



**PARTNERSHIP**  
Helping People. Changing Lives.

Tri-County Community Action Agency, Inc.  
214 Nacogdoches Street  
P.O. Drawer 1748  
Center, Tx 75935

(936) 598-6315 (office) (936) 598-7377 (fax)

**THIS IS NOT AN ENTITLEMENT PROGRAM.** Applications will not be processed unless **all information is provided by the client.** Please pay close attention to the list of required documents below. **Incomplete applications will not be processed and you will lose your place in the processing line.** An original signature is required, therefore, **no faxed applications will be accepted.**

**INSTRUCTIONS & DOCUMENTS REQUIRED BEFORE APPLICATION CAN BE ACCEPTED**

***(All Information MUST be for the current program year in which services are being rendered)***

- The name on the bill is considered the Head of Household. The Head of Household must sign the application.
- Current Driver's License or Texas Identification card for everyone in the household 18 years of age or older regardless of school status. The address on the Head of Household's driver license or ID **MUST** match the address on the bill.
- ALL check stubs received in the last 30 days for everyone 18 years of age or older.
- 2018 Year Award Letter for Social Security (Regular), Social Security Disability Insurance (SSDI), or Social Security Insurance (SSI), VA, TANF Letter, SNAP Letter, Unemployment Benefit, Retirement, Pension, etc.)
- Unemployment printout that shows the weekly payment amounts (not the overall benefit amount).
- Proof of Child Support whether it is being received or not. Court order page that shows the amount to be paid or self-declared letter that is notarized.
- For self-employed clients, additional forms regarding income will be required.
- For clients that are receiving cash payments, a letter from your employer with EXACT dates and GROSS dollar amounts paid for the last 30 days on company letterhead with employer's signature is required.
- Housing Award Letter if you are receiving subsidized housing
- Non-official transcript or school verification for all students attending school or college living in the household.
- Electric and Gas Bills
- 12-month Billing History for your electric and gas – if it applies (we still need both billing histories regardless of receiving assistance for only one)
- A disconnect or termination notice if you have received one
- If you or any household member(s) over the age of 18 are unable to provide proof of income, you will be required to fill out the Declaration of Income Statement form explaining why proof of income is unavailable.
- If you are claiming that no income is received, an additional form (support letter form) is required. Please request the additional form PRIOR to submitting the application
- If you are anyone in the household who is 18 years of age or older is disabled, but not receiving disability benefits, you must complete the self-certification form of disability provided with the application.

**(If mailing your application, you must provide copies of the required documents. If ALL required documents are not provided, your application will be placed on a "wait" list until all required documents are submitted. If submitting your application in person, copies of required documents may be made on site)**

All applications must be filled out completely (no blank spaces) and signed by all parties where indicated.

**No application can be faxed in due to the State requirement for original signatures.**

**PLEASE REMEMBER:** All applications are processed in the order it is received and by priority rating scale. Until your application is processed, you will be responsible for your utility bill(s) and any fees that occur. Once the application is processed, you will be notified via mail or e-mail. All assistance is subject to availability and receipt of federal funds.

**Serving: Harrison, Jasper, Newton, Panola, Sabine, San Augustine, Shelby, Tyler, and Upshur Counties**

Dear Applicant:

# TRI-COUNTY COMMUNITY ACTION AGENCY, INC.

## INTAKE APPLICATION

The information on this form is needed to determine your household's eligibility. Please complete the entire form and leave no blanks.

CONTACT INFORMATION	
Name:	
Mailing Address:	Apt#:
City/State/Zip:	County:
Physical Address: <i>(if different from above)</i>	Apt#:
City/State/Zip:	County:
Home Phone: (    )	Mobile Phone: (    )
Email Address:	
Emergency Contact Name:	Emergency Contact Phone: (    )

HOUSEHOLD INFORMATION <i>(List the Head Household and all other persons who make up the household)</i>									
Household Member	Relationship to Applicant	Sex	Race	Date of Birth (MM/DD/YY)	Social Security Number	Disabled Y or N	Veteran Y or N	Health Insurance Y or N	Highest Grade of completion
1.	SELF			/ /					
2.				/ /					
3.				/ /					
4.				/ /					
5.				/ /					
6.				/ /					
7.				/ /					
8.				/ /					

HOUSING INFORMATION	
Type of Residency: <input type="checkbox"/> Private Home <input type="checkbox"/> Mobile Home <input type="checkbox"/> Apartment <input type="checkbox"/> Duplex <input type="checkbox"/> Subsidized or Public Housing <input type="checkbox"/> Other:	
Housing Status: <input type="checkbox"/> Own <input type="checkbox"/> Purchasing <input type="checkbox"/> Rent	Monthly Payment: \$ <span style="float: right;">Are utilities included in rent? <i>(circle one)</i> Y or N</span>
Landlord's or Apartment's Name:	
Landlord's or Apartment's Address:	City/Zip:
Landlord's or Apartment's Phone#:	

HOUSEHOLD INCOME <i>(Please check all that applies to each household member)</i>	
<input type="checkbox"/> Employed <input type="checkbox"/> Unemployment <input type="checkbox"/> TANF <input type="checkbox"/> Food Stamps <input type="checkbox"/> Child Support <input type="checkbox"/> Regular SS <input type="checkbox"/> SSI <input type="checkbox"/> RSDI <input type="checkbox"/> SSDI <input type="checkbox"/> VA <input type="checkbox"/> Pension <input type="checkbox"/> Other:	
Is anyone in the household receiving Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Children <input type="checkbox"/> Grandchildren <input type="checkbox"/> Other
Is anyone in the household receiving Medicare? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Other
If you do not receive Medicaid or Medicare, do you have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently receiving assistance through a Home Health Agency? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, would you like to be contacted by a Home Health Agency? <input type="checkbox"/> Yes <input type="checkbox"/> No

### EMPLOYMENT/OCCUPATION INFORMATION

# TRI-COUNTY COMMUNITY ACTION AGENCY, INC.

## INTAKE APPLICATION

Head of Household Member's Name		Occupation		Work Phone		Work Fax	
Name of Employer		Street Address of Employer		City		State	Zip Code
Date Hired:	Salary \$	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other:				# of Hours Worked Per Week	
Household Member's Name		Occupation		Work Phone		Work Fax	
Name of Employer		Street Address of Employer		City		State	Name of Employer
Date Hired:	Salary \$	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other:				# of Hours Worked Per Week	
Household Member's Name		Occupation		Work Phone		Work Fax	
Name of Employer		Street Address of Employer		City		State	Name of Employer
Date Hired:	Salary \$	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other:				# of Hours Worked Per Week	

UTILITY INFORMATION			
ELECTRIC VENDOR NAME:		ACCT #:	Used For: <i>(please check one)</i> <input type="checkbox"/> Heating <input type="checkbox"/> Cooling <input type="checkbox"/> Both
NATURAL GAS VENDOR NAME:		ACCT #:	Used For: <i>(please check one)</i> <input type="checkbox"/> Heating <input type="checkbox"/> Cooling <input type="checkbox"/> Both
PROPANE VENDOR NAME:		ACCT #:	Used For: <i>(please check one)</i> <input type="checkbox"/> Heating <input type="checkbox"/> Cooling <input type="checkbox"/> Both
WHAT APPLIANCE IS USED TO COOL THE HOME?		<i>(Please circle all that apply)</i> <input type="checkbox"/> Central Unit <input type="checkbox"/> Window Unit <input type="checkbox"/> Ceiling Fan(s) <input type="checkbox"/> Box Fan(s) <input type="checkbox"/> Attic Fan <input type="checkbox"/> Other:	
WHAT APPLIANCE IS USED TO HEAT THE HOME?		<i>(Please circle all that apply)</i> <input type="checkbox"/> Central Unit <input type="checkbox"/> Window Unit <input type="checkbox"/> Natural Gas Heater <input type="checkbox"/> Propane Heater <input type="checkbox"/> Other:	
WHAT TYPE OF STOVE IS USED? <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane			
DO YOU RECEIVE LITE-UP TEXAS ASSISTANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO			

CONFLICT OF INTEREST INFORMATION	
1.	Is anyone in the household currently serving or served within the last 12-months as an employee, agent, consultant, an officer, elected or appointed official or board member of Tri-County Community Action Agency, Inc.? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please identify name and role: _____ If YES, is this a current role? <input type="checkbox"/> YES <input type="checkbox"/> NO. If NO, identify the date the role ceased:     /     /
2.	Is anyone in the household <b>related to anyone</b> currently serving or served within the last 12-months as an employee, agent, consultant, an officer, elected or appointed official or board member of Tri-County Community Action Agency, Inc.? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please identify name and role: _____ If YES, is this a current role? <input type="checkbox"/> YES <input type="checkbox"/> NO. If NO, identify the date the role ceased:     /     /

# TRI-COUNTY COMMUNITY ACTION AGENCY, INC.

## INTAKE APPLICATION

<b>PRESENTING NEED – What do you need help with and why? (Check all that apply)</b>	
<input type="checkbox"/> Electric Bill <input type="checkbox"/> Gas Bill <input type="checkbox"/> Water Bill <input type="checkbox"/> Medication <input type="checkbox"/> Rent <input type="checkbox"/> Food <input type="checkbox"/> Clothes <input type="checkbox"/> Weatherization <input type="checkbox"/> Child Care <input type="checkbox"/> GED <input type="checkbox"/> College Classes <input type="checkbox"/> Uniforms/Tools <input type="checkbox"/> Other:	
Please provide your personal or family financial situation by documenting why you need assistance from TCCA, Inc. today. <b>(This information is required or no assistance will be provided)</b>	
If there has been no household income within the last 30 days, please explain how you've sustained. What sources are you using to pay for rent or mortgage, utilities and/or other necessities? <b>(Support Letter must be provided). (This information is required or no assistance will be provided)</b>	
What is the latest date this household received income and what source provided the income? <b>(This information is required or no assistance will be provided)</b>	

<b>SELF CERTIFICATION OF DISABILITY (Please complete this portion of the application <u>ONLY</u> if you are certifying yourself or someone else as being disabled. Please Note: You will be responsible if any information is found to be fraudulent)</b>	
Applicant Name:	
Name of Person with a Disability:	
Relationship of Person with Disability to the Applicant:	<input type="checkbox"/> <b>SELF</b> <input type="checkbox"/> Spouse/Significant Other <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Sibling <input type="checkbox"/> Child <input type="checkbox"/> Niece/Nephew <input type="checkbox"/> Cousin <input type="checkbox"/> In-Law <input type="checkbox"/> Non-Relative

**Persons with Disabilities – Any individual who is:**

- ❖ A handicapped individual as defined in §7(9) of the Rehabilitation Act of 1973;
- ❖ Under a disability as defined in §1614(a)(3)(A) or §223(d)(1) of the Social Security Act or in §102(7) of the Development Disabilities Services and Facilities Construction Act; or
- ❖ Receiving benefits under 38 U.S.C. Chapter 11 or 15.

<b>APPLICANT'S AUTHORIZATION TO DECLARE DISABLED STATUS:</b>	
I hereby authorize for the purpose of confirming my eligibility as a Person with Disability, in accordance with the above-stated definition of Person with Disability	
_____ Signature of Person with Disability or His/Her Guardian	_____ Date

# TRI-COUNTY COMMUNITY ACTION AGENCY, INC. INTAKE APPLICATION

## BUDGET COUNSELING FORM

(List the Amount of the ENTIRE Household Income)

INCOME #1	\$ _____	RSDI	\$ _____	UNEMPLOYMENT	\$ _____
INCOME #2	\$ _____	VETERAN'S BENEFITS (VA)	\$ _____	WORKER'S COMP	\$ _____
REGULAR SOC SEC	\$ _____	TANF	\$ _____	FOOD STAMPS	\$ _____
SSI/SSDI	\$ _____	CHILD SUPPORT	\$ _____	OTHER	\$ _____
<b>TOTAL</b>					\$ _____

### LIST THE AMOUNT OF EXPENSES FOR THE LAST 30 DAYS

HOUSING	UTILITY	FINANCIAL LOANS
Rent/Mortgage _____	Electric _____	Bank Notes _____
Insurance _____	Gas _____	Savings _____
Property Taxes (Monthly) _____	Water/Sewer _____	Child Support _____
Land Note _____	Home Phone _____	Credit Cards _____
Furniture Note _____	Cell Phone _____	Personal Loans _____
Home Repairs _____	Other _____	Donations Given _____
ENTERTAINMENT	SCHOOL/WORK	HEALTH
Satellite/Cable _____	Daycare _____	Medical _____
Computer _____	Lunches _____	Dental _____
Internet _____	Supplies _____	Vision/Glasses _____
Movies/Netflix/Red Box _____	Clothes/Shoes _____	Prescriptions _____
Gambling/Lotto _____	Dues _____	Insurance _____
Other _____	Sport/Band Events _____	Life Insurance _____
	Other _____	Burial Insurance _____
FOOD	AUTOMOBILE	PERSONAL ITEMS
Groceries _____	Car Payment _____	Laundry Mat _____
Restaurant _____	Fuel Cost _____	Dry Cleaner _____
Sporting Events _____	Insurance _____	House Items/Cleaners _____
Pet Food _____	Repairs _____	Hair/Nails _____
Pet Groom/Shot _____	Tags/Inspection _____	Diapers/Wipes _____
Other _____	Pay Others for gas _____	Allowances _____
	Bus Fee _____	Gifts _____

\*\*\*\*\*FOR CASE MANAGER ONLY\*\*\*\*\*

<b>TOTAL INCOME HOUSEHOLD HAS RECEIVED WITHIN THE LAST 30 DAYS</b>	\$ _____
<b>TOTAL EXPENSES IN THE LAST 30 DAYS</b>	\$ _____
<b>CASH LEFT ON HAND / SHORTAGE</b>	\$ _____

**COMMENTS:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

By signing below, I acknowledge that I have received budget counseling.

\_\_\_\_\_  
 Applicant Signature

\_\_\_\_\_  
 Date

**TRI-COUNTY COMMUNITY ACTION AGENCY, INC.  
INTAKE APPLICATION**

**PART 8 – RELEASE OF INFORMATION AUTHORIZATION/CERTIFICATION**

1. The information provided is true and correct.
2. I understand that my **gross household income** cannot be more than 150% of the federal poverty level and is annualized at the time of application according to pre-established agency rules and procedures in order to receive assistance.
3. I understand that I may request a hearing to appeal a denial of eligibility, amount of assistance received, or a delay in service delivery.
4. I authorize the Texas Department of Housing and Community Affairs and Tri-County Community Action Agency, Inc. to solicit/verify information including employment verification needed to provide assistance with my utilities and/or fuel bills, both past and future.
5. I am an applicant of Tri-County Community Action Agency, Inc. I hereby give my permission to release and verify all information requested and understand that it will be kept in strict confidence to be used for program purposes only. I understand that photocopy of this release is as valid as the original and may be used to obtain employment information or verify other data.
6. I understand that **if I change utility companies I must notify the case worker (in writing) within 5 business days** of my new utility company and account number with the name on the account. **If I do not notify Tri-County Community Action Agency, Inc. of my new utility company I will lose any payments due. When the information is provided any remaining assistance may be reinstated.**
7. **If you or another member of the household has no income** the Declaration of Income Statement sheet must be completed for all household members over 18 years of age having no income. The Declaration of Income Statement must be notarized **PRIOR to submitting** the application. If this document is not notarized, the application will be returned to you and it will delay getting assistance. Your place in line will not be held and you will have to start the process again.
8. I certify that the information provided on this application is true and correct. I understand that receipt of assistance through misrepresentation, falsification, or fraud is punishable by fine or imprisonment, and **THAT I AM SUBJECT TO PROSECUTION FOR PROVIDING FALSE OR FRAUDULENT INFORMATION ON THIS APPLICATION.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

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

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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.)*

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*(Applicant Signature/Firma del Solicitante)*

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*(Date/Fecha)*