Community Council of South Central Texas
Disaster Application

REQUIRED DOCUMENTS: Please submit your completed application and the following:

- 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: (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.

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**

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

___LIHEAP ___CSBG ___Other

Community Council of South Central Texas
Flood Damage Needs Assessment

Household Information

- **Head of Household Name:** _____
- **Phone Number:** _____ **Email:** _____
- **Address of Damaged Property:** _____

Financial and Insurance Information

- **Do you have renter's/homeowner's insurance?** ☐ Yes ☐ No
- **Do you have flood insurance?** ☐ Yes ☐ No
- **Have you received any disaster assistance?** ☐ Yes ☐ No
    - Source(s): ☐ FEMA ☐ Red Cross ☐ Local Government ☐ Community Council ☐ Other _____
    - Amount Received: $_____

Observed/Reported Damage (Check all that apply):

☐ First floor flooded
☐ Mold/mildew present
☐ Structural damage (walls, foundation)
☐ Electrical system compromised
☐ HVAC system damaged
☐ Water heater/appliances damaged
☐ Roof damage
☐ Windows/doors broken
☐ Sewage backup
☐ Vehicle damage

Immediate Needs

Check all that apply:

☐ Temporary housing
☐ Rent/mortgage assistance
☐ Utility assistance
☐ Food assistance
☐ Clothing
☐ Furniture/appliances
☐ Household items (Blankets, dishes, silverware)
☐ Cleaning supplies
☐ Cleaning supplies
☐ Sheetrock
☐ Cleaning supplies
☐ Sheetrock
☐ Other building materials (list)_____
☐ Mold remediation
☐ Legal assistance (e.g., eviction, insurance)
☐ Transportation assistance
☐ Medical supplies
☐ Mental health support
☐ Labor / volunteer help with repairs

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
	☐ Yes ☐ No	☐ Yes ☐ No		
	☐ Yes ☐ No	☐ Yes ☐ No		
	☐ Yes ☐ No	☐ Yes ☐ No		
	☐ Yes ☐ No	☐ Yes ☐ No		
	☐ Yes ☐ No	☐ Yes ☐ No		
	☐ Yes ☐ No	☐ Yes ☐ No		
	☐ Yes ☐ No	☐ Yes ☐ No		
	☐ Yes ☐ No	☐ Yes ☐ No		
	☐ Yes ☐ No	☐ Yes ☐ No		
	☐ Yes ☐ No	☐ Yes ☐ 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**

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)*