



# COMMUNITY ACTION, INCORPORATED OF HAYS, CALDWELL, AND BLANCO COUNTIES

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[www.communityaction.com](http://www.communityaction.com)

## COMPREHENSIVE ENERGY ASSISTANCE PROGRAM APPLICATION **PLEASE READ CAREFULLY**

Dear Applicant:

The primary intent of the Comprehensive Energy Assistance Program (CEAP) is to provide energy assistance to low-income households with the lowest income and the highest energy need. Priority is assigned to individuals 60 years of age 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. provides certain households with case management services, energy conservation workshops, financial management counseling sessions, and information and referral. Participation in these services is a 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 I.D. of the head of household; (photocopy accepted)
2. Social Security card of each member of the household; (photocopies accepted)
3. Proof of income for the past 30 days for anyone who lives in your household who 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;  
– (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 the application.**

### **INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED!**

Once the application has been reviewed, you will be notified by phone or 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.

*“Promoting Opportunities”*

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

Case # \_\_\_\_\_

<b>PART ONE - HEAD OF HOUSEHOLD IDENTIFICATION</b>				
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 _____				

<b>PART TWO - HOUSEHOLD MEMBERS INFORMATION (LIST ALL MEMBERS)</b>										
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

<b>PART THREE - HOUSEHOLD INCOME INFORMATION</b>			
Name	Income Source	How Often Paid?	Total Monthly Income

<b>PART FOUR - GOVERNMENT BENEFITS</b>			
<b>Not for eligibility determination. This is for reporting purposes only.</b>			
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

