

Community Council of South Central Texas, Inc.
Weatherization Assistance Program Application
(Solicitud del Programa de Asistencia de Climatización)



461 US HWY 285
Fort Stockton TX 79735
Phone: (432)243-0051
Fax: (432)558-0597

1022 Garner Field Rd, St C
Uvalde, TX 78801
Phone: (830) 261-5514

**WEATHERIZATION ASSISTANCE IS TO GAIN ENERGY EFFICIENCY NOT A REHABILITATION OR
REMODEL PROGRAM AND WILL NOT ADDRESS THE APPEARANCE OF THE HOME.**

*(Asistencia de Climatización es ganar NO LA EFICIENCIA ENERGÉTICA DE UN PROGRAMA DE REHABILITACIÓN
O REMODELAR Y no abordará la APARIENCIA DEL HOGAR.)*

The Weatherization Assistance Program performs minor repairs to your home to prevent air from escaping or entering the house. Weatherization measures strive to assist you to maintain a more comfortable temperature level in your home and save you energy dollars. Homes that need weatherization will typically have cracks, holes, and other places where air leaks in and out. Here is a list of the types of work that the weatherization program may address:

(El Programa de Asistencia de Climatización realiza reparaciones menores a su casa para evitar que el aire se escape o entrar en la casa. Medidas de climatización se esfuerzan para ayudar a mantener un nivel de temperatura más cómodo en su casa y ahorrar dinero en energía. Casas que necesitan climatización suele tener grietas, agujeros, y otros lugares donde las fugas de aire dentro y fuera. Aquí está una lista de los tipos de trabajo que el programa de climatización puede abordar:)

- Repair or replace low energy efficient gas space heaters (*Reparar o sustituir calentadores de gas eficientes de bajo consumo*)
- Repair or replace low energy efficient air conditioners (*Repare o reemplace la energía eficiente de aire acondicionado de baja*)
- Install attic and/or wall insulation (*Instale el aislamiento del ático y / o en la pared*)
- Repair doors (*puertas de reparación*)
- Repair windows (*ventanas de reparación*)
- Replace broken glass and caulk around loose panes in windows (*Vuelva a colocar el vidrio roto y calafatear paneles alrededor de flojas en las ventanas*)
- Weather strip around doors and attic hatches (*Burlete alrededor de puertas y escotillas del ático*)
- Patch holes in the walls where air is coming in or out of the house (*Repare los agujeros en las paredes donde el aire está llegando en o fuera de la casa*)
- Patch holes in floors and ceilings (*Repare los agujeros en los pisos y techos*)
- Caulk around window and door frames (*Masilla alrededor de los marcos de puertas y ventanas*)
- Wrap exposed water pipes (*Tuberías de agua Envuelva expuesta*)

The weatherization program does not provide funds for painting your house, installing new carpet or vinyl flooring, or storm doors. (*El programa de climatización no proporciona fondos para la pintura de su casa, la instalación de nuevas alfombras o pisos de vinilo, o puertas de tormenta.*)

***How much assistance does the program provide? (¿Cuánta asistencia proporciona el programa?)**

Community Council of South Central Texas has a limited amount of money that can be spent on any particular home. Therefore, the work done on each home will be different based on the homes condition, amount of energy used to heat and cool the residence and program guideline set by Department of Energy (DOE) and Texas Department of Housing and Community Affairs (TDHCA). The initial assessment of your home **DOES NOT** guarantee that you will be eligible for weatherization services. (*Consejo Comunitario de South Central Texas tiene una cantidad limitada de dinero que se puede gastar en cualquier hogar particular. Por lo tanto, el trabajo realizado en cada casa será diferente en función de la condición de los hogares, la cantidad de energía utilizada para calentar y enfriar la pauta de residencia y el programa establecido por el Departamento de Energía (DOE) y el Departamento de Vivienda y Asuntos Comunitarios de Texas (TDHCA). La evaluación inicial de su hogar no garantiza que usted será elegible para recibir servicios de climatización.*)

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APPLICATION CHECKLIST

The following is required for the Weatherization Assistance Program. Applications will NOT be processed unless All information is provided by client. (*Se requiere lo siguiente para el Programa de Asistencia de Climatización. Las solicitudes no se procesarán a menos Toda la información es proporcionada por el cliente.*)

REQUIRED DOCUMENTS (DOCUMENTOS REQUERIDOS)

1. All information filled out on Application, signed and dated. (*Toda la información sobre la solicitud rellenado, firmado y fechado.*)
2. Proof of citizenship for ALL household members. Any member that cannot provide proof of citizenship will be run through the SAVE system for identification. Proof of Citizenship includes, but not limited to: Birth Certificate, Passport, final adoption decree, Certificate of Naturalization, Certificate of US Citizenship, US American Indian membership card with photo, US Military record showing US place of birth, Permanent Resident Card, Non-Immigrant cards, Refugee/Asylee. (*Comprobante de ciudadanía para todos los miembros del hogar. Cualquier miembro que no pueda proporcionar prueba de ciudadanía será procesado por el sistema SAVE para su identificación. Comprobante de ciudadanía incluye, entre otros: Certificado de Nacimiento, Pasaporte, Decerto de adopción, Certificado de Naturalización, Certificado de ciudadanía de los EUA, Tarjeta de membresía indígena estadounidense con foto, Registro Militar de EUA que muestra el lugar de Nacimiento en los EUA, Tarjeta de Residencia Permanente, tarjeta de No-inmigrante, Refugiado/Asilado.*)
2. Proof of identity for ALL household members. Proof of ID includes: Current / Valid State ID or Driver's License, for children under 16 – Clinic, doctor, hospital or school records. (*Comprobante de identificación para todos los miembros del hogar. Identificación incluye: identificación válida actual o Licencia de Conducir, Para niños menores de 16 años – registro de clínica, médico, hospital o escuela.*)
3. Proof of all income for the last 30 days for everyone 18 years old and older: All income must be dated within the last 30 (thirty) days from date on application. Social Security Award letters must be dated 2026. (*Prueba de todos los ingresos de los últimos 30 días para cada uno de 18 años de edad y mayores: Todos los ingresos deben estar fechados dentro de los últimos 30 (treinta) días a partir de la fecha de aplicación. Cartas de concesión de la Seguridad Social deben estar fechados 2025.*)
4. Copy of current Electric Bill (front & back) (*Copia de la factura de electricidad de corriente (frontal y posterior)*)
5. Copy last Gas Bill (natural gas or bottled gas) if home as gas. (*Copia Bill última Gas (gas natural o gas envasado de la casa como de gas.)*)
6. A 12 month usage & billing history you must get from your utility company, electric and gas (if applicable) (*A 12 meses historial de facturación y el uso que usted debe obtener de su compañía de servicios públicos, electricidad y gas (si procede)*)
7. Landlord Agreement with signatures and date if house or mobile home is rented (last three pages of application). (*Acuerdo con el propietario firmas y la fecha de la casa o casa móvil se alquila (últimos tres páginas de la aplicación)*)



Community Council of South Central Texas
2026 Community Services Application

OFFICE USE ONLY

Date/Time Received Complete _____ / _____

Vulnerable HH? Y _____ N _____
(Elderly 60+/Disabled/Child 5 or younger)

HEAD OF HOUSEHOLD INFORMATION

First Name:	Last Name:	Middle Initial:
Date of birth:	SS #:	Contact Phone #
Residential Address:	Apt #:	
City, Zip	County:	
Mailing Address (if different):	Apt #:	
City, Zip	County:	
Email Address: please print		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	If female, are you currently pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Relation to Applicant: <input type="checkbox"/> Applicant <input type="checkbox"/> Child <input type="checkbox"/> Friend <input type="checkbox"/> Foster Child <input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian <input type="checkbox"/> Parent <input type="checkbox"/> Partner <input type="checkbox"/> Sibling <input type="checkbox"/> Spouse <input type="checkbox"/> Stepparent <input type="checkbox"/> Other Relative		
Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic	Race: <input type="checkbox"/> Black/African American <input type="checkbox"/> Alaskan Native <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other	
Education: <input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12 <input type="checkbox"/> GED <input type="checkbox"/> HS Grad <input type="checkbox"/> 12+ college <input type="checkbox"/> 2/ yr. Grad <input type="checkbox"/> 4 + yr Grad <input type="checkbox"/> Vocational School		
Health Insurance: <input type="checkbox"/> Direct purchase <input type="checkbox"/> Employment based <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Military Health Care <input type="checkbox"/> None <input type="checkbox"/> CHIP <input type="checkbox"/> Adults State Health Ins.		
Military Status: <input type="checkbox"/> Active <input type="checkbox"/> Veteran <input type="checkbox"/> N/A <input type="checkbox"/> Surviving Spouse, or <input type="checkbox"/> Dependent	Are You Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No Are you receiving disability: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Work Status: <input type="checkbox"/> Disabled <input type="checkbox"/> Employed Full-Time <input type="checkbox"/> Employed Part-Time <input type="checkbox"/> Migrant/Seasonal Farmworker <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed 6 months or longer <input type="checkbox"/> Unemployed less than 6 mos. <input type="checkbox"/> Minor under 18		
Other Income Sources: <input type="checkbox"/> Alimony <input type="checkbox"/> Child Support <input type="checkbox"/> SS Disability <input type="checkbox"/> SS Retirement <input type="checkbox"/> SSI <input type="checkbox"/> Survivor SS <input type="checkbox"/> Private Pension/Retirement <input type="checkbox"/> Private Disability <input type="checkbox"/> TANF <input type="checkbox"/> Worker's Comp <input type="checkbox"/> VA Service Connected Disability <input type="checkbox"/> VA Service Non-Connected Disability <input type="checkbox"/> Unemployment Benefit <input type="checkbox"/> None		
Disconnected Youth: Are you age 14-24 not working or attending school <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is anyone in the household receiving the following Non-Cash Benefits? (check all that apply)		
<input type="checkbox"/> Affordable Care Subsidy <input type="checkbox"/> Childcare Voucher <input type="checkbox"/> Housing Choice Voucher <input type="checkbox"/> HUD-VASH <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> Public Housing <input type="checkbox"/> SNAP (Food stamps) <input type="checkbox"/> TBRA <input type="checkbox"/> WIC <input type="checkbox"/> None		

“Important information for former military services members. Anyone 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, visit the Texas Veterans Portal at <https://veterans.portal.texas.gov> .”

CCSCT -2026 Community Services Application

Please complete the following for all other household members. Please answer **ALL** questions.

Other Household Member-2

First Name:	Last Name:	Middle Initial:
Date of birth:	SS #:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	If female, are you currently pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Relation to Applicant: <input type="checkbox"/> Applicant <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Child <input type="checkbox"/> Friend <input type="checkbox"/> Foster Child/Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Parent <input type="checkbox"/> Partner <input type="checkbox"/> Spouse <input type="checkbox"/> Stepparent <input type="checkbox"/> Other Relative <input type="checkbox"/> Other Non-relative		
Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic	Race: <input type="checkbox"/> Black/African American <input type="checkbox"/> Alaskan Native <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other	
Education: <input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12 <input type="checkbox"/> GED <input type="checkbox"/> HS Grad <input type="checkbox"/> 12+ college <input type="checkbox"/> 2/ yr. Grad <input type="checkbox"/> 4 + yr Grad <input type="checkbox"/> Vocational School		
Health Insurance: <input type="checkbox"/> Direct purchase <input type="checkbox"/> Employment based <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Military Health Care <input type="checkbox"/> None <input type="checkbox"/> CHIP <input type="checkbox"/> Adults State Health Ins.		
Military Status: <input type="checkbox"/> Active <input type="checkbox"/> Veteran <input type="checkbox"/> N/A <input type="checkbox"/> Surviving Spouse, or <input type="checkbox"/> Dependent	Are they disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No Are they receiving disability: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Work Status: <input type="checkbox"/> Disabled <input type="checkbox"/> Employed Full-Time <input type="checkbox"/> Employed Part-Time <input type="checkbox"/> Migrant/Seasonal Farmworker <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed 6 months or longer <input type="checkbox"/> Unemployed less than 6 mos. <input type="checkbox"/> Minor under 18		
Other Income Sources: <input type="checkbox"/> Alimony <input type="checkbox"/> Child Support <input type="checkbox"/> SS Disability <input type="checkbox"/> SS Retirement <input type="checkbox"/> SSI <input type="checkbox"/> Survivor SS <input type="checkbox"/> Private Pension/Retirement <input type="checkbox"/> Private Disability <input type="checkbox"/> TANF <input type="checkbox"/> Worker's Comp <input type="checkbox"/> VA Service Connected Disability <input type="checkbox"/> VA Service Non-Connected Disability <input type="checkbox"/> Unemployment Benefit <input type="checkbox"/> None		
Disconnected Youth: Are they age 14-24 not working or attending school <input type="checkbox"/> Yes <input type="checkbox"/> No		

Other Household Member-3

First Name:	Last Name:	Middle Initial:
Date of birth:	SS #:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	If female, are you currently pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Relation to Applicant: <input type="checkbox"/> Applicant <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Child <input type="checkbox"/> Friend <input type="checkbox"/> Foster Child/Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Parent <input type="checkbox"/> Partner <input type="checkbox"/> Spouse <input type="checkbox"/> Stepparent <input type="checkbox"/> Other Relative <input type="checkbox"/> Other Non-relative		
Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic	Race: <input type="checkbox"/> Black/African American <input type="checkbox"/> Alaskan Native <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other	
Education: <input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12 <input type="checkbox"/> GED <input type="checkbox"/> HS Grad <input type="checkbox"/> 12+ college <input type="checkbox"/> 2/ yr. Grad <input type="checkbox"/> 4 + yr Grad <input type="checkbox"/> Vocational School		
Health Insurance: <input type="checkbox"/> Direct purchase <input type="checkbox"/> Employment based <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Military Health Care <input type="checkbox"/> None <input type="checkbox"/> CHIP <input type="checkbox"/> Adults State Health Ins.		
Military Status: <input type="checkbox"/> Active <input type="checkbox"/> Veteran <input type="checkbox"/> N/A <input type="checkbox"/> Surviving Spouse, or <input type="checkbox"/> Dependent	Are they disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No Are they receiving disability: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Work Status: <input type="checkbox"/> Disabled <input type="checkbox"/> Employed Full-Time <input type="checkbox"/> Employed Part-Time <input type="checkbox"/> Migrant/Seasonal Farmworker <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed 6 months or longer <input type="checkbox"/> Unemployed less than 6 mos. <input type="checkbox"/> Minor under 18		
Other Income Sources: <input type="checkbox"/> Alimony <input type="checkbox"/> Child Support <input type="checkbox"/> SS Disability <input type="checkbox"/> SS Retirement <input type="checkbox"/> SSI <input type="checkbox"/> Survivor SS <input type="checkbox"/> Private Pension/Retirement <input type="checkbox"/> Private Disability <input type="checkbox"/> TANF <input type="checkbox"/> Worker's Comp <input type="checkbox"/> VA Service Connected Disability <input type="checkbox"/> VA Service Non-Connected Disability <input type="checkbox"/> Unemployment Benefit <input type="checkbox"/> None		
Disconnected Youth: Are they age 14-24 not working or attending school <input type="checkbox"/> Yes <input type="checkbox"/> No		

Other Household Member-4		Please ask for additional pages if needed	
First Name:		Last Name:	Middle Initial:
Date of birth:		SS #:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		If female, are you currently pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Relation to Applicant: <input type="checkbox"/> Applicant <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Child <input type="checkbox"/> Friend <input type="checkbox"/> Foster Child/Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Parent <input type="checkbox"/> Partner <input type="checkbox"/> Spouse <input type="checkbox"/> Stepparent <input type="checkbox"/> Other Relative <input type="checkbox"/> Other Non-relative			
Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic		Race: <input type="checkbox"/> Black/African American <input type="checkbox"/> Alaskan Native <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other	
Education: <input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12 <input type="checkbox"/> GED <input type="checkbox"/> HS Grad <input type="checkbox"/> 12+ college <input type="checkbox"/> 2/ yr. Grad <input type="checkbox"/> 4 + yr Grad <input type="checkbox"/> Vocational School			
Health Insurance: <input type="checkbox"/> Direct purchase <input type="checkbox"/> Employment based <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Military Health Care <input type="checkbox"/> None <input type="checkbox"/> CHIP <input type="checkbox"/> Adults State Health Ins.			
Military Status: <input type="checkbox"/> Active <input type="checkbox"/> Veteran <input type="checkbox"/> N/A <input type="checkbox"/> Surviving Spouse, or <input type="checkbox"/> Dependent		Are they disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No Are they receiving disability: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Work Status: <input type="checkbox"/> Disabled <input type="checkbox"/> Employed Full-Time <input type="checkbox"/> Employed Part-Time <input type="checkbox"/> Migrant/Seasonal Farmworker <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed 6 months or longer <input type="checkbox"/> Unemployed less than 6 mos. <input type="checkbox"/> Minor under 18			
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Disconnected Youth: Are they age 14-24 not working or attending school <input type="checkbox"/> Yes <input type="checkbox"/> No			
Other Household Member-5			
First Name:		Last Name:	Middle Initial:
Date of birth:		SS #:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		If female, are you currently pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Relation to Applicant: <input type="checkbox"/> Applicant <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Child <input type="checkbox"/> Friend <input type="checkbox"/> Foster Child/Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Parent <input type="checkbox"/> Partner <input type="checkbox"/> Spouse <input type="checkbox"/> Stepparent <input type="checkbox"/> Other Relative <input type="checkbox"/> Other Non-relative			
Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic		Race: <input type="checkbox"/> Black/African American <input type="checkbox"/> Alaskan Native <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other	
Education: <input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12 <input type="checkbox"/> GED <input type="checkbox"/> HS Grad <input type="checkbox"/> 12+ college <input type="checkbox"/> 2/ yr. Grad <input type="checkbox"/> 4 + yr Grad <input type="checkbox"/> Vocational School			
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Military Status: <input type="checkbox"/> Active <input type="checkbox"/> Veteran <input type="checkbox"/> N/A <input type="checkbox"/> Surviving Spouse, or <input type="checkbox"/> Dependent		Are they disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No Are they receiving disability: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Work Status: <input type="checkbox"/> Disabled <input type="checkbox"/> Employed Full-Time <input type="checkbox"/> Employed Part-Time <input type="checkbox"/> Migrant/Seasonal Farmworker <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed 6 months or longer <input type="checkbox"/> Unemployed less than 6 mos. <input type="checkbox"/> Minor under 18			
Other Income Sources: <input type="checkbox"/> Alimony <input type="checkbox"/> Child Support <input type="checkbox"/> SS Disability <input type="checkbox"/> SS Retirement <input type="checkbox"/> SSI <input type="checkbox"/> Survivor SS <input type="checkbox"/> Private Pension/Retirement <input type="checkbox"/> Private Disability <input type="checkbox"/> TANF <input type="checkbox"/> Worker's Comp <input type="checkbox"/> VA Service Connected Disability <input type="checkbox"/> VA Service Non-Connected Disability <input type="checkbox"/> Unemployment Benefit <input type="checkbox"/> None			
Disconnected Youth: Are they age 14-24 not working or attending school <input type="checkbox"/> Yes <input type="checkbox"/> No			

Please answer ALL questions**Housing Information:**

Type: Private Home (house) Mobile Home/RV Apartment/Duplex Other _____

Utility Information:

Are the utility bills under a different name? I **Who:** _____ (**You must bring a letter from this person, if this person is not a household member, stating that you are responsible for the bill**)

Electric Company Name: _____ Acct.# _____ Heating Cooling Both

Gas/ Propane Company: _____ Acct.# _____ if Propane %_____ remaining

Type of A/C: Central / Evaporative Cooler / Window Unit / None

Type of Heater: Central / Space Heater / Wall Furnace / Fireplace Stove / None

Is your A/C or Heater working properly? **Yes** **No** / Are you in need of A/C or Heater Repair? **Yes** **No**

Weatherization Information:

Has your home ever received Weatherization? **Yes** **No** If yes, date:_____ House build date_____

Would you like a referral to a Weatherization program? **Yes** **No**

(if eligible may repair or replace low energy efficient gas space heaters, air conditioners, install attic and/or wall insulation, repair doors, repair windows, replace broken glass and caulk around loose panes in windows, weather strip around doors and attic hatches, patch holes in the walls where air is coming in or out of the house, patch holes in floors and ceilings, caulk around window and door frames, wrap exposed water pipes)

Early Head Start / Head Start:

If you have a child/children birth to 5 years old, would you like a referral to a Head Start Program? **Yes** **No** (if available)

Early Head Start - birth – 3 yrs (Supports infants and toddlers, and their families, with comprehensive child development and family support services.) or Head Start - age 3- 5 (prepares children for school readiness through early learning, health, and family well-being services)

Veteran Services:

If you are a veteran, surviving spouse, or dependent, would you like a referral for veteran services? (if eligible, may assist with utilities, rent, mortgage, deposits, etc.)

Yes **No**

Please answer ALL questions**Conflict of Interest Information:**

Is anyone in the household currently serving, or related to a CCSCT employee, agency consultant, officer, or board member? If yes, enter name of person affiliated with or staff of CCSCT and position. Name: _____ Position: _____

Yes No

Case Management:

Are you willing and able to obtain a job, enroll in job training or engage in ways to increase your income by actively participating in CCSCT's Case Management Program? Will you make a commitment to follow up on referrals, submit monthly income and to meeting with a Case Manager a minimum of once a month to successfully complete the Case Management program?

Yes No

CCSCT Termination Policy

I understand that I may be terminated for **providing false information, exhibiting ANY type of threatening behavior, sexual harassment, verbal abuse (including cursing), theft, or violation of the CCSCT firearm policy**. I understand if terminated, **I may not be able to reapply for services for 1-2 years.**

Yes No

Release of information to an authorized person outside my household: In addition to the release of information below, I authorize CCSCT to provide information regarding my application status and assistance to the individual not residing in my household named below. This authorization is valid for one year unless it is revoked in writing by me, the applicant.

Printed First/Last Name of Authorized Person

Relationship

Phone Number

Email Address

CCSCT Acknowledgement and Release of Information:

I hereby give my permission to release my household's information for program purposes only and understand that it will otherwise be kept in strict confidence. I understand that a photocopy or fax of this release is as valid as the original. Further, I also give CCSCT permission to share with, to inquire about, make pledges and receive my household's information from other agencies, utility vendors and employers as needed. **In addition, CCSCT may disclose information to anyone 18 years or older** who resided in my household at the time of this application was signed and dated by the applicant

By signing below, I acknowledge that I have read, understand, and agree with the entire CCSCT application: I certify that the information on this application is correct, and I also understand that receipt of assistance through misrepresentation or fraud is a Federal Offense punishable by fine or imprisonment.

Applicant signature _____

Date _____

Staff Signature _____

Date _____

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WAP APPLICANT'S AUTHORIZATION, UNDERSTANDING AND AGREEMENT

My answers to all of the previous questions and to the statements I have made are true and correct to the best of my knowledge. I authorize the Texas Department of Housing and Community Affairs and its contracted agencies to contact any source in order to solicit/verify information necessary for an eligibility determination. I also agree to provide the Texas Department of Housing and Community Affairs and its contracting agencies with any information necessary to verify my eligibility.

If I am eligible for weatherization services, I give my permission to allow work on the residence listed on this form. I will cooperate fully with state and federal personnel to obtain information from any source to verify statements I made. I will cooperate fully with state or federal personnel in a quality control review.

I have been advised and understand that this application will be considered without regard to race, color, religion, creed, national origin, sex, or political belief.

PENALTIES FOR FRAUD!

Whoever obtains or attempts to obtain weatherization services for which he is not entitled, by means of willful false statement or other fraudulent means, may be considered guilty of a criminal offense and upon conviction may be fined and/or imprisoned.

AUTORIZACIÓN DEL SOLICITANTE DE WAP, EL ENTENDIMIENTO Y ACUERDO

Mis respuestas a todas las preguntas anteriores y a las declaraciones que he hecho son la verdadera y correcta a mi leal saber y entender. Autorizo a la Texas departamento de vivienda y Asuntos de la comunidad y sus organismos contratados ponerse en contacto con cualquier fuente con el fin de solicitar la información necesaria para una determinación de elegibilidad de verificar. También estoy de acuerdo proporcionar el departamento de vivienda de Texas y de Asuntos de la comunidad y de sus organismos contratantes a cualquier nece3ssary de información para verificar mi elegibilidad.

Si soy elegible para servicios de climatización, doy mi permiso para permitir el trabajo en la residencia enumerada en este formulario. Cooperará plenamente con el Estado y el personal federal para obtener información de cualquier fuente para verificar las declaraciones que hice. Cooperará plenamente con estado o federal personal en un examen de control de calidad.

I han sido informados y entender que esta aplicación se considerará sin respecto a raza, color, religión, credo, origen nacional, sexo o creencia política.

SANCIONES POR FRAUDE!

Quien obtiene o intenta obtener servicios de climatización para el que no tiene derecho, por medio de declaración falsa intencional o otros medios fraudulentos, puede considerarse culpable de una ofensa criminal y a la convicción podrán ser multados o encarcelados

BEFORE YOU SIGN BE SURE EACH ANSWER IS COMPLETE AND ACCURATE

ANTES DE ESTAR SEGURO DE QUE CADA RESPUESTA ES COMPLETA Y EXACTA DE SIGNO

Applicant Signature	Date	Signature – Spouse	Date
Signature – Individual making application On applicants behalf or caseworker who Assisted in completion of application Firma del Solicitante – firma de la persona Que hizo la solicitud de parte del solicitante, O trabajador social que ayudo hacer la solicitud	Date Fecha	Signature – Witness (if signed with "x") Firma – Del Testigo (Si se firma con "x")	Date Fecha

Community Council of South Central Texas, Inc.
Weatherization Assistance Program Application
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**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 dias 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

Subrecipient Representative Signature

Date

and Title

Revise May 2017

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RENOVATE RIGHT

Important Lead Hazard Information for Families, Child Care Providers and Schools
(*Plomo Importante sobre Riesgo para familias, Cuidado de Niños Proveedores y Escuelas*)

I have received the Environmental Protection Agency Publication EPA-740-K-10-001, "Renovate Right", from a Community Council of South Central Texas (CCSCT) representative. (*He recibido la publicación Environmental Protection Agency EPA-740-K-10-001, "Remodelar correctamente", a partir de un Consejo Comunitario de South Central Texas (CCSCT) representante.*)

I understand that, because my home may have been built before 1978, lead-based paint may have been used to paint some or the entire house and I should read this publication and take proper precautions, especially to protect any small children from contact with worn or damaged paint areas. (*Entiendo que, porque mi casa pudo haber sido construido antes de 1978, de la pintura a base de plomo puede haber sido utilizado para pintar una parte o toda la casa y que debería leer esta publicación y tomar las medidas preventivas adecuadas, sobre todo para proteger a los niños pequeños del contacto con desgastada o dañado áreas de pintura.*)

I also understand that the proposed weatherization work may cause lead-based paint chips, dust, or other residue to be left in my house. (*También entiendo que el trabajo de climatización propuesta puede hacer que partículas de pintura a base de plomo, polvo u otros residuos a quedar en mi casa.*)

If, after reading this publication, I do not wish to have the proposed weatherization work done, I must notify CCSCT Weatherization Department at (830) 261-5514 immediately to cancel the proposed work. If I do not call, and the work is done, CCSCT will not be responsible for any lead-based paint problems or illness occurring after the Weatherization service is provided. (*Si después de leer esta publicación, no desea tener el trabajo de climatización propuesto hacer, debo notificar CCSCT Departamento de Climatización al (830) 261-5.514 inmediatamente para cancelar el trabajo propuesto. Si yo no lo llamo, y el trabajo está hecho, CCSCT no será responsable de cualquier problema de pintura a base de plomo o enfermedades que se producen después de que se preste el servicio de Climatización.*)

Applicant Name (print) (*Nombre del solicitante (impresión)*)

Applicant Signature (*Firma del solicitante*)

Date (*Fecha*)

CCSCT Staff Signature

Date

Note: Date of signature required prior Weatherization Services

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Customer Billing/Consumption Release Form

Agency Community Council of South Central Texas – Uvalde (Weatherization)

Client: _____ Last (*Último*) _____ First (*Primero*) _____ MI _____
(Cliente) _____

Address:
(Dirección) Street (callejero)

City (Ciudad) **State (Estado)** **Zip**

Telephone:
(Teléfono) _____ Day _____ Evening _____

Electric Utility Co: _____
(*Servicios Eléctricos Co*)

Account Number:
(Número de cuenta) _____

Gas Utility Co:
(Gas Utilidad Co) _____

Account Number:
(Número de cuenta) _____

Propane Company:
(propano empresa)

INCLUDE A COPY (FRONT & BACK) OF YOUR UTILITY BILLS

I authorize the Texas Department of Housing and Community Affairs and its contracted agency Community Council of South Central Texas to solicit/verify information on my energy billing and consumption histories, both past and future, to the extent the information is used only to provide data to determine program eligibility and services.
(Autorizo al Departamento de Vivienda y Asuntos Comunitarios de Texas y su agencia contratada Consejo Comunitario del Sur del Centro de Texas para solicitar / verificar la información sobre mis facturación y consumo de energía historias, tanto en el pasado y el futuro, en la medida en que la información se utiliza sólo para proporcionar datos a determinar la elegibilidad y los servicios del programa.)

Signature (*Firma*)

Date (Fecha)

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LANDLORD PERMISSION TO PERFORM ASSESSMENT

& INSPECTIONS FOR RENTAL UNITS

Your multifamily building(s) is under consideration to receive services from the Weatherization Assistance Program (WAP). Texas Department of Housing and Community Affairs (TDHCA) administers the WAP Program in Texas. The WAP operates under Federal and State rules which have certain requirements of which you, as a multifamily building landlord, should be aware. At the bottom of this page is a PERMISSION TO ENTER PREMISES section granting your permission for: **Community Council of South Central Texas** (agency) to enter your building(s) to perform energy audits, collect eligibility documentation from your tenants, and complete applications.

Before work begins on your building(s), you will be required to sign a Landlord Agreement, a copy of which is attached for your review. Please be aware that only residential units may be weatherized. Meeting rooms, game rooms, laundry rooms, maintenance rooms, daycare centers, office areas or commercial business areas, and non-residential facilities are not eligible for weatherization services. WAP may request a financial commitment from the building's landlord(s) based on the estimated cost for each building containing multi-family rental units. Exceptions to this requirement can be made when the owner is an income-eligible applicant or a non-profit entity. The financial commitment may be in the form of monetary contributions (checks or money orders), materials, or labor provided to install eligible measures. All monetary contributions provided by landlords will be used for labor and materials. The estimated cost of each building will be based on an energy audit that is performed on each individual unit within the building. When the energy audits are completed, the local weatherization agency will contact you to discuss the proposed weatherization measures for each building and your financial commitment to the project and the Landlord Agreement. After weatherization services have been provided, the local agency is required to conduct a quality control inspection to ensure that work was completed in accordance with the standards set forth by the WAP. It is your responsibility to assist the local agency staff in gaining entrance to your property.

PERMISSION TO ENTER PREMISES

I, _____, as landlord/authorized agent for building(s) located at _____, have read and understand the above and hereby grant permission for representatives of **Community Council of South Central Texas** to enter these premises for the purposes of conducting energy audits and collecting eligibility documentation from the residents, including applications, and to perform the weatherization work.

Landlord/Agent's Signature

Agency Representative Signature

Title

Title

Date

Date

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LANDLORD FINANCIAL PARTICIPATION FORM

Date of Transaction or Initial Contact:	Instigating local WAP Agency Community Council of South Central Texas
Responsible Landlord and/or Agent for Owners of property currently under consideration for weatherization services	
Physical address or location of property under consideration:	
Number of multifamily building(s):	Number of eligible dwelling units:

The Texas Weatherization Assistance Program requires the Agency to obtain financial commitment information from the Landlord for the weatherization services that the agency intends to perform on the building(s). The landlord/agent for this building(s) has indicated that he/she fully understands this policy and has decided to take the following course of action:

(AGENCY SHALL COMPLETE AS REQUIRED. LANDLORD INITIALS APPROPRIATE LINE.)

Landlord/Owner will invest \$ _____ for the cost of the weatherization work.

This amount represents _____ % of the total estimated cost of the work.

Landlord/Owner is unable to make any financial investment.

Landlord/Owner refuses to make an investment.

Owner is a 501(C)(3) non-profit organization

Signatures:

Landlord/Agent _____ Date _____

Agency Representative _____ Date _____

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LANDLORD AGREEMENT

It is agreed by and between Community Council of South Central Texas
(WAP Agency/the Agency)

and _____
(Landlord/Authorized Agent)

Landlord and /or Authorized Agent of the premises located at:

as follows:

1. The Landlord agrees to cooperate with the Agency by assisting the Agency in gathering all records and documents necessary for the Agency to determine if the tenants residing at the premises are eligible according to the US Department of Energy guidelines for weatherization services. The Agency shall gather and keep confidential the names and incomes of tenants living at the premises.
2. If the Agency, at its sole discretion, determines that the premises are eligible for weatherization services, the Agency agrees to weatherize the premises in accordance with applicable codes, laws and regulations. The Agency agrees to forward a summary of the proposed work to the Landlord after the energy audits are completed. In exchange for these services, the Landlord agrees to be bound by the terms and conditions of this Agreement for a period of 24 months commencing on the date the weatherization work is completed.
3. A tenant's lease may be renewed for successive periods during the period of the Agreement. If an eligible tenant's lease ends during the term of the Agreement, the owner is not obligated to renew the lease, as long as the dwelling unit is subsequently rented to an income eligible household for the remaining time period of the Agreement. The Landlord shall not increase the rents during the term of this Agreement unless the increase is demonstrably related to matters other than weatherization work performed. Landlord shall not evict Tenants for the time period of this Agreement, except for just cause and for matters unrelated to the weatherization work performed. A list of units and agreement amounts, and a sample of the lease agreement must be attached to this Agreement.
4. Weatherized units that become vacant during the term of this Agreement must be rented to income eligible households.
5. The Landlord hereby swears or affirms that the premises is not presently being offered for sale and further agrees to give the Agency thirty days (30) notification of the sale or conversion of the premises. At least ten days (10) prior to the sale or conversion, the Landlord agrees to obtain, in writing, the purchaser's consent to assume the Landlord's obligations under this agreement, or if this consent is not obtained, to pay the Agency the full cost of weatherization pro-rated by the number of months left under this agreement. The landlord agrees that this document may be filed as evidence of a lien (§53 of the Texas Property Code) against the property in the municipal land records.
6. The Landlord agrees to maintain the weatherization materials installed under this agreement in accordance with all relevant codes.
7. The Agency agrees to begin installation of weatherization materials on or about (date) _____, 20 _____. From this date through the completion of the weatherization work, the Landlord agrees to provide during normal business hours, access by Agency personnel, Agency sub -contractors, and State & Federal officials to all dwelling units and common areas weatherized.
8. The Agency and Landlord agree that the tenants, present and future, are meant as the persons to benefit from the weatherization program. The tenants of weatherized units shall receive a copy of this agreement. The Agency agrees to provide a copy of this agreement to the tenant of the weatherized unit. The Landlord agrees to provide a copy of this agreement to all future tenants of weatherized units while this agreement is in effect.
9. In the event the Landlord defaults on, or materially breaches any term of this agreement, the Landlord shall be liable for liquidated damages, immediately due and payable to the Agency, to be computed as follows: the total cost of the project not borne by the Landlord shall be divided into twenty-four equal shares. One share shall be deducted for each full month which elapses between the date of completion of the work and the date of Landlord's default or breach. The remainder shall be paid as liquidated damages.
10. If any portion of this Agreement is held to be invalid by a court or administrative tribunal of competent jurisdiction, the remainder shall remain valid and binding.

Landlord/Authorized
Agent: _____

Date: _____

Agency Representative: _____

Date: _____

TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS
Systematic Alien Verification for Entitlements (SAVE) System and US Citizenship/US National
Applicant Certification Form for WAP and CEAP

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.

To add additional household members, use another copy of this form.

Household Member Name	US Citizen (Born or Naturalized) or U.S. National	Qualified Alien	OFFICE USE ONLY Documentation provided for:	
			Citizenship Documents	Identification Documents
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
I AM AWARE THAT I AM SUBJECT TO PROSECUTION FOR PROVIDING FALSE OR FRAUDULENT INFORMATION.				

Applicant Signature

Date

Signature of agency staff certifying the above documents

Printed Staff Name

Date

Customer/Client Satisfaction Survey**Instructions**

We need your feedback to help improve service and plan for the future. **Check the boxes to indicate which services you received.**

Utility Assistance Weatherization WIC Education Services Employment Services
 Rental Assistance Case Management Referral Emergency Assistance Other: _____

List the county where you receive services: _____

	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
1. When I entered the building, I was greeted and felt welcome.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The facilities were clean.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I was assisted in a timely manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I was treated with respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. My needs were met.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I was informed about other CCSCT programs or community services that could benefit me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I found the program service(s) helpful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I was satisfied with my overall experience and the services I received.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I am likely to use the program service(s) again.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I would recommend CCSCT to family/friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I would be willing to participate in a discussion group to help CCSCT continue to improve. (Include name and phone number below)

Name: _____ Phone: _____

Comments/How can we better serve you? (If you were not satisfied, please tell us why).