longer than necessary.

Only use the dishwasher when you have a full load.

Avoid peeking in the oven when it is on. It has to reheat after that.

Put tennis ball in the dryer to speed up dry time.

Leave air-conditioner set on 78 in summer and 68 in winter.

Keep the gasket in the refrigerator clean so that they seal well.

Lower the temperature on your water heater to 120 degrees.

Remove furniture / items from in front of air vents.

Clean dryer exhaust vent after every drying cycle.

Put weather-stripping around all doors and windows.

Wash only full loads of clothes.

Unplug items that are not currently being used.

Use energy efficient bulbs when possible.

Turn lights off when leaving a room.

Clean window unit filters regularly.

Seal any air leaks and insulate if possible.

Use window shades and blinds to block heat from the sun.





Galveston County Community
Action Council, Inc

CUSTOMER ACKNOWLEDGEMENT

PLEASE READ – KEEP THIS PAGE FOR YOUR RECORDS. DO NOT SUBMIT THIS PAGE WITH YOUR APPLICATION

- I understand the Comprehensive Energy Assistance Program (CEAP) and Community Service Block Grant (CSBG), and receiving assistance is based on income-eligibility, and available funding.
- I am required to apply each year for CEAP utility assistance. If I receive assistance it will not carry-over to the next calendar year.
- I understand CEAP funds are administered by GCCAC, and that CEAP/CSBG assistance are not entitlement programs. Application processing can take up to **30 days** after you submit your application. Applications are processed in the order received, and submitting an application does not guarantee assistance.
- I understand that my household must meet the Federal Income Guidelines and live in either Brazoria, Fort Bend, Galveston, Wharton County.
- I understand that if I do not submit all the required documentation as listed on the application request instruction letter, my application is incomplete and there will be a delay in processing my request for assistance.
- I understand that GCCAC will not pledge assistance or make utility payments to electricity or gas vendors until the application is complete and eligibility has been determined.
- I understand that I am always responsible for paying my utility bill(s) before, during, and after the application and eligibility determination process.
- I am responsible for paying my utility company all remaining balances after CEAP makes a pledge/payment to my utility account. Non-payment of my utility bill may result in the interruption of services.
- I understand that CEAP provides assistance for electric or gas utility bills only.
- I understand that CSBG provides assistance to Transition Low Income Families Out of Poverty through other components non-related to CEAP.
- I understand that GCCAC will not pay any late fees, deposits, or reconnect charges, and that I am responsible for making payments for those fees and charges to my utility provider.
- If my application is approved, I will receive a Notice of Eligibility (NOE) indicating the programs I qualify for, as well as benefit amount(s).
- If my application is denied, I will receive a Notice of Denial (NOD) with the reasons indicated. The notice will include information on the appeal process.
- I understand that it is my responsibility to notify GCCAC of changes that could affect payment to my utility account, including but not limited to:
 - ❖ Change in utility provider
 - ❖ Change of account number
 - ❖ Change of address, telephone, or email
- I understand that making a knowingly false statement or misrepresentation on this application may be subject to fines, imprisonment, or both.

Greater Coastal Community Action Council

Galveston County Community Action Council
dba
Greater Coastal Community Action Council

CONFLICT OF INTEREST

1. Is anyone in the household related to anyone currently service as an employee, agent, consultant, officer, or elected official of Galveston County Community Action Council, Inc. (GCCAC)?

Yes _____ No _____

If yes, please identify the individual and their role relative to GCCAC.

2. Is anyone in the household currently serving as an employee, agent, consultant, officer, or elected or appointed official of Galveston County Community Action, Council, Inc. (GCCAC)?

Yes _____ No _____

If yes, please identify who and the role that they have within the agency.

Services administered by GCCAC and offered to the general public may be offered to persons when there exists a conflict on the condition that: 1. Person(s) meet eligibility criteria, such as income level, 2. No preferential treatment is given, 3. If there is a waiting list, applicant is place on the list in the order of date and time the application was received, 4. Another GCCAC employee must complete the application, and 5. The Executive Director signs off on assistance received.

Applicant's Printed Name _____ Applicant's Signature _____

Date _____

Galveston County Community Action Council, Inc.

Amos Sowell
Board President

Robert Quintero
Executive Director

Telephone (409) 765-7878
Fax Number (409) 765-9951
4700 Broadway Suite C109
P.O. Box 3206
Galveston, Texas 77552

APPLICANT AUTHORIZATION OF LANDLORD RELEASE OF INFORMATION

I _____ (applicant) hereby authorize the release of information concerning leasing information from _____ (Landlord/Leasing Office) to speak with Galveston County Community Action Council, dba Greater Coastal Community Action Council LLC. regarding information in reference to my leasing agreement, rent amount, Landlords, or Leasing Management contact information.

AUTORIZACIÓN DEL SOLICITANTE DE DIVULGACIÓN DE INFORMACIÓN DEL PROPIETARIO

_____ (solicitante) Por la presente autorizo la divulgación de información sobre arrendamiento financiero de _____ (Oficina de Propietario/Leasing) para hablar con Galveston County Community Action Council, dba Greater Coastal Community Action Council LLC. con respecto a la información en referencia a mi contrato de arrendamiento, el monto del alquiler, los propietarios o la información de contacto de la administración de arrendamiento.