

# COMMUNITY ACTION & WEATHERIZATION PROGRAM

## **APPLICATIONS MAY BE MAILED IN OR EMAILED**

INCOMPLETE APPLICATION OR MISSING DOCUMENTS WILL BE DENIED SERVICES. ALLOW UP TO 30 DAYS FOR PROCESSING. CONTINUE TO PAY ANY OUTSTANDING BILLS.

### **TO APPLY FOR SERVICES, YOU MUST PROVIDE THE FOLLOWING DOCUMENTS:**

- 1. Proof of any income earned/received in the **last thirty (30) days** for all household members 18 years and older; such as:
  - a. Check Stubs
  - b. Statement from employer (on letterhead) showing gross income for the last thirty days, if employed.
  - c. Self Employed wages (Client Statement of Self-Employment Income).
  - d. Award letter(s) (TANF, SSI, Social Security, VA Benefits, Pension, etc.) for this year (2018).
  - e. Unemployment Benefits (print out from TWC – Payment Details by Week).
- 2. If no income has been earned/received, members 18 years and older must complete:
  - a. Declaration of Income Statement for ALL members in the household.
- 3. Current SNAP Benefits documentation (if applicable).
- 4. Child Support print (if applicable).
- 5. Current utility bill (front and backside) and any disconnect notice for: Electric and Gas. Account must be active (not inactive or closed).
- 6. 12 Month Consumption History for electric, gas, and propane

### **IMPORTANT**

APPLICATIONS WILL NOT BE PROCESSED WITHOUT **ALL REQUIRED & SIGNED** DOCUMENTATION.  
PLEASE INCLUDE A CURRENT CONTACT PHONE NUMBER AND EMAIL ADDRESS.

Application can be mailed, emailed, faxed, or delivered to the following location:

**Community Action/Weatherization Program**  
500 Franklin Ave.  
Waco, TX 76701

**CEAP Email:** [Sylvia.flores@eoacwaco.org](mailto:Sylvia.flores@eoacwaco.org)  
**Office (254) 756-0954**

**WAP Email:** [Candice.lovell@eoacwaco.org](mailto:Candice.lovell@eoacwaco.org)  
**Office (254) 753-0331**

**Community Action Marlin Office**  
1005 Commerce St.  
Marlin, TX 76661  
**Email:** [Carla.landrum@eoacwaco.org](mailto:Carla.landrum@eoacwaco.org)  
**Office (254) 803-3751**

Applicant: \_\_\_\_\_  
 Last Name First Name

Physical Address \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell/Alternate Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Is anyone in the household an EOAC employee or EOAC Board Member? Yes No **What language do you prefer? English Spanish**

**Beginning with yourself, list everyone living in the home:**

First Name	Last Name	DOB MM/DD/YY	G E N D E R	SS Number	Relationship to applicant	R A C E	Ethnicit- Hispanic or Latino? Y/N	Health Insur. Y/N	Disable Y/N	Highest Grade Completed	Veteran Y/N
					<b>Self</b>						
					Spouse / Child Grand Child Other						
					Spouse / Child Grand Child Other						
					Spouse / Child Grand Child Other						
					Spouse / Child Grand Child Other						
					Spouse / Child Grand Child Other						
					Spouse / Child Grand Child Other						
					Spouse / Child Grand Child Other						

**OTHER DATA HOUSEHOLD INCOME**

First Name	Household type	Housing Type	Source of Income	SNAP Y/N	Child Support Y/N	TYPE OF INSURANCE
***APPLICANT***						

<u>Source of Income</u>
<b>NI</b> – No income
<b>SS</b> – Social Security
<b>SSI</b> – SSI
<b>T</b> – TANF
<b>P</b> – Pension
<b>VA</b> – VA Benefits
<b>E+</b> - Employment Plus Any Above
<b>E-</b> Employment Only
<b>WC</b> – Workers Comp.
<b>UI</b> – Unemployment Benefits
<b>O</b> - Other

**HOUSEHOLD TYPE**

- A. Single Parent – Female
- B. Single Parent – Male
- C. Two Parent Household
- D. Single Person
- E. Two Adults – No Children
- F. Other

**HOUSING TYPE**

- H - Homeless
- O - Own
- RR – Rented Room
- Other
- R – Rent \$ \_\_\_\_\_ (Per: Month Weekly Daily)
- B – Buying (includes rent to own) \$ \_\_\_\_\_

**INSURANCE TYPE**

- A. Employment base
- B. Medicaid/Chips
- C. Medicare
- D. Adult Medicaid/Good Health Card

**Certification/Release:**

1. The household information is true and correct to the best of my knowledge and belief.
2. **Assistance is not guaranteed, I will continue to make payments on my bill.**
3. I certify, I received an Energy Conservation Tips (Flyer, Calendar, booklet, game cards, etc.).
4. I understand I may request a hearing to appeal a denial of eligibility, amount of assistance received, or a delay of service delivery.
5. I authorized the Texas Department of Housing and Community Affairs and its contracted agencies to solicit and verify information on my utility and/or fuel bills, both past and future, to the extent the information is used only to provide data.
6. I AM AWARE THAT I AM SUBJECT TO PROSECUTION FOR PROVIDING FALSE OR FRADULENT INFORMATION.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Case Manager

\_\_\_\_\_  
Date

**UTILITY SERVICE INFORMATION**

Electric Service: \_\_\_\_\_  Heat  Cool  
 Name of Vendor \_\_\_\_\_ Name on Account \_\_\_\_\_  
 \_\_\_\_\_  
 Account Number \_\_\_\_\_

Natural Gas or Propane Company: \_\_\_\_\_  Heat  Cool  
 Name of Vendor \_\_\_\_\_ Name on Account \_\_\_\_\_  
 \_\_\_\_\_  
 Account Number \_\_\_\_\_

Other: \_\_\_\_\_  
 Name of Vendor \_\_\_\_\_

**Type of Cooling:**

Window Unit  
 Central Unit  
 Evaporative Cooler  
 None

**Type of Heating:**

Space Heater	Wood Burning Stove
Central Unit	Stove
Wall Furnace	Other
Electric Heaters	None
Fire Place	

**Type of housing:**

Private Home  
 Mobile Home  
 Apartment/Duplex  
 Rented Room  
 Subsidized or Public?  
 Utility Included?

**Year house was built** \_\_\_\_\_

Y	N
Y	N

## QUESTIONNAIRE AND NEEDS ASSESSMENT

Services in Need of:	Need
<b>Emergency Assistance:</b> Food, Clothing, shelter, utilities, rent, mortgage, medical care	Yes No
<b>Do you have a plan for financial stability?</b>	Yes No
<b>Are you needing or receiving counseling?</b> Family, Alcohol, Substance abuse, etc	Yes No
<b>Have you or someone in the household needing Health Care, Dental, Prescriptions assistance</b>	Yes No
<b>Income Assistance to apply for the following?</b> SSDI, SS, SSI, TANF, VA, etc.	Yes No
Are you or anyone in the household currently working?	Yes No
Are you unemployed and have never had a steady job?	Yes No
Are you unemployed but have recently been laid off or lost your job within the last 6 months?	Yes No
Are you currently in school?	Yes No
Have you participated in any Vocational Training Programs?	Yes No
Do you have a certification or degree?	Yes No
Do you have reliable transportation	Yes No
Are you needing child care?	Yes No
<b>Have you received Weatherization services from EOAC?</b>	Yes No
<b>Do you have smoke detectors in your home?</b>	Yes No
<b>SECTION FOR OVER 60 OR DISABLE ONLY</b>	
Who manages your finances?	
Do you receive Meals on Wheels? Yes No      Would you like to? Yes No	
Do you attend a senior Citizen Center? Yes No	
Can you afford to make home repairs as needed? Yes No	
Do you have someone who can help you if needed? Yes No	

<b>MONTHLY HOUSEHOLD EXPENSES – How much did you spend last month on:</b>							
Rent / Mortgage		Food		Cell/home Phone		Cable / Internet	
Car Payment		Clothing		Gas (Auto)		Furniture	
Child Care		Medical		Credit Card(s)		Loan Payments	
Toiletries		Utilities		House Taxes			
<b>Insurance:</b>	Medical		Car		Home		
Total monthly expenses						\$	

## Termination of Services Notice / Aviso de terminación de servicios

Client Name / Nombre del cliente: \_\_\_\_\_

This notice is to inform you that you will be terminated from the CEAP/CSBG/WAP Program immediately for the following offenses if committed by you, the applicant or any household member:

*Este aviso es para informarle que se cancelara este programa inmediatamente por los siguientes delitos cometido por usted, el solicitante o cualquier miembro del hogar:*

1. Belligerent or threatening behavior toward a staff member or any other person(s) while inside or outside any EOAC office.  
*Comportamiento beligerante o amenazante hacia un miembro del personal o cualquier otra persona mientras dentro o fuera de cualquier oficina EOAC*
2. Verbal abuse to include cussing at or in the presence of a staff member or any other person(s) while inside or outside any EOAC office.  
*Insultos a parte a o en presencia de un miembro del personal o cualquier otra persona (s) mientras que dentro o fuera de cualquier oficina EOAC.*
3. Any type of actual physical confrontation toward a staff member or any other person(s) while inside or outside any EOAC office.  
*Cualquier tipo de confrontación física real hacia un miembro del personal o cualquier otra persona mientras dentro o fuera de cualquier oficina EOAC.*
4. Providing false or misleading information regarding any household member(s).  
*Proporcionar falsa o engañosa información con respecto a cualquier miembro del hogar.*

I acknowledge that once terminated, I will not be allowed to reapply for any services with Economic Opportunity Advance Corporation (EOAC) 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.

### **Applicant have a responsibility to:**

1. Provide required information to verify eligibility for assistance whenever the case is opened or reopened.
2. Report any changes in the household – income, number of people in home, etc. which may affect eligibility.
3. Report any changes in utility provider when receiving utility assistance.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

**ECONOMIC OPPORTUNITIES ADVANCEMENT CORPORATION  
Weatherization Assistance Program**

**RENOVATE RIGHT**

**Important Lead Hazard Information for Families, Child Care**

**Providers and Schools**

I have received the Environmental Protection Agency Publication EPA-740-K-10-001 "Renovate Right", from an EOAC representative.

*He recibido la ambiental protección Agencia publicación EPA-740-K-10-001, "Renovar la derecha", de un representante de EOAC.*

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 se han construido antes de 1978, pintura a base de plomo se han utilizado para pintar algunos o toda la casa y yo debemos leer esta publicación y tomar las precauciones adecuadas, especialmente para proteger a los niños pequeños de] contacto con zonas de pintura desgastada o dañada.*

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 los trabajos de climatización propuestos pueden causar astillas de pintura con base de plomo, polvo u otros residuos en mi casa.*

If, after reading this publication, I do not wish to have the proposed weatherization work done, I must call EOAC Weatherization Department at (254) 753-0331 immediately to cancel the proposed work. If I do not call, and the work is done, EOAC 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 deseo que los trabajos de climatización de la propuesta, debo llamar EOAC climatización departamento (254) 753-0331 inmediatamente para cancelar el trabajo propuesto. Si no llamo, y se realiza el trabajo, EOAC no será responsable de cualquier problema de plomo en la pintura o enfermedad que ocurre después de que el servicio de climatización.*

Client Signature: \_\_\_\_\_

Date Signed prior to Weatherization Service: \_\_\_\_\_



MAACLink is a computer system that is used locally as a Homeless Management Information System (HMIS). Use of an HMIS is required by the US Department of Housing and Urban Development (HUD) for agencies that receive HUD funding. MAACLink is not electronically connected to HUD and is only used by authorized agencies. All MAACLink users have received confidentiality training and have signed strict agreements to protect clients' personal information and limit its use appropriately.

A Privacy Notice is available at participating agencies. It provides details on how member agencies and their employees handle client information and data sharing.

I give permission to \_\_\_\_\_ EOAC \_\_\_\_\_ (Agency Name) to collect and enter my personal and household information into the MAACLink computer system.

I understand that the MAACLink system is shared with and used by authorized agencies in my community for the purposes of:

1. Assessing the needs of low-income, homeless or other special-needs people in order to give better assistance and to improve their current or future situations.
2. Improving the quality of care and service for people in need.
3. Tracking the effectiveness of community efforts to meet the needs of people who have received assistance.
4. Reporting data on an aggregate level that does not identify specific people or their personal information.

I understand that:

- Information I give about my physical or mental health will NOT be shared outside the agency I am working with.
- I have the right to view my MAACLink file with an authorized user.
- Signing this release form does not guarantee that I will receive assistance.
- I may revoke my authorization by completing a revocation form.
- All agencies that use MAACLink will treat my information with respect and in a professional and confidential manner.
- Unauthorized people or organizations cannot gain access to my information without my consent.
- If I receive services from Homeless Prevention Rapid Re-Housing Federal Stimulus (HPRP) Funds, my information may be viewed by other participating agencies across Continuums of Care.

\_\_\_\_\_  
Client Name (Printed)

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Representative Name  
(Printed)

\_\_\_\_\_  
Agency Representative  
(Signature)

\_\_\_\_\_  
Date



# COMMUNITY ACTION & WEATHERIZATION PROGRAM

## MEDIA RELEASE FORM

By signing below, I, Mr./Mrs./Ms. \_\_\_\_\_ (*client name*) authorize the organization identified above to photograph the interior and exterior of my home, myself, my family, and any work performed by the Community Action or Weatherization Assistance Program.

I understand the photos will be used for informational and instructional purposes only and will not be used to generate a profit or for any other commercial purposes. I understand the photos may be used throughout the country by other local, state and federal agencies for informational and instructional purposes. I have not been compensated nor will I seek compensation for the photos. I release the organization from responsibility should a third party violate the terms of this release.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Witness**

\_\_\_\_\_  
**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 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)*

**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  
and Title

\_\_\_\_\_  
Date

Revise June 2015