



114 Needham St
Coleman, TX 76834

Ph: 325-625-4167
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csdepartment@cornerstonecaa.org

**2026
Application Checklist**

Applicants Name: _____

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

Documents needed for Utility Assistance	Documents needed for Veterans General Assistance
Proof of Income <input type="checkbox"/> Check Stubs for last 30 days <input type="checkbox"/> Monthly Benefits Award letter (Social Security, VA, Pension) <input type="checkbox"/> TANF / SNAP Letter <input type="checkbox"/> Child Support Letter	<input type="checkbox"/> Texas DL, State ID, Veteran ID <input type="checkbox"/> SS Card for ALL Household members <input type="checkbox"/> Birth Certificate(s) for ALL Household members
Additional Documents needed for LIHEAP <input type="checkbox"/> Passport, DL or ID for anyone 18 years older <input type="checkbox"/> SS Card for ALL Household Members <input type="checkbox"/> Birth Certificate(s) for ALL Members	Proof of Income <input type="checkbox"/> Bank Statements (Most recent) <input type="checkbox"/> Check Stubs (Last 30 days) <input type="checkbox"/> Monthly Benefits award letter (Social Security, VA, Pension) <input type="checkbox"/> TANF / SNAP letter <input type="checkbox"/> Child Support
<input type="checkbox"/> Utility Bill (Electric, Gas, Propane)	<i>Provide all income and asset documentation (taxable and Non-Taxable) to demonstrate need.</i>
	<input type="checkbox"/> DD 214, Veteran ID, NGB Form 22, NA Form 13038
	<input type="checkbox"/> Marriage License
	<input type="checkbox"/> Death Certificate for deceased Veteran



Representative Payee Program

The Representative payee program is a service that helps you manage your monthly Social Security & Veterans Benefits. A Professional representative will help you budget for food, shelter, clothing and other basic needs. Scan the QR code if interested in our Representative Payee services.

Tenant Based Rental Assistance (TBRA)

TBRA provides up to 2 years rental help and is not an emergency service. If you need this assistance, please scan the QR Code and leave your name, phone number, email address and the county you live in. The Housing Specialist will reach out to you with further instructions.



If you are unable to scan QR Code, please call to start the process

325-625-4167

2026 Intake Application

 Office Use - Date Received: _____ Email Fax Walk-In Phone

HEAD OF HOUSEHOLD

FirstName:	LastName:	MI:	Rent/Own:	Phone:
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ADDRESS INFORMATION

Residential:

Address:	Apt:	City:	State:	Zip:
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Mailing: (if different from Residential address)

Address:	Apt:	City:	State:	Zip:
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HOUSEHOLD TYPE

Single Single Parent-Female Single Parent-Male Two Parent Household Two Adults No Children
 Multi-generational Household Non-related w/Children Other _____

VETERAN INFORMATION

 Is anyone a Veteran, Surviving Spouse, or Dependent? Veteran Surviving Spouse Dependent

Name of Veteran:

CONFLICT OF INTEREST

Is anyone related to/employed by CCAA as employee, agent, consultant, officer, or board member? If YES, identify who & their position.

Name:	Position:
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Staff Signature acknowledging conflict of interest:

ADDITIONAL INFO (Check all that apply)

Anyone 60+ Anyone disabled Children 5 or younger Anyone 14-24 not in school or working
 Received CCAA services in the past 5 years

OTHER INCOME - Does anyone receive? (Check all)

TANF SSI SSDI EITC Child Support VA Service Disability VA Non-Service Pension
 Social Security Retirement Pension Private Disability Alimony Unemployment
 Unknown Workers Comp Other _____

NON-CASH BENEFITS (Check all that apply)

SNAP WIC Medicaid Medicare CHIP Housing Assistance LIHEAP Public Housing HUD VASH
 Child Care Voucher ACA Subsidy Permanent Supportive Housing None Other _____

Household Information

PERSON 1 - HEAD OF HOUSEHOLD

PERSONAL INFORMATION

First Name:	Last Name:	MI:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other _____
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Phone:	Email:	SSN:	DOB:
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Race:	Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic	Disabled: <input type="checkbox"/> Y <input type="checkbox"/> N
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Education: Grade 0-8 Grade 9-12 HS Graduate 2-4 Year College Graduate 12 Grade+ Secondary
 Graduate of other post-secondary school GED (Equivalency Diploma) Not applicable

Veteran Info: Veteran Active Duty Spouse Surviving Spouse Dependent Never Served

Health: Medicaid Medicare CHIP State Employment Military Direct Purchase None

Employment:

Full Time Part Time Retired Unemployed Short Term Unemployed Long Term
 Unemployed Not in labor force Migrant Seasonal Farm Worker Under18

Benefits: SNAP WIC LIHEAP Housing Childcare TANF SSI/SSDI

PERSON 2

PERSONAL INFORMATION

First Name:	Last Name:	MI:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other _____
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Phone:	Relationship:	SSN:	DOB:
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Race:	Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic	Disabled: <input type="checkbox"/> Y <input type="checkbox"/> N
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Education: Grade 0-8 Grade 9-12 HS Graduate 2-4 Year College Graduate 12 Grade+ Secondary
 Graduate of other post-secondary school GED (Equivalency Diploma) Not applicable

Veteran Info: Veteran Active Duty Spouse Surviving Spouse Dependent Never Served

INSURANCE AND INCOME

Health: Medicaid Medicare CHIP State Employment Military Direct Purchase None

Employment: Full Time Part Time Retired Unemployed Short Term Unemployed Long Term
 Unemployed Not in labor force Migrant Seasonal Farm Worker Under18

Benefits: SNAP WIC LIHEAP Housing Childcare TANF SSI/SSDI

Household Information

PERSON 3

PERSONAL INFORMATION

First Name:	Last Name:	MI:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other _____
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Phone:	Relationship:	SSN:	DOB:
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Race:	Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic	Disabled: <input type="checkbox"/> Y <input type="checkbox"/> N
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Education: Grade 0-8 Grade 9-12 HS Graduate 2-4 Year College Graduate 12 Grade+ Secondary

Graduate of other post-secondary school GED (Equivalency Diploma) Not applicable

Veteran Info: Veteran Active Duty Spouse Surviving Spouse Dependent Never Served

INSURANCE AND INCOME

Health: Medicaid Medicare CHIP State Employment Military Direct Purchase None

Employment: Full Time Part Time Retired Unemployed Short Term Unemployed Long Term
 Unemployed Not in labor force Migrant Seasonal Farm Worker Under18

Benefits: SNAP WIC LIHEAP Housing Childcare TANF SSI/SSDI

PERSON 4

PERSONAL INFORMATION

First Name:	Last Name:	MI:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other _____
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Phone:	Relationship:	SSN:	DOB:
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Race:	Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic	Disabled: <input type="checkbox"/> Y <input type="checkbox"/> N
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Education: Grade 0-8 Grade 9-12 HS Graduate 2-4 Year College Graduate 12 Grade+ Secondary

Graduate of other post-secondary school GED (Equivalency Diploma) Not applicable

Veteran Info: Veteran Active Duty Spouse Surviving Spouse Dependent Never Served

INSURANCE AND INCOME

Health: Medicaid Medicare CHIP State Employment Military Direct Purchase None

Employment: Full Time Part Time Retired Unemployed Short Term Unemployed Long Term
 Unemployed Not in labor force Migrant Seasonal Farm Worker Under18

Benefits: SNAP WIC LIHEAP Housing Childcare TANF SSI/SSDI

PERSON 5

PERSONAL INFORMATION

First Name:	Last Name:	MI:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other _____
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Phone:	Relationship:	SSN:	DOB:
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Race:	Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic	Disabled: <input type="checkbox"/> Y <input type="checkbox"/> N
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Education: Grade 0-8 Grade 9-12 HS Graduate 2-4 Year College Graduate 12 Grade+ Secondary
 Graduate of other post-secondary school GED (Equivalency Diploma) Not applicable

Veteran Info: Veteran Active Duty Spouse Surviving Spouse Dependent Never Served

INSURANCE AND INCOME

Health: Medicaid Medicare CHIP State Employment Military Direct Purchase None

Employment: Full Time Part Time Retired Unemployed Short Term Unemployed Long Term
 Unemployed Not in labor force Migrant Seasonal Farm Worker Under 18

Benefits: SNAP WIC LIHEAP Housing Childcare TANF SSI/SSDI

PERSON 6

PERSONAL INFORMATION

First Name:	Last Name:	MI:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other _____
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Phone:	Relationship:	SSN:	DOB:
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Race:	Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic	Disabled: <input type="checkbox"/> Y <input type="checkbox"/> N
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Education: Grade 0-8 Grade 9-12 HS Graduate 2-4 Year College Graduate 12 Grade+ Secondary
 Graduate of other post-secondary school GED (Equivalency Diploma) Not applicable

Veteran Info: Veteran Active Duty Spouse Surviving Spouse Dependent Never Served

INSURANCE AND INCOME

Health: Medicaid Medicare CHIP State Employment Military Direct Purchase None

Employment: Full Time Part Time Retired Unemployed Short Term Unemployed Long Term
 Unemployed Not in labor force Migrant Seasonal Farm Worker Under 18

Benefits: SNAP WIC LIHEAP Housing Childcare TANF SSI/SSDI

Needs Assessment

Please answer the following questions so we can better assist you.

1	How did you or anyone in the household hear about us? (circle) <input type="checkbox"/> Walk-in, <input type="checkbox"/> Facebook, <input type="checkbox"/> Outreach event, <input type="checkbox"/> Friend/Family, <input type="checkbox"/> Flyer, <input type="checkbox"/> Internet search, <input type="checkbox"/> Other _____		
2	Does your household have enough Food ? If getting enough food is a challenge, we can offer resources to ensure you and your family have enough to eat	Yes	No
3	Could anyone in your household use Help applying for: SNAP Benefits, Medicaid, Medicare or WIC	Yes	No
4	Is there any Income in the home? SS, SSI, SSDI, TANF, VA, Child Support, Employment, Other	Yes	No
5	Could anyone in the household use help from a Payee Representative ? 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	No
6	Is anyone in the household a Veteran looking for Veteran Services ? We are here to honor your service by providing support for home repair, Utility help, Rent/Mortgage payment, Dental, Fuel, vehicle repair	Yes	No
7	Could anyone in the household use a little extra help with Transportation ? 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	No
8	Need help with Heating and Cooling Services ? We offer heating and cooling services to help you stay safe and comfortable in your home.	Yes	No
9	Does your Home need repairs? 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	No
10	Does anyone in the home need a hand with Rental assistance ? 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	No
11	Do you or anyone need support with Childcare or for an Elderly loved one ? If balancing responsibilities seems challenging, let us help you find the resources you need	Yes	No
12	Could anyone in the household use support with Health services ? Healthcare, wellness resources, immunizations, Mental health and medications.	Yes	No
13	Could anyone in the household benefit from Counseling support ? Looking for someone to talk to, or seeking guidance for personal growth	Yes	No
14	Does anyone in the household need Legal assistance ?	Yes	No
15	Do you or someone in your household struggle with obtaining or keeping employment? We are here to support you towards your career goals!	Yes	No
16	Are you or someone in your household interested in educational goals or skills? 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	No

HOUSING & UTILITY INFORMATION

Housing Type: Private Home Mobile Home Apartment Rented Room

Ownership: Owned Rented Subsidized non-subsidized

Monthly Rent/Mortgage: \$	Utilities Included in Rent? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Landlord Information (if renting)

Name:	Phone:
Email:	Address:

Utility Service Information

Electric Provider:	Electric Account#:
Gas Provider:	Gas Account#:
Propane Provider:	Propane Account#:
Water Provider:	Water Account#:

Heating & Cooling Systems

Primary Heating: Central Heat Wall Furnace Space Heater Fireplace Wood Stove
 Electric Heater Propane None Other _____

Primary Cooling: Central AC Window Unit Evaporative Cooler None Other _____

Authorizations and certifications:

By signing below, I certify the following:

1. I authorize Cornerstone Community Action Agency to release and verify all information requested, including employment verification, utility bills, and other data needed for program purposes.
2. I understand 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, projects, publications, and promotional activities.
4. I authorize Cornerstone CAA to share my application with other CAA agencies for referral and program assistance.
5. The information provided is true and correct to the best of my knowledge. I understand I may be subject to prosecution for providing false or fraudulent information.
6. I certify that I am a U.S. Citizen, non-citizen national, or legal resident of the United States.
7. Documentation of status is required and may be verified through the Systematic Alien Verification for Entitlements (SAVE) System.

INCOME DECLARATION (Complete if no documentation of income)

If you have no documented income, explain how basic needs are being met:

AUTHORIZATION TO SHARE INFORMATION

I understand that Cornerstone Community Action Agency will not release any information about my case without prior verbal authorization.

Applicant Signature  Date: _____

CCAA Staff Signature _____ Date: _____



Self – Certification of Disability

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

Persons with Disability - Any individual who is:

- D A handicapped individual as defined in §7(9) of the Rehabilitation Act of 1973;
- D Under a disability as defined in 1614§ (a)(3)(A) or §223(d)(1) of the Social Security Act or
- D 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 or Guardian

Date



DECLARATION OF INCOME STATEMENT

(DECLARACION DE INGRESOS)

Applicant First Name (Nombre del Solicitante):	Applicant LastName (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



CLIENT CONSENT AND RELEASE OF INFORMATION

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:

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.

✗

Client Name (Printed)

Client Signature

Date

Agency Representative Name (Printed)

Agency Representative Signature

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 sub-division 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>		U.S Citizen or U.S National (Yes / No)	Qualified Alien (Yes / No)	This section for Office use Only	
Household Member Name				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.



Applicant's Signature

Date

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Signature of Agency Staff certifying they verified
the above documents

Print Staff Name

Date

To Submit Completed Applications:

Email: csdepartment@cornerstonecaa.org
Fax: 325-625-6335
Mail: 114 Needham, Coleman, TX 76834

Visit: www.cornerstonecaa.org
for office locations and hours of operation