



# Application Checklist

**Applications will not be processed until all the required documents are received for all Household members.**

## Documents needed for Utility Assistance

ID Documents	Income Information	Utility Bills
DL or ID	Check Stubs (Last 30 days up to 5 stubs)	Electric
Birth Certificate(s)	SSA/ SSI/SSDI (current Year Award Letter)	Gas Propane
SS Card(s)	Pensions/ Retirement Benefit Statements VA Disability Award letter TANF/ SNAP Letter Child Support, Une	Water

## Documents needed for for Veteran services

- DL or ID
- Proof of income
- SS Card(s)
- Current Bank Statement
- Birth Certificate(s) DD214
- Marriage Licenses
- Death Certificate

## Tenant Based Rental Assistance (TBRA)



TBRA provides up to 2 years rental help and is not an emergency service. If you are needing this assistance, please scan the QR code.

## How to submit your application:

**Drop off :** [www.cornerstonecaa.org](http://www.cornerstonecaa.org) for locations, times and hours of operation

**Mail:** 114 Needham Coleman, TX 76834

**Email:** [mail@cornerstonecaa.org](mailto:mail@cornerstonecaa.org)

**Fax:** 325-625-6335 ATTN: Utility Assistance



# CORNERSTONE

Community Action Agency

## Intake Application

(Office Use Only) Received Date : \_\_\_\_\_

### HEAD OF HOUSEHOLD

(Office Use Only) Email, Fax, Walk-In, Phone, Mail, Home-Visit

First Name:

Last Name:

MI:

Email Address:

Rent or Own Home?

Home Phone:

Cell Phone:

Alternate Contact Name and Phone No:

### ADDRESS INFORMATION

Residential Address:

City:

State:

Zip:

Mailing Address:

Apt:

City:

State:

Zip:

### HOUSEHOLD TYPE

Single Person

Two Parent Household

Non-related Adults w/ Children

Single Parent - Female

Two Adults, No Children

Multi-generational Household

Single Parent - Male

### VETERAN INFORMATION

Are you, or any one in the household a Veteran, Surviving Spouse, or a Dependent of a Veteran? If yes, please identify which household member and circle the category that describes them.

Name of Veteran:

[Veteran]

[Surviving Spouse]

[Dependent of Veteran]

[Active Military]

Provide all income and asset documentation (taxable and non-taxable) to demonstrate need

### CONFLICT OF INTEREST INFORMATION

Is anyone in the household related to OR currently an employee, agent, consultant, officer or board member of Cornerstone Community Action Agency? If YES, identify who and their position.

Name:

Position:

### ADDITIONAL INFO FOR HOUSEHOLD MEMBERS (Circle all that apply)

Is anyone 60 years of age or older?

Is anyone in the household disabled?

Are there any children 5 years or younger?

Is anyone living in your household age 14-24 that is not going to school or working?

Have you received services from CCAA in the past?

# PART 1 - HOUSEHOLD MEMBERS

Use additional sheets if more than 10 household members

	FULL NAME / RELATIONSHIP	Full SS#	DOB	GENDER	RACE	HISPANIC	EDUC. LEVEL	WORK STATUS	MILITARY STATUS	DISABLED	HEALTH INS.
EXAMPLE:	First Name, Last Name / Self	###-##-####	Day Month Year	Male, Female other	American Indian, Alaskan Native, Black, White, Multi-Race	Yes or No	0-8, 9-12, 12+,2-4 yr College Grad, Graduate of post secondary GED Not applicable	Full-Time, Part-Time, Unemployed (More or Less than 6 Months), Not in Labor Force	Veteran, Surviving Spouse Dependant (spouse,child)	Yes or No	Medicaid, Medicare, Employment, Military, Direct Purchase, State Children, State Adult
1)											
2)											
3)											
4)											
5)											
6)											
7)											
8)											
9)											
10)											

## PART 2 – OTHER INCOME INFORMATION

*Does anyone in the household receive the following: (Check all that apply)*

Employment	VA Service Disability Comp.	Private Disability Insurance
Self Employment	VA Non-Service Disability	Alimony Spousal Support
SSDI / SSI	Pension	Unemployment Insurance
TANF	Ret. Income from Social Security	Workers Compensation
EITC (Earned Income Tax Credit)	Pension	Other / Unknown
	Child Support	

## If Employed, How often are you paid?

Monthly	Weekly
Twice a Month	Bi-Weekly (some months I get three checks)

## PART 3 – NON-CASH BENEFITS

*Does anyone in the household receive the following: (Check all that apply)*

SNAP	Housing Voucher	HUD VASH
WIC	Public Housing	Childcare Voucher
LIHEAP	Perm Supportive	ACA Subsidy
	Housing Other	Unknown

**If no one in your household has any income, please explain how your basic needs are being met.**

## PART 4 - HOUSEHOLD INFORMATION

Provide all household information below:

### What type of housing?

☐ Private Home      ☐ Mobile Home      ☐ Rented Room      ☐ Apartment

### Is housing rented or owned?

☐ Owned      ☐ Rented      ☐ Subsidized      ☐ Non-Subsidized

How much is monthly rent? \$ \_\_\_\_\_ Are utilities included in rent? : \_\_\_\_\_

How much is monthly mortgage? \$ \_\_\_\_\_ House built date: \_\_\_\_\_

Received Weatherization in past? If yes, when \_\_\_\_\_

*If renting: Provide the landlord information below:*

Name:	Street Address:	County:	
Telephone:	City:	State:	Zip Code:

## PART 5 – UTILITY SERVICE INFORMATION

(Your Primary Heating and Cooling Source)

Electric Utility Vendor: \_\_\_\_\_ Account #: \_\_\_\_\_

Gas Utility Vendor: \_\_\_\_\_ Account #: \_\_\_\_\_

Propane Utility Vendor: \_\_\_\_\_ Account #: \_\_\_\_\_

Type of Air Conditioner Used: ☐ Central Unit      ☐ Window Unit      ☐ Evaporative Cooler      ☐ None

Type of Heater Used: ☐ Central Unit      ☐ Wall Furnace      ☐ Electric Heater      ☐ Wood Burning Stove  
☐ Fireplace      ☐ Space Heater      ☐ Other      ☐ None

## AUTHORIZATIONS:

1. I am an applicant of Cornerstone Community Action Agency. I hereby give my permission to release and verify all information requested including employment verification, utility bills and other data needed for program purposes.
2. I understand that I may request a hearing to appeal a denial of eligibility.
3. I give permission for my comments and pictures to be taken for identification purposes, projects, publication, newsletter and promotional activities for Cornerstone Community Action Agency.
4. I give permission for Cornerstone Community Action Agency to share my application with other CAA Agencies for referral and program assistance purposes.
5. The information provided on this application is true and correct to the best of my knowledge. I understand that I may be subject to prosecution for providing false or fraudulent information.

Applicant's Signature:	Date:	CCAA Staff Signature:	Date:
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## NEEDS ASSESSMENT

Please answer the following questions so we can better serve you as our partner and neighbor

1.	<b>How did you or anyone in the household hear about us? (circle)</b> Walk-in, Facebook, Outreach event, Friend/Family, Flyer, Internet search, Other _____		
2.	<b>Does your household have enough Food?</b> If getting enough food is a challenge, we can offer resources to ensure you and your family have enough to eat	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.	<b>Could anyone in your household use Help applying for:</b> SNAP Benefits, Medicaid, Medicare or WIC	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.	<b>Is there any Income in the home?</b> SS, SSI, SSDI, TANF, VA, Child Support, Employment, Other	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5.	<b>Could anyone in the household use help from a Payee Representative?</b> If keeping up with financial responsibilities feels overwhelming our Payee Rep can provide the support you need to ensure your funds are managed smoothly and your needs are met.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6.	<b>Is anyone in the household a Veteran looking for Veteran Services?</b> We are here to honor your service by providing support for Home repair, Utility help, Rent/Mortgage payment, Dental, Fuel, vehicle repair	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7.	<b>Could anyone in the household use a little extra help with Transportation?</b> If transportation is a challenge, we're here to offer or find the resource you need. Whether it's for work, school, Dr. Appointments or essential errands.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8.	<b>Need help with Heating and Cooling Services?</b> We offer heating and cooling services to help you stay safe and comfortable in your home.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9.	<b>Does your Home need repairs?</b> If you're experiencing issues with your home we can offer weatherization referrals and help you find the resource for those much needed repairs.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10.	<b>Does anyone in the home need a hand with Rental assistance?</b> If you are facing challenges with rent or could use a little extra support to stay on track, let us know how we can assist in keeping your home secure.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
11.	<b>Do you or anyone need support with Child care or for an Elderly loved one?</b> If balancing responsibilities seems challenging, let us help you find the resources you need.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
12.	<b>Could anyone in the household use support with Health services?</b> Healthcare, wellness resources, immunizations, Mental health and medications	Yes <input type="checkbox"/>	No <input type="checkbox"/>
13.	<b>Could anyone in the household benefit from Counseling support?</b> Looking for someone to talk to, or seeking guidance for personal growth	Yes <input type="checkbox"/>	No <input type="checkbox"/>
14.	<b>Does anyone in the household need Legal assistance?</b> Facing legal challenges or need guidance with a legal matter or obtaining child support	Yes <input type="checkbox"/>	No <input type="checkbox"/>
14.	<b>Do you or someone in your household struggle with obtaining or keeping employment?</b> We are here to support you toward your career goals!	Yes <input type="checkbox"/>	No <input type="checkbox"/>
15.	<b>Are you or someone in your household interested in educational goals or skills?</b> Whether you're interested in finishing high school, earning your GED, or pursuing vocational, technical, or certificate training, we offer guidance and resources to help you reach the next stage.	Yes <input type="checkbox"/>	No <input type="checkbox"/>



## Self – Certification of Disability

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

Persons with Disability - Any individuals 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 Disabilities, in accordance with the above-stated definition of Person with Disability.

\_\_\_\_\_  
Signature of Person with Disability of Guardian

\_\_\_\_\_  
Date

## DECLARATION OF INCOME STATEMENT (DECLARACION DE INGRESOS)

Applicant First Name (Nombre del Solicitante):		Applicant Last Name (Apellido):	
Address (Direccion):	City (Ciudad):	Zip Code (Codigo 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 o mas, y que no tienen documentacion de ingresos por los 30 dias antes del aplicar para asistencia.)

Name (Nombre):	Gross Income (Ingreso Bruto Recibido):
Name (Nombre):	Gross Income (Ingreso Bruto Recibido):
Name (Nombre):	Gross Income (Ingreso Bruto Recibido):

My household has no documents 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. 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.  
Yo certifico que la informacion proveida de los ingresos es verdadera y correcta segun mi saber y creencia. Comprendo que la informacion sera verificada hasta donde sea posible y que puedo ser enjuiciado por haber proveido informacion falsa o fraudulenta.*

\_\_\_\_\_  
Applicant Signature/Firma del Solicitante

\_\_\_\_\_  
Date/Fecha

# For ATMOS Clients Only

..... MAACLink

## CLIENT CONSENT AND RELEASE OF INFORMATION

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MAACLink is a computer system that is used locally as a Homeless Management Information System (HMIS). Use of an HMIS is required by the US Department of Housing and Urban Development (HUD) for agencies that receive HUD funding. MAACLink is not electronically connected to HUD and is only used by authorized agencies. All MAACLink users have received confidentiality training and have signed strict agreements to protect clients' personal information and limit its use appropriately.

A Privacy Notice is available at participating agencies. It provides details on how member agencies and their employees handle client information and data sharing.

I give permission to Cornerstone Community Action Agency (Agency Name) to collect and enter my personal and household information into the MAACLink computer system.

I understand that the MAACLink system is shared with and used by authorized agencies in my community for the purposes of:

I understand that the MAACLink system is shared with and used by authorized agencies in my community for the purposes of:

1. Assessing the needs of low-income, homeless or other special-needs people in order to give better assistance and to improve their current or future situations.
2. Improving the quality of care and service for people in need.
3. Tracking the effectiveness of community efforts to meet the needs of people who have received assistance.
4. Reporting data on an aggregate level that does not identify specific people or their personal information.

I understand that:

- Information I give about my physical or mental health will NOT be shared outside the agency I am working with.
- I have the right to view my MAACLink file with an authorized user.
- Signing this release form does not guarantee that I will receive assistance.
- I may revoke my authorization by completing a revocation form.
- All agencies that use MAACLink will treat my information with respect and in a professional and confidential manner.
- Unauthorized people or organizations cannot gain access to my information without my consent.
- If I receive services from Homeless Prevention Rapid Re-Housing Federal Stimulus (HPRP) Funds, my information may be viewed by other participating agencies across Continuums of Care.

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Client Name (Printed)

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Client Signature

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Date

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Agency Representative Name (Printed)

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Agency Representative Signature

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Date





Cornerstone

Community Action Agency

## Natural Gas Appliance Consent \_For Atmos customers

### LANDLORD & TENANT CONSENT

***If you Rent your home, the landlord will need to agree to the terms below and sign this form to be eligible for any Natural gas appliance or Heating & Cooling Service.***

As a representative of Cornerstone Community Action Agency, I have notified the Landlord or Tenant of a residence located at the following address, \_\_\_\_\_, concerning the financial responsibility of enrolling into the Keeping the Warmth program.

ATMOS Energy, the grantor of the Keeping the Warmth program, requires CCAA to request monetary investment information from the Landlord or Tenant for the cost of all new gas appliances if the home is a rental property and the tenant does not own the home/property. By signing this form, the Landlord/Tenant for this dwelling has indicated that they fully understand this policy and decided to follow through with the financial responsibility of the appliance listed here.

If the landlord is unable or refuses to pay the 10%, the appliance purchased by CCAA will become the property of the tenant and may be removed from the residence at the end of the lease term.

Total Cost of Appliance: \$ \_\_\_\_\_

10% of Cost from Landlord/Tenant: \$ \_\_\_\_\_, paid to \_\_\_\_\_ before work begins.

\_\_\_\_\_  
Landlord Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Tenant Signature

\_\_\_\_\_  
Date

# 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, LIHWAP-WAP Sub-recipients, and SHTF,

ESG, HHSP, EH (political subdivision only)



The program for which you are applying required 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 used the Systematic Alien Verification for Entitlements (SAVE) System to verify the status of non- citizens.

<u>LIST ALL HOUSEHOLD MEMBERS</u>  Household Member Name	U.S Citizen or U.S. National (Yes / No)	Qualified Alien	This Section for Office Use Only	
			Documentation Provided for:	
			Status	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 FRAUDULENT INFORMATION.

X		
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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