



Community Action, Inc. of Central Texas

— DEVELOPING OPPORTUNITIES —

COMPREHENSIVE ENERGY ASSISTANCE PROGRAM APPLICATION

Please Read Carefully

Dear Applicant:

The primary intent of the Comprehensive Energy Assistant Program (**CEAP**) is to provide energy assistance to the low-income households with the lowest and the highest energy need. Priority is assigned to individuals 60 years and over persons with disability and families with children six years of age and under.

The basic philosophy of **CEAP** is to help clients achieve energy self-sufficiency. Towards this end, Community Action, Inc. of Central Texas provides certain households with case management services, energy conservation workshops, financial management counseling sessions, and information and referral. Participation in these services is condition of eligibility.

Attached is your application for CEAP. This application is for screening purposes only and does not mean that you are eligible to receive assistance. CEAP is not an entitlement program; payments are made subject to the availability of federal funds.

The following documentation **MUST** be submitted along with the application

1. Valid photo ID of the head of household; (photocopy accepted).
2. Social Security Card of each member of the household; (photocopy accepted).
3. Proof of income for the past 30 days for anyone who lives in your household and is 18 years or older and who works or receives the following assistance: TANF, Social Security, SSI, Disability Benefits, Veterans benefits, child support, or unemployment benefits.
4. A 12 month billing history from each of your energy providers. (Electric, Gas & Propane)
Note: If a 12 month history is not available, please submit the maximum number of months available:
⇒ (City of San Marcos customers should request an "Electric Usage History" for Community Action, Inc.
⇒ (PEC customers should request a "Cash Transaction Report".)
5. Your current energy bills. ----- (Electric, Gas & Propane)

An application is considered complete if **all of the above** documentation is submitted with your application.

INCOMPLETE CEAP APPLICATIONS WILL NOT BE ACCEPTED!

*Once the application has been received, you will be notified by phone or by mail if you qualify for assistance. If you qualify for assistance, you will be asked to attend an appointment with a **CEAP Case Manager**. Assistance will not begin until you attend this appointment. Failure to arrive on time will result in your appointment being rescheduled.*

**TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS
APPLICATION FOR SERVICES
COMPREHENSIVE ENERGY ASSISTANCE PROGRAM (CEAP)**

Case # _____

PART ONE - HEAD OF HOUSEHOLD IDENTIFICATION				
Name-Last, First, Middle _____				
Mailing Address _____				
	Street/Box Number _____	City _____	County _____	Zip Code _____
Residential Address (If different) _____				
	Street/Box Number _____	City _____	County _____	Zip Code _____
Home Phone Number _____		Work Phone Number _____		
Race/Ethnicity-Head of Household: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American/Eskimo/Aleut <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other _____				

PART TWO - HOUSEHOLD MEMBERS INFORMATION (LIST ALL MEMBERS)										
Household Members Name: Last	First	M.I.	Race/ Ethnicity	Sex	Date of Birth	Age	Education Level	Disabled Yes/No	Social Security Number	
TOTALS--Number in Household:										

USE ADDITIONAL SHEETS IF THERE ARE MORE THAN 8 MEMBERS IN THE HOUSEHOLD

PART THREE - HOUSEHOLD INCOME INFORMATION			
Name	Income Source	How Often Paid?	Total Monthly Income

PART FOUR - GOVERNMENT BENEFITS			
Not for eligibility determination. This is for reporting purposes only.			
Does any one in the household receive (check all that apply):			
<input type="checkbox"/> VA Benefits	<input type="checkbox"/> Unemployment Benefits	<input type="checkbox"/> Food Stamps	<input type="checkbox"/> General Assistance
<input type="checkbox"/> Medicare/Medicaid	<input type="checkbox"/> Private Health Insurance	<input type="checkbox"/> Social Security	<input type="checkbox"/> SSI <input type="checkbox"/> TANF

PART FIVE - HOUSING INFORMATION

Does the applicant live in public or subsidized housing? Yes No - If yes, What type? _____

Is the home rented or owned by applicant? Owned How much is the mortgage? \$_____ per _____

Rented How much is the rent? \$_____ per _____

If rented, are utilities included in the rent? Yes No

What type of housing? Private home Mobile home Apartment Room rented

If renting, name, address and phone number of landlord:

PART SIX - UTILITY SERVICE INFORMATION

How does the family pay for heating/cooling? To utility company To landlord/manager

Included in rent

Electric Service: _____
Name of electric provider

Heat or Cool

Account number

Natural Gas Service: _____
Name of natural gas provider

Heat or Cool

Account number

Propane Company: _____
Name of propane provider

Heat or Cool

Account number

Other energy vendors:
Name: _____

Fuel Type: Kerosene Wood
 Other

Name: _____

Fuel Type: Kerosene Wood
 Other

Type of air conditioning used: Central Unit Window Unit Evaporative Cooler none

Type of heaters used: Central Heat Wall Furnace Electric Heater Fire Place
 Wood Burning Stove Others _____ None

