Community Council of South-Central Texas, Inc.
Veteran Services Application
FY 2027

Last Name	First Name	Middle Initial:
Physical Address:		Apt.#
City, State, Zip		County:
Home Phone:	Work Phone:	Cell Phone:
Mailing Address (if different):		Apt.#
City, State, Zip		County:
Email Address:		

Please circle one of the following:	
I am a United States Veteran:	Yes No
I am the surviving spouse of a United States Veteran	Yes No
I am a dependent of a United States Veteran	Yes No

Required Documents:

1. Completed application to include budget worksheet as evidence of need.
2. Proof of income for the past 30 days for all household members 18 or over.
3. Valid TEXAS photo ID for anyone 18 or over
4. Social security cards for all household members.
5. Veteran: DD Form 214.
6. Most current Department of Veterans Affairs (VA) official letter or disability letter.
7. Birth Certificates for all household members.
8. Marriage Certificate (If applicable). If applying as a surviving spouse also provide the veteran's death certificate.
9. Any information related to the assistance you are seeking. (i.e. utility bill or deposit information, mortgage/rent statement, etc.)
10. If requesting rental assistance, please provide a complete **W-9 form** and current signed lease agreement.

Note: Applications will not be processed without the required documents.

Email completed application and documents to dmontano@ccsct.org
Point of contact: Dan Montano, Veterans Service Program Manager at 830-491-2585.

This program is supported by a grant from the Texas Veterans Commission Fund for Veterans' Assistance. The Fund for Veterans' Assistance provides grants to organizations serving veterans and their families. Visit Texas Veterans Commission https://www.TVC.Texas.gov for more information.

Fund for Veterans' Assistance
Helping Veterans Starts Here

Veteran Services Application

Please answer each question completely for every person in the home!

1. Head of Household Name _____ SS# _____

Date of Birth	Gender	Race	Education	Seasonal Work	Work Status 18 or over
____/____/____ MM / DD / YY	Male Female	African American-Black Hispanic White Alaskan Native American Indian Asian Multi-Race	0-8 9-12 HS Grad GED 12+ college 2/4 yr Grad	Farmer Migrant Work Seasonal Work Other None	Disabled Employed Full-Time Employed Part-Time Unemployed 6 month + Unemployed less/ 6 mos. Retired Minor (under age 18)
Is Hispanic? YES NO					
Is a Veteran? YES NO					
Is Disabled? YES NO					

Health Insurance Circle **ALL** that apply	Is Currently Receiving Other income? Circle **ALL** that apply		Receives Non-Cash Benefits Circle **ALL** that apply	Relationship to Applicant
Direct purchase	Alimony	TANF	Affordable Care Act Subsidy	Self
Employment based	Child Support	Unemployment Benefit	Childcare Voucher	Spouse
Medicaid	Pension	Workers Comp.	Housing Choice Voucher	Child
Medicare	Private Disability	VA **Non-Service**	HUD-VASH	Grandchild
Military Health Care	Private Retirement	Connected Disability	Public Housing	Other
CHIP	SS Disability	VA **Service** Connected	SNAP (FOOD STAMPS)	
State Health for Adults	SS Retirement	Disability	WIC	
None	SSI	NONE	NONE	

2. Household Member Name _____ SS# _____

Date of Birth	Gender	Race	Education	Seasonal Work	Work Status 18 or over
____/____/____ MM / DD / YY	Male Female	African American-Black Hispanic White Alaskan Native American Indian Asian Multi-Race	0-8 9-12 HS Grad GED 12+ college 2/4 yr Grad	Farmer Migrant Work Seasonal Work Other None	Disabled Employed Full-Time Employed Part-Time Unemployed 6 month + Unemployed less/ 6 mos. Retired Minor (under age 18)
Is Hispanic? YES NO					
Is a Veteran? YES NO					
Is Disabled? YES NO					

Health Insurance Circle **ALL** that apply	Is Currently Receiving Other income? Circle **ALL** that apply		Receives Non-Cash Benefits Circle **ALL** that apply	Relationship to Applicant
Direct purchase	Alimony	TANF	Affordable Care Act Subsidy	Self
Employment based	Child Support	Unemployment Benefit	Childcare Voucher	Spouse
Medicaid	Pension	Workers Comp.	Housing Choice Voucher	Child
Medicare	Private Disability	VA **Non-Service**	HUD-VASH	Grandchild
Military Health Care	Private Retirement	Connected Disability	Public Housing	Other
CHIP	SS Disability	VA **Service** Connected	SNAP (FOOD STAMPS)	
State Health for Adults	SS Retirement	Disability	WIC	
None	SSI	NONE	NONE	

3. Household Member Name_____ SS# _____

Date of Birth	Gender	Race	Education	Seasonal Work	Work Status 18 or over
_____/_____/_____ MM / DD / YY	Male Female	African American-Black Hispanic White Alaskan Native American Indian Asian Multi-Race	0-8 9-12 HS Grad GED 12+ college 2/4 yr Grad	Farmer Migrant Work Seasonal Work Other None	Disabled Employed Full-Time Employed Part-Time Unemployed 6 month + Unemployed less/ 6 mos. Retired Minor (under age 18)
Is Hispanic? YES NO					
Is a Veteran? YES NO					
Is Disabled? YES NO					

Health Insurance Circle **ALL** that apply	Is Currently Receiving Other income? Circle **ALL** that apply		Receives Non-Cash Benefits Circle **ALL** that apply	Relationship to Applicant
Direct purchase Employment based Medicaid Medicare Military Health Care CHIP State Health for Adults None	Alimony Child Support Pension Private Disability Private Retirement SS Disability SS Retirement SSI	TANF Unemployment Benefit Workers Comp. VA **Non-Service** Connected Disability VA **Service** Connected Disability NONE	Affordable Care Act Subsidy Childcare Voucher Housing Choice Voucher HUD-VASH Public Housing SNAP (FOOD STAMPS) WIC NONE	Self Spouse Child Grandchild Other

4. Household Member Name _____ SS# _____

Date of Birth	Gender	Race	Education	Seasonal Work	Work Status 18 or over
_____/_____/_____ MM / DD / YY	Male Female	African American-Black Hispanic White Alaskan Native American Indian Asian Multi-Race	0-8 9-12 HS Grad GED 12+ college 2/4 yr Grad	Farmer Migrant Work Seasonal Work Other None	Disabled Employed Full-Time Employed Part-Time Unemployed 6 month + Unemployed less/ 6 mos. Retired Minor (under age 18)
Is Hispanic? YES NO					
Is a Veteran? YES NO					
Is Disabled? YES NO					

Health Insurance Circle **ALL** that apply	Is Currently Receiving Other income? Circle **ALL** that apply		Receives Non-Cash Benefits Circle **ALL** that apply	Relationship to Applicant
Direct purchase Employment based Medicaid Medicare Military Health Care CHIP State Health for Adults None	Alimony Child Support Pension Private Disability Private Retirement SS Disability SS Retirement SSI	TANF Unemployment Benefit Workers Comp. VA **Non-Service** Connected Disability VA **Service** Connected Disability NONE	Affordable Care Act Subsidy Childcare Voucher Housing Choice Voucher HUD-VASH Public Housing SNAP (FOOD STAMPS) WIC NONE	Self Spouse Child Grandchild Other

5. Household Member Name _____ SS# _____

Date of Birth	Gender	Race	Education	Seasonal Work	Work Status 18 or over
_____/_____/_____ MM / DD / YY	Male Female	African American-Black Hispanic White Alaskan Native American Indian Asian Multi-Race	0-8 9-12 HS Grad GED 12+ college 2/4 yr Grad	Farmer Migrant Work Seasonal Work Other None	Disabled Employed Full-Time Employed Part-Time Unemployed 6 month + Unemployed less/ 6 mos. Retired Minor (under age 18)
Is Hispanic? YES NO					
Is a Veteran? YES NO					
Is Disabled? YES NO					

Health Insurance Circle **ALL** that apply	Is Currently Receiving Other income? Circle **ALL** that apply		Receives Non-Cash Benefits Circle **ALL** that apply	Relationship to Applicant
Direct purchase	Alimony	TANF	Affordable Care Act Subsidy	Self
Employment based	Child Support	Unemployment Benefit	Childcare Voucher	Spouse
Medicaid	Pension	Workers Comp.	Housing Choice Voucher	Child
Medicare	Private Disability	VA **Non-Service**	HUD-VASH	Grandchild
Military Health Care	Private Retirement	Connected Disability	Public Housing	Other
CHIP	SS Disability	VA **Service** Connected	SNAP (FOOD STAMPS)	
State Health for Adults	SS Retirement	Disability	WIC	
None	SSI	NONE	NONE	

6. Household Member Name _____ SS# _____

Date of Birth	Gender	Race	Education	Seasonal	Work Status 18 or over
_____/_____/_____ MM / DD / YY	Male Female	African American-Black Hispanic White Alaskan Native American Indian Asian Multi-Race	0-8 9-12 HS Grad GED 12+ college 2/4 yr Grad	Farmer Migrant Work Seasonal Work Other None	Disabled Employed Full-Time Employed Part-Time Unemployed 6 month + Unemployed less/ 6 mos. Retired Minor (under age 18)
Is Hispanic? YES NO					
Is a Veteran? YES NO					
Is Disabled? YES NO					

Health Insurance Circle **ALL** that apply	Is Currently Receiving Other income? Circle **ALL** that apply		Receives Non-Cash Benefits Circle **ALL** that apply	Relationship to Applicant
Direct purchase	Alimony	TANF	Affordable Care Act Subsidy	Self
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Military Health Care	Private Retirement	Connected Disability	Public Housing	Other
CHIP	SS Disability	VA **Service** Connected	SNAP (FOOD STAMPS)	
State Health for Adults	SS Retirement	Disability	WIC	
None	SSI	NONE	NONE	

Please request additional pages if needed

Veteran Services Application

Housing Information:

Type Private Home____ Mobile Home____ Apartment/Duplex____ Other _____ _____ # Bedrooms

Subsidized/Public Housing? Y / N	Own: ____Yes ____No	Monthly Mortgage $_____

Rent ____Yes ____No Monthly Rent $_____ Utilities included in rent? Y / N

Prior Weatherization Assistance? Y / N Date completed? House built date:

Utility Information:

Is the light bill under a different name? 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: _____Account # _____Heating ___Cooling___ Both ____

Natural Gas Company: _____ Account # _____Heating ___Cooling___ Both ____

Propane Company: _____Account # _____Heating ___Cooling___ Both ____

Type of A/C: Central _____ Evaporative Cooler _____ Window Unit _____ None_____

Type of Heater: Central _____Space Heater_____ Wall Furnace _____Fireplace _____Stove_____

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

Priority Information:

1. Have you ever received services from Community Council of South-Central Texas, Inc. Y / N
2. Is anyone in the household 60 years of age or older? Y / N
3. Is anyone in the household disabled? Who? _____ Y / N
4. Are there any children 5 years or younger in the household? Y / N
5. Is anyone in the household a veteran? Y / N
6. Is anyone living in your household age 14-24 not going to school or working? Who? _____ Y / N

Conflict of Interest Information:

1. Is anyone in the household currently an employee, agent, consultant, officer or board member of Community council of South-Central Texas, Inc.? Y / N
   If YES, identify who and their position _____
2. Is anyone in the household related to anyone currently serving as an employee, agent, consultant, officer or board member of Community council of South-Central Texas, Inc.? Y / N
   If YES, identify who and their position _____

FOR OFFICE USE ONLY: If there is a COI, this application requires the Executive Director's Approval and must be reviewed by the Program Director and a selection of peers.

I certify that the information on this application is true and correct. I also understand that receipt of assistance through misrepresentation or fraud is punishable by fine or imprisonment.

_____ _____

Applicant's Signature **Date**

Veteran Services Application
AUTHORIZATION TO RELEASE INFORMATION AND TERMS OF SERVICES

1. I am an applicant of the Community Council of South-Central Texas, Inc. (CCSCT), Community Services Program.
2. I certify that the information I provided is true and correct to the best of my knowledge and belief.
3. I hereby give my permission to release any information and understand that it will be kept in strict confidence and be used ONLY for the program's purpose.
4. I understand that a photocopy or fax of this release is as valid as the original.
5. I also give CCSCT, Community Services Program permission to share with, to inquire about, make pledges and to receive all information from other agencies, utility vendors or employers as needed.
6. I understand that my **GROSS** income is annualized at the time of the application according to the pre-established rules and procedures in order to determine eligibility for assistance.
7. I understand that if I move, change my utility company, or phone number, I must notify CCSCT within 10 days.
8. I UNDERSTAND THAT I AM SUBJECT TO PROSECUTION FOR PROVIDING FALSE OR FRAUDULENT INFORMATION ON THIS APPLICATION.
9. I have either read the above statement or had it read and explained to me, I understand it perfectly.
10. You will be terminated from the Program immediately for the following offenses if committed by you, the applicant or any household member:
    a. Any type of actual physical confrontation, belligerent or threatening behavior toward a staff member or any other person(s) while inside or outside any CCSCT office.
    b. Verbal abuse to include cussing at or in the presence of a child, elderly person or staff member or any other person(s) while inside or outside any CCSCT office. This also includes social media posts!
    c. Sexual harassment or innuendo toward a staff member or any other person(s) while inside or outside any CCSCT office.
    d. Providing false or misleading information regarding any household member(s).
    e. Theft from agency or staff member or any other person(s) while inside or outside any CCSCT office. Theft is also identified as not returning CCSCT funds if required to do so or Forgery.
    f. Violation of CCSCT concealed and open carry handgun and firearm policy.

I acknowledge that once terminated, I will not be allowed to reapply for any services with the Community Council of South Central Texas, Inc. (CCSCT) for a period of 1 – 2 years depending on the severity of the violation; and the ban from services will remain in effect even if the person(s) who committed the violation moves out. I acknowledge that all documentation of the violation will be maintained in my client file; and that I shall have the right to appeal in writing to the Program Director within 10 days of the violation.

I certify that the information on this application is correct and I also understand that receipt of assistance through misrepresentation or fraud is punishable by fine or imprisonment.

Applicant's Signature: _____ Date: _____

Staff Signature: _____ Date: _____

DECLARATION OF INCOME STATEMENT
(DECLARACION DE INGRESOS)

Applicant's First Name	Applicant's Last Name	Suffix
Address	City	Zip Code

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.

Name	Gross Income Received
Name	Gross Income Received
Name	Gross Income Received
Name	Gross Income Received

My household has no documented proof of income due to the following situation:

_____

_____

_____

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.

_____ _____

Applicant's Signature *Date*

MANDATORY: PLEASE GIVE A BRIEF DESCRIPTION BELOW

NEEDS STATEMENT: (*Please describe your current situation).*

RESOURCES NEEDED TO RESOLVE CONCERNS: *(What resources do I/my family need to resolve our situation?)*

EXPECTED OUTCOME: *(Do you see a short term or long-term resolution to your current situation?).*

HOMELESSNESS: *(Are you in danger of homelessness, an unstable situation or unsafe condition?)*

Veteran Services Application
APPLICANT MONTHLY BUDGET WORKSHEET

MONTH:_____

INCOME

SOURCE	AMOUNT
TOTAL INCOME	

SAVINGS

SAVING FOR	STARTING BALANCE	AMOUNT ADDED	ENDING BALANCE
TOTAL			

FIXED EXPENSES

DESCRIPTION	AMOUNT
TOTAL FIXED EXPENSES	

SUMMARY

TOTAL INCOME	
(LESS TOTAL FIXED EXPENSES)	
AMOUNT AVAILABLE FOR VARIABLE EXPENSES	

VARIABLE EXPENSES

DESCRIPTION	**AMOUNT**	**REMAINING AMOUNT AVAILABLE**

APPLICANT SIGNATURE:_____ DATE:_____

STAFF SIGNATURE:_____ DATE:_____

Veteran Services Application

CUSTOMER/CLIENT SATISFACTION SURVEY

Instructions: We need your feedback to help us improve service and plan for the future.

Check the box to indicate which service(s) 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.	❍	❍	❍	❍	❍
2. The facilities were clean.	❍	❍	❍	❍	❍
3. I was assisted in a timely manner.	❍	❍	❍	❍	❍
4. I was treated with respect.	❍	❍	❍	❍	❍
5. My needs were met.	❍	❍	❍	❍	❍
6. I was informed about other CCSCT programs or community services that could benefit me.	❍	❍	❍	❍	❍
7. I found the program service(s) helpful.	❍	❍	❍	❍	❍
8. I was satisfied with my overall experience and the services I received.	❍	❍	❍	❍	❍
9. I am likely to use the program service(s) again.	❍	❍	❍	❍	❍
10. I would recommend CCSCT to family/friends.	❍	❍	❍	❍	❍

❑ 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). Complete survey online:
"***How did we do? Tell us about your experience*** https://www.surveymonkey.com/r/FVAGrantees "