



Community Council of South Central Texas, Inc.
2025 Community Services Program Application

INFORMATION PAGE

Please note: Due to changes in the Texas Administrative Code (TAC) and funding cuts, the amount of assistance you receive may be less than in previous years.

NOTICES:

1. If you have more than **5 people** in the home, please ask for an additional household member page.
2. Applications will not be put in processing order until ALL documents are received. **We cannot process incomplete applications!**
2. **You are still responsible for paying your bill** until your application is processed and you are notified of the outcome.
3. It can take up to 90 days or longer to process complete applications depending on the time of the year and the number of applications already in process. We will contact you once your application has been processed.
4. Applications are accepted by email, fax, mail, or drop off (unless otherwise noted) and will be processed according to priority and date received complete. (see # Notice #2 above)
5. This application is for screening purposes only and does not guarantee your eligibility to receive services. Payments are made within **45 days** from the date of the voucher **and are subject to availability of funds**.

REQUIRED DOCUMENTS: Completed application and...

- ❖ Social security cards for all household members
- ❖ Proof of ALL income **FOR THE PAST 30 DAYS** for every household member **18 years or older** (Check stubs, Award letters from SS Administration only for Social Security/SSI/SSDI, etc. (including minor children) VA letter, unemployment, TANF letter, retirement, pension, child support, etc. All award letters must be dated for the **current year!**)
- ❖ If any household member **18 or over is NOT receiving any income, or has no proof of income,** (example is self-employed, works for cash, etc.) you must complete the attached **Declaration of Income Statement**.
- ❖ Citizenship papers: **no exceptions** (if you do not have these contact your local office for a list of acceptable documents)
 - Certified Birth Certificates for all household members born in USA (not hospital footprint form)
 - Proof of Legal Residency for all household members not born in USA (permanent resident card, visa, foreign passport, etc.)
- ❖ Identification: **no exceptions** (if you do not have these contact your local office for a list of alternative documents)
 - Photo DL/ID for anyone 16 or over
- ❖ A 12-month billing history from each of your energy providers, even if you are not receiving assistance from all of them. (ELECTRIC, NATURAL GAS AND/OR PROPANE) NOTE: If you have less than 12 months in your home, please provide the history for as many months as possible.
- ❖ Your current and past due electric and gas bills and disconnection notice, if applicable.

CCSCT is Celebrating 60 years of Community Action!

Helping People Changing Lives!

Check us out on Social Media



CCSCT-CS COMPLAINT POLICY: Clients or partners who wish to complain about staff treatment, application status or any other complaint are advised to contact Carol Delgado, CCAP, NCRI, Program Director by phone at 830-767-2019, or email cdelgado@ccsct.org. The alternate contact for complaints is Belinda Lacey, CCAP, NCRI, Assistant CS Program Director at phone number 830-625-6268 or email blacey@ccsct.org. Your complaint will be investigated within 10 days and complainant notified of results. If the complaint is regarding a denial due to income, the client will be reminded of the appeals process as outlined in the denial form.



Community Council of South Central Texas
2025 Community Services Application

OFFICE USE ONLY
Date/Time Received Complete
_____ / _____
(Elderly 60+/Disabled/Child 5 or younger)
Vulnerable? Y ___ N ___

HEAD OF HOUSEHOLD INFORMATION

First Name:		Last Name:		Middle Initial:	
Date of birth:	SS #:	Contact # or Cell Phone:			
Home Phone:	Work Phone:	Housing Type: (circle) Rent <input type="checkbox"/> or Own <input type="checkbox"/>			
Residential Address:				Apt.#:	
City, State, Zip				County:	
Mailing Address (if different):				Apt.#:	
City, State, Zip					
Email Address:					
Gender	Race	Ethnicity	Education	Military Status	Seasonal Work
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> African American /Black <input type="checkbox"/> American Indian <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Multi-Race	<input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic	<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"/> 2/4 yr. Grad	<input type="checkbox"/> Active <input type="checkbox"/> Veteran <input type="checkbox"/> N/A	<input type="checkbox"/> Farmer <input type="checkbox"/> Migrant Work <input type="checkbox"/> Seasonal Work <input type="checkbox"/> Other <input type="checkbox"/> None
Relationship to Applicant		Work Status 18 or over		Health Insurance	
<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other		<input type="checkbox"/> Employed Full-Time <input type="checkbox"/> Employed Part-Time <input type="checkbox"/> Unemployed 6 month + <input type="checkbox"/> Unemployed less than 6 mos.		<input type="checkbox"/> Disabled <input type="checkbox"/> Retired <input type="checkbox"/> Minor under 18	
				<input type="checkbox"/> Direct purchase <input type="checkbox"/> Employment based <input type="checkbox"/> Military Health Care <input type="checkbox"/> Adults State Health Ins.	
				<input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> CHIP <input type="checkbox"/> None	
Other income received			Receive Non-Cash Benefits		
<input type="checkbox"/> Child Support <input type="checkbox"/> SS Disability <input type="checkbox"/> SS Retirement <input type="checkbox"/> SSI <input type="checkbox"/> Pension <input type="checkbox"/> Private Disability <input type="checkbox"/> TANF			<input type="checkbox"/> Worker's Comp <input type="checkbox"/> Alimony/Spousal Support <input type="checkbox"/> VA Service Connected Disability <input type="checkbox"/> VA Non-Service Connected Dis. <input type="checkbox"/> Unemployment Benefit <input type="checkbox"/> None		
			<input type="checkbox"/> SNAP (Food stamps) <input type="checkbox"/> Childcare Voucher <input type="checkbox"/> Affordable Care Subsidy <input type="checkbox"/> Housing Choice Voucher		
			<input type="checkbox"/> Public Housing <input type="checkbox"/> HUD-VASH <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, please visit the Texas Veterans Portal at <https://veterans.portal.texas.gov> .”

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 punishable by fine or imprisonment.

Applicant signature _____

Date _____

Staff Signature _____

Date _____

Please complete the following pages for all other household member(s). You **MUST** answer **ALL** questions.

Community Council of South Central Texas - 2025 Community Services Application

OTHER HOUSEHOLD MEMBERS - If more than **5 people** are in your home, please ask for additional pages.

Household Member First Name:		Last Name:			Middle Initial:	
Date of birth:		SS #:				
Gender	Race	Ethnicity	Education	Military Status	Seasonal Work	
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> African American /Black <input type="checkbox"/> American Indian <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Multi-Race	<input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic	<input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12 <input type="checkbox"/> HS Grad / GED <input type="checkbox"/> 12+ college <input type="checkbox"/> 2/4 yr. Grad	<input type="checkbox"/> Active <input type="checkbox"/> Veteran <input type="checkbox"/> N/A	<input type="checkbox"/> Farmer <input type="checkbox"/> Migrant Work <input type="checkbox"/> Seasonal Work <input type="checkbox"/> Other <input type="checkbox"/> None	
Relationship to Applicant		Work Status 18 or over			Health Insurance	
<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other		<input type="checkbox"/> Employed Full-Time <input type="checkbox"/> Employed Part-Time <input type="checkbox"/> Unemployed 6 month <input type="checkbox"/> Unemployed less than 6 mos. <input type="checkbox"/> Disabled <input type="checkbox"/> Retired <input type="checkbox"/> Minor under 18			<input type="checkbox"/> Direct purchase <input type="checkbox"/> Employment based <input type="checkbox"/> Military Health Care <input type="checkbox"/> Adults State Health Ins. <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> CHIP <input type="checkbox"/> None	
Other income received			Receive Non-Cash Benefits			
<input type="checkbox"/> Child Support <input type="checkbox"/> SS Disability <input type="checkbox"/> SS Retirement <input type="checkbox"/> SSI <input type="checkbox"/> Pension <input type="checkbox"/> Private Disability <input type="checkbox"/> TANF <input type="checkbox"/> Worker's Comp <input type="checkbox"/> Alimony/Spousal Support <input type="checkbox"/> VA Service Connected Disability <input type="checkbox"/> VA Non-Service Connected Dis. <input type="checkbox"/> Unemployment Benefit <input type="checkbox"/> None			<input type="checkbox"/> SNAP (Food stamps) <input type="checkbox"/> Childcare Voucher <input type="checkbox"/> Affordable Care Subsidy <input type="checkbox"/> Housing Choice Voucher <input type="checkbox"/> Public Housing <input type="checkbox"/> HUD-VASH <input type="checkbox"/> WIC <input type="checkbox"/> None			
Household Member First Name:		Last Name:			Middle Initial:	
Date of birth:		SS #:				
Gender	Race	Ethnicity	Education	Military Status	Seasonal Work	
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> African American /Black <input type="checkbox"/> American Indian <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Multi-Race	<input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic	<input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12 <input type="checkbox"/> HS Grad / GED <input type="checkbox"/> 12+ college <input type="checkbox"/> 2/4 yr. Grad	<input type="checkbox"/> Active <input type="checkbox"/> Veteran <input type="checkbox"/> N/A	<input type="checkbox"/> Farmer <input type="checkbox"/> Migrant Work <input type="checkbox"/> Seasonal Work <input type="checkbox"/> Other <input type="checkbox"/> None	
Relationship to Applicant		Work Status 18 or over			Health Insurance	
<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other		<input type="checkbox"/> Employed Full-Time <input type="checkbox"/> Employed Part-Time <input type="checkbox"/> Unemployed 6 month <input type="checkbox"/> Unemployed less than 6 mos. <input type="checkbox"/> Disabled <input type="checkbox"/> Retired <input type="checkbox"/> Minor under 18			<input type="checkbox"/> Direct purchase <input type="checkbox"/> Employment based <input type="checkbox"/> Military Health Care <input type="checkbox"/> Adults State Health Ins. <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> CHIP <input type="checkbox"/> None	
Other income received			Receive Non-Cash Benefits			
<input type="checkbox"/> Child Support <input type="checkbox"/> SS Disability <input type="checkbox"/> SS Retirement <input type="checkbox"/> SSI <input type="checkbox"/> Pension <input type="checkbox"/> Private Disability <input type="checkbox"/> TANF <input type="checkbox"/> Worker's Comp <input type="checkbox"/> Alimony/Spousal Support <input type="checkbox"/> VA Service Connected Disability <input type="checkbox"/> VA Non-Service Connected Dis. <input type="checkbox"/> Unemployment Benefit <input type="checkbox"/> None			<input type="checkbox"/> SNAP (Food stamps) <input type="checkbox"/> Childcare Voucher <input type="checkbox"/> Affordable Care Subsidy <input type="checkbox"/> Housing Choice Voucher <input type="checkbox"/> Public Housing <input type="checkbox"/> HUD-VASH <input type="checkbox"/> WIC <input type="checkbox"/> None			

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OTHER HOUSEHOLD MEMBERS - If more than **5 people** are in your home, please ask for additional pages.

Household Member First Name:		Last Name:			Middle Initial:	
Date of birth:		SS #:				
Gender	Race	Ethnicity	Education	Military Status	Seasonal Work	
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> African American /Black <input type="checkbox"/> American Indian <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Multi-Race	<input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic	<input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12 <input type="checkbox"/> HS Grad / GED <input type="checkbox"/> 12+ college <input type="checkbox"/> 2/4 yr. Grad	<input type="checkbox"/> Active <input type="checkbox"/> Veteran <input type="checkbox"/> N/A	<input type="checkbox"/> Farmer <input type="checkbox"/> Migrant Work <input type="checkbox"/> Seasonal Work <input type="checkbox"/> Other <input type="checkbox"/> None	
Relationship to Applicant		Work Status 18 or over		Health Insurance		
<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other		<input type="checkbox"/> Employed Full-Time <input type="checkbox"/> Employed Part-Time <input type="checkbox"/> Unemployed 6 month <input type="checkbox"/> Unemployed less than 6 mos.		<input type="checkbox"/> Disabled <input type="checkbox"/> Retired <input type="checkbox"/> Minor under 18		<input type="checkbox"/> Direct purchase <input type="checkbox"/> Employment based <input type="checkbox"/> Military Health Care <input type="checkbox"/> Adults State Health Ins.
				<input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> CHIP <input type="checkbox"/> None		
Other income received			Receive Non-Cash Benefits			
<input type="checkbox"/> Child Support <input type="checkbox"/> SS Disability <input type="checkbox"/> SS Retirement <input type="checkbox"/> SSI <input type="checkbox"/> Pension <input type="checkbox"/> Private Disability <input type="checkbox"/> TANF			<input type="checkbox"/> Worker's Comp <input type="checkbox"/> Alimony/Spousal Support <input type="checkbox"/> VA Service Connected Disability <input type="checkbox"/> VA Non-Service Connected Dis. <input type="checkbox"/> Unemployment Benefit <input type="checkbox"/> None		<input type="checkbox"/> SNAP (Food stamps) <input type="checkbox"/> Childcare Voucher <input type="checkbox"/> Affordable Care Subsidy <input type="checkbox"/> Housing Choice Voucher	
				<input type="checkbox"/> Public Housing <input type="checkbox"/> HUD-VASH <input type="checkbox"/> WIC <input type="checkbox"/> None		
Household Member First Name:		Last Name:			Middle Initial:	
Date of birth:		SS #:				
Gender	Race	Ethnicity	Education	Military Status	Seasonal Work	
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> African American /Black <input type="checkbox"/> American Indian <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Multi-Race	<input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic	<input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12 <input type="checkbox"/> HS Grad / GED <input type="checkbox"/> 12+ college <input type="checkbox"/> 2/4 yr. Grad	<input type="checkbox"/> Active <input type="checkbox"/> Veteran <input type="checkbox"/> N/A	<input type="checkbox"/> Farmer <input type="checkbox"/> Migrant Work <input type="checkbox"/> Seasonal Work <input type="checkbox"/> Other <input type="checkbox"/> None	
Relationship to Applicant		Work Status 18 or over		Health Insurance		
<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other		<input type="checkbox"/> Employed Full-Time <input type="checkbox"/> Employed Part-Time <input type="checkbox"/> Unemployed 6 month <input type="checkbox"/> Unemployed less than 6 mos.		<input type="checkbox"/> Disabled <input type="checkbox"/> Retired <input type="checkbox"/> Minor under 18		<input type="checkbox"/> Direct purchase <input type="checkbox"/> Employment based <input type="checkbox"/> Military Health Care <input type="checkbox"/> Adults State Health Ins.
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				<input type="checkbox"/> Public Housing <input type="checkbox"/> HUD-VASH <input type="checkbox"/> WIC <input type="checkbox"/> None		

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Housing Information:		
Type: Private Home <input type="checkbox"/> Mobile Home <input type="checkbox"/> Apartment <input type="checkbox"/> Duplex <input type="checkbox"/> Other <input type="checkbox"/> _____ # Bedrooms _____		
Subsidized/Public Housing? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you? <input type="checkbox"/> Rent or <input type="checkbox"/> Own	Rent/Mortgage \$ _____
Utilities included in rent? Yes <input type="checkbox"/> No <input type="checkbox"/>	Prior Weatherization? Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____ House built date _____	
Utility Information:		
Is the light bill/water 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 Name:	Gas/Propane Company Name:	Water Company Name:
Acct.# _____ <input type="checkbox"/> Heating <input type="checkbox"/> Cooling <input type="checkbox"/> Both	Acct.# _____ Propane % _____ remaining	Acct.# _____
Type of A/C: <input type="checkbox"/> Central / <input type="checkbox"/> Evaporative Cooler / <input type="checkbox"/> Window Unit / <input type="checkbox"/> None		
Type of Heater: <input type="checkbox"/> Central / <input type="checkbox"/> Space Heater / <input type="checkbox"/> Wall Furnace / <input type="checkbox"/> Fireplace Stove / <input type="checkbox"/> None		
Is your A/C or Heater working properly? Y <input type="checkbox"/> N <input type="checkbox"/> / Are you in need of A/C or Heater Repair? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Priority Information:		
1. Have you ever received services from Community Council of South Central Texas, Inc.		Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Is anyone living in your household age 14-24 not going to school or working? Who? _____		Yes <input type="checkbox"/> No <input type="checkbox"/>
Disability Certification: I hereby certify that I, or the household member listed is disabled as defined by:		
<ul style="list-style-type: none"> • 7(9) of the Rehabilitation Act of 1973 • 1614 (a) (3) (A) or 223 (D) (1) of the Social Security Act • 102 (7) of the Developmental Disabilities Services and Facilities Construction Act (38 USC Chapter 11 or 15) 		
<input type="checkbox"/> No one in my household is disabled. <input type="checkbox"/> I receive disability benefits: Name(s): _____ <input type="checkbox"/> I do not receive disability benefits: Name(s): : _____ <input type="checkbox"/> I do not receive disability benefits, but I have applied for benefits: Name(s): _____		
Under penalty of perjury, I have provided truthful information in this certification. In Texas, under Sec. 37.101 of the Penal Code, <u>it is a felony of the third degree to falsify this document.</u>		
Conflict of Interest Information:		
Is anyone in the household currently serving, or related to a CCSCCT employee, agency consultant, board member? If yes, who and their position? _____		Yes <input type="checkbox"/> No <input type="checkbox"/>
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 CCSCCT's Case Management Program? Are you willing to 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 <input type="checkbox"/> No <input type="checkbox"/>
Acknowledgement and Release of Information:		
I hereby give my permission to release any information and understand that it will be kept in strict confidence. I understand that a photocopy or fax of this release is as valid as the original. I also give CCSCCT, Community Services Program, permission to share with, to inquire about, make pledges and receive all Information from other agencies, utility vendors and employers as needed. I understand that I may be terminated for providing false information, threatening behavior, Sexual harassment, verbal abuse, theft, or violation of CCSCCT firearm policy. I understand if terminated, I will not be able to reapply for 1-2 years.		
Applicant to initial here: _____		

**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.

Household Member Name	US Citizen (Born or Naturalized) or U.S. National	Qualified Alien	OFFICE USE ONLY	
			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		

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

<p>AM AWARE THAT I AM SUBJECT TO PROSECUTION FOR PROVIDING FALSE OR FRAUDULENT INFORMATION.</p>
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Applicant Signature

Date

Signature of agency staff certifying the above

Print Staff Name

Date

Community Council of South Central Texas
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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 income, or 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 días 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)

Customer/Client Satisfaction Survey

Instructions: We need your feedback to help 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.	<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).