



Community Council of South Central Texas, Inc.

DISASTER RELIEF APPLICATION

Applicant Name: _____ Case Number: _____

Contact Phone #'s: _____

Physical Address: _____

Current Location: _____

Do you: **Own** or **Rent**

Are you currently **unable** to live in your Residence? **Yes** **No**

If yes, are you currently staying with: **Family** **Friend** **Shelter** **Hotel/Motel**

HOUSEHOLD COMPOSITION AND CHARACTERISTICS: List the Head of Household and all other people who live in the home. Complete the following:

Household Members	Date of Birth	Age	Gender	Disabled	Race

Obtain a Declaration of Income Statement (DIS) for all household members 18 years of age or older.

CERTIFICATION SECTION

I certify that the information provided on this application is true and correct to the best of my knowledge and belief. (Applicants MUST sign and date this section)

Applicant Signature

Date

Agency Signature

Date

OFFICE USE ONLY: Indicate funds used to pay for assistance. Check all that apply:

___ LIHEAP ___ CSBG ___ Other

**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 días antes del aplicar para asistencia)*

Name (Nombre)	Gross Income Received (Ingreso Bruto Recibido)
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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 proveída 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 proveído información falsa ó fraudulenta.)*

(Applicant Signature/Firma del Solicitante)

(Date/Fecha)