



NCCAA 2021 Community Services Application Instructions



Community Action Service Center 1006 22 nd St. Corpus Christi, TX 78405 Phone: (361) 882-4193 Fax: (361) 888-6072 assistance@nccaatx.org <i>Serving Corpus Christi and Incorporated Cities in Nueces County</i>	Rural Services Center 801 E. Main Robstown, TX 78380 Phone: (361) 387-1527 Fax: (361) 387-5818 assistance@nccaatx.org <i>Serving Primarily Robstown and Surrounding Rural Areas</i>
--	---

Both centers are currently closed to the public due the COVID-19 pandemic.

Drop boxes will be available for **APPLICATION DROP OFF starting 1/19/2021** during normal business hours. You can also submit **your completed application and documents to: assistance@nccaatx.org**

Office hours: Monday-Thursday 8 AM to 5 PM; Friday 8 AM to 12 NOON; Closed daily for lunch 12-1

CLOSURE FOR HOLIDAYS AND TRAINING DAYS WILL BE POSTED

All applicants must complete a 2021 Application and submit **ALL** required documentation. Failure to submit a complete, legible, and accurate application can result in delay or denial of assistance. NCCAA may require additional documentation not listed based on agency and state guidelines. **ELIGIBILITY DETERMINATION FOR ONE PROGRAM DOES NOT QUALIFY THE APPLICANT FOR ALL SERVICES WE PROVIDE. YOU MUST BE ELIGIBLE FOR EACH PROGRAM.**

Required Documents (COPIES ONLY)

- A) Government-Issued Photo ID of the all household members 18 years or older.
- B) Social Security card for Head of Household plus Social Security Numbers for each household member.
- C) Proof of **ALL** Income for the **last 30 days** (from date of signed application) for household members 18 years or older.
 - a. Gross wages from employment **OR** self-employment and/or log of cash receipts
 - i. paid weekly – 5 consecutive check stubs needed
 - ii. paid bi-weekly (every other week) – 3 consecutive check stubs needed
 - iii. paid semi-monthly (two times per month) – 2 consecutive check stubs needed
 - iv. paid monthly – 1 check stub needed
 - b. Unemployment benefits (current printout of payments from Texas Workforce website required)
 - c. 2021 award letter required:
 - i. Social Security Benefits (SS/SSI/SSDI/RSDI)
 - ii. Veterans Pension and/or Disability,
 - iii. Retirement or Pension
 - iv. Insurance/Worker's Comp/Annuity Payments
 - v. Child Support/TANF/SNAP
- D) Declaration of Income Statement (DIS) – Form is attached and **only** needed if household member 18 years or older has no reported income in last 30 days or cannot access proof of income.

Additional Documents for Utility Assistance (Electric and Gas)

- A) Birth Certificates, US Passports, **OR** naturalization records for all household members.
- B) Current school records, report cards, immunization records, **OR** custody paperwork for children 17 years or younger.
- C) Systematic Alien Verification for Entitlements (SAVE) – Form is attached
- D) Current residential electric and gas bill - Include only those bills you would like assistance. Service must be provided from an approved vendor: Ambit; CPL; City of Robstown; Direct Energy; Express Energy; First Choice; Frontier; Green Mountain; NEC Co-op; Nueces Electric Co-op; Pogo; Reliant; Stream; TXU; and 4-Change.

Additional Documents for Housing Assistance (Rent, Mortgage, and Water)

- A) Proof of Residence:
 - a. Renters: lease or contract **AND** rental statement
 - b. Homeowners: mortgage statement (no receipts)
 - c. W-9 (from landlord, property management, or mortgage company) (NCCAA Employees can help contact landlord for W9)

Application Submission

Completed applications and documents can be submitted in by secured drop box (please use provided envelope with your name), by email (scanned only, no pictures), by regular mail, or by fax using contact information above. Please call or email for questions or issues.



NUECES COUNTY COMMUNITY ACTION AGENCY

2021 UTILITY ASSISTANCE COMPONENT: COOPERATIVE AGREEMENT

This Cooperative Agreement is made and entered into by the Nueces County Community Action Agency

(NCCAA) and _____
[Client's Printed Name]

The purpose of this **Agreement** is to establish a working and cooperative relationship between the parties in order to achieve the goals set out in the CEAP Program. The goals include the implementation of activities designed to reduce energy consumption of low-income families—thus enabling them to better spend their limited energy dollars and become more energy self-sufficient.

Statement of Services

- The Nueces County Community Action Agency, hereto referred to as the “Agency,” agrees to provide staff to work with the family to determine what their minimum energy needs are and to assess financial obligations which affect their ability to provide these needs.
- The Agency will refer potential CEAP clients to the Weatherization Department to ensure that all aspects of their energy needs are provided for by possible weatherizing their homes and reducing energy costs.
- The Agency will address energy conservation needs in the form of classes, pamphlets, and information to help reduce energy costs.
- Clients and their families will become “Energy Aware,” and be able to identify the causes of inefficient energy use and learn how to solve some of the problems to become more energy efficient.
- Clients may receive up to 12 payments—depending on qualifications. The first payment will represent 100% of the current bill plus the arrears. Total payments will not exceed the maximum allowable benefits—contingent on the availability of funds.

By entering into this **Agreement**, it places no financial obligation on the part of the client.

Client's Signature
Form D to be Attached to 2020 NCCAA Application

Date
REV 2 1-14-2020



NUECES COUNTY COMMUNITY ACTION AGENCY

2021 CUSTOMER BILLING/ CONSUMPTION AND GENERAL RELEASE FORM

Agency: Nueces County Community Action Agency (NCCAA)

Name on Bill: _____
First Name Middle Initial Last Name

Address: _____
Street City Zip Code: Electric

Utility Company: All Electric, Cooling and Heating (*Please check if applies to household*)

Account Number: _____

- CPL Direct Energy First Choice Green Mountain Nueces Coop.
- Reliant Stream TXU City of Robstown
- NEC Frontier Nueces Coop. Other _____

Gas not used for Heating (Please check if applies to household)

Gas Utility: (Please check if applies to household) Account Number: _____

- City of Corpus Christi City of Robstown
- Other: _____

If resident of a Housing Authority, client does not pay gas therefore no consumption billing history is available.

I authorize the Texas Department of Housing and Community Affairs and its contracted agency, (NCCAA) to solicit/ verify information on my energy billing and consumption histories, both past and future, to the extent the information is used only to determine program eligibility and to provide related application data. Further, I authorize the said agencies to release any relevant information or files related to my participation in the CEAP and related Programs to all funding sources.

Applicant Signature

Date:



NUECES COUNTY COMMUNITY ACTION AGENCY

2021 Community Services Application

OFFICE USE ONLY
Date/Time Received/Initials

- CHECK SERVICES APPLYING FOR: Utility (Light/Gas) Housing (Rent/Mortgage/Water) Heating and Cooling Weatherization
 Minor Home Repairs Education Support Food and Clothing Other _____

PART 1.0 APPLICANT'S (HEAD OF HOUSEHOLD) INFORMATION *[Complete all information requested]*

PHYSICAL ADDRESS	Street:	City:	Zip Code:
MAILING ADDRESS (IF DIFFERENT)	Street/Box Number:	City:	Zip Code:
PHONE NUMBERS AND E-MAIL	Primary Phone #	Secondary Phone #	E-Mail Address

PART 2.0 HOUSEHOLD MEMBERS' INFORMATION *[START with HEAD of HOUSEHOLD. List all members of household.]*

Please use the number codes to answer Gender, Race, Education, Work Status, and Health Insurance Categories below:

***Gender:** 1. Male 2. Female 3. Other 4. Unknown
 ***Race:** 1. American Indian/Alaskan Native 2. Asian 3. Black 4. Native Hawaiian/Pacific Islander 5. White 6. Other 7. Multi-Race 8. Unknown
 ***Education:** 1. 0-8 grade 2. 9-12 grade (non graduate) 3. H.S. Grad/GED 4. Some College 5. 2 or 4 yr College Grad 6. Postsecondary Grad
 ***Work Status:** 1. Full-time 2. Part-time 3. Retired 4. Short-term Unemployment (6 months or less) 5. Long Term Unemployment (More than 6 months) 6. Not in the Workforce
 ***Health Ins:** 1. Medicaid 2. Medicare 3. State Children Health Ins. 4. State Health Ins. Adult 5. Military Health Ins. 6. Employer Sponsored 7. Direct Purchase 8. No Insurance

LAST NAME	FIRST NAME	MI	SS NUMBER	Date of Birth (MM/DD/YYYY)	Relation to Applicant	Age	Gen-der*	Race *	Hispanic (Y/N)	Educa-tion*	Vet (Y/N)	Work Status*	Health Ins*
1					HEAD of HOUSEHOLD								
2													
3													
4													
5													
Total in Household:		<i>[If there are more than 5 members in your household, please use and attach an additional sheet of paper.]</i>											

NUECES COUNTY COMMUNITY ACTION AGENCY - 2021 Community Services Application

PART 3.0 HOUSEHOLD MEMBERS' INFORMATION CONTINUED	<i>[Check all that apply]</i>
Are you related to anyone who is employed with the NCCAA? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please list name(s):	
Is this your first time ever applying for services for any NCCAA programs? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is anyone in your household disabled? (Disabled person has a physical or mental impairment substantially limiting one or more major life activity, or a record of disability. Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please list name(s):	
If you have children five (5) years or younger, do you need childcare assistance? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you or anyone in your household have a life-threatening condition requiring electrical use of medical equipment or heating and cooling systems? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Would you or any member of household like case management assistance or other services? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Were you or any member of household impacted by COVID-19 directly or indirectly? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain in note section on pg.3	

PART 4.0 INCOME SOURCES AND WORK STATUSES - 18 YEARS AND OLDER - Last 30 days																	<i>[Check all that apply. Must provide proof]</i>
FIRST NAME	Employed	Self-Employed	Unemployment	TANF	Pension	Social Security	RSDI	SSI	SSDI	VA	VA Disability	Child Support	Foster Care	Workers Comp	Other	No Income	Total Monthly Gross Income (Last 30 Days)
1																	
2																	
3																	
All income and sources must be declared for individuals 18 years or older. In the case of no income, a Declaration of Income Statement must be submitted.																	
For those unemployed members, would any be interested in assistance in finding a job or training? Yes <input type="checkbox"/> No <input type="checkbox"/>																	

NON-CASH BENEFITS				<i>[Check all that apply. Must provide proof]</i>
<input type="checkbox"/> Public Housing	<input type="checkbox"/> WIC	<input type="checkbox"/> HUD VASH	<input type="checkbox"/> Housing Choice Voucher	
<input type="checkbox"/> LIHEAP	<input type="checkbox"/> Childcare Voucher	<input type="checkbox"/> Permanent Supportive Housing	<input type="checkbox"/> Affordable Care Act Subsidy	
<input type="checkbox"/> SNAP	<input type="checkbox"/> Other _____			

How did you hear about our program? _____

NUECES COUNTY COMMUNITY ACTION AGENCY - 2021 Community Services Application

PART 5.0 HOUSING INFORMATION	
HOUSEHOLD TYPE:	(Check one): Single Parent-Female <input type="checkbox"/> Single Parent-Male <input type="checkbox"/> Two Parent Household <input type="checkbox"/> Single Person <input type="checkbox"/> Two Adults No Children <input type="checkbox"/> Other <input type="checkbox"/>
What type of residence do you live in? HOUSE <input type="checkbox"/> APARTMENT <input type="checkbox"/> MOBILE HOME <input type="checkbox"/> RENTED ROOM <input type="checkbox"/> HOMELESS <input type="checkbox"/> OTHER <input type="checkbox"/>	
If you are a resident of a home, do you rent or own this home? RENT <input type="checkbox"/> OWN <input type="checkbox"/> Age of Home:	
How much do you pay per month in rent or mortgage? \$	
If you are a Renter, please provide your landlord or property management information below: NAME: _____ PHONE NUMBER: _____	
If you rent, are utilities included in the rent? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain.	
Do you live in public or subsidized housing? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what type? HUD <input type="checkbox"/> SECTION 8 <input type="checkbox"/> OTHER <input type="checkbox"/>	
If you are a Home Owner, please provide your mortgage company's information below: NAME: _____ PHONE NUMBER: _____	

PART 6.0 UTILITY SERVICES INFORMATION		[Complete all information requested]
Name of Electrical Provider:	Account Number:	
Name of Gas Provider:	Account Number:	
Name of Water Provider:	Account Number:	
ONLY ANSWER THIS QUESTION AND PROVIDE DOCUMENTATION IF YOU ARE APPLYING FOR UTILITY ASSISTANCE:		
Is each member of your household a US citizen or a qualified alien (Green Card or Naturalization)? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Type of A/C: Central <input type="checkbox"/> Evaporative Cooler <input type="checkbox"/> Window Unit <input type="checkbox"/> None <input type="checkbox"/>		
Type of Heater: Central <input type="checkbox"/> Space Heater <input type="checkbox"/> Wall Furnace <input type="checkbox"/> Fireplace <input type="checkbox"/> Stove <input type="checkbox"/>		

PART 7.0 RANKING OF NEEDS BY PRIORITY		[Complete all information requested. Provide comments if needed.]
<i>Given your current household situation, list and rank your priorities for assistance—with 5 being the highest priority and 1 being the least.</i>		
NEEDS	RANKING (1-5)	Additional Notes or Comments by Applicant (If you need more space, please attach additional information regarding your needs.) _____ _____ _____
Emergency Assistance (clothes, food, household supplies)		
Rent/Mortgage Assistance*		
Utility Assistance (Water, Gas, Electrical, Internet)		
Child Care		
Other:		
*Note: Applicant must provide documentation if you face eviction or foreclosure.		



2021 NCCAA Assistance Application Certification



In order to complete your Application, you must certify and sign below that all information included is correct. Also, if no income is declared, you must complete the attached Declaration of Income Statement. Submit your Application according to the provided Cares Application Information section.

1. I understand that funds are limited for this Program. I further understand that submitting an application and having it approved is not a guarantee of assistance.
2. I understand that payments provided to my account are issued based on funding availability and may be cancelled during the year.
3. I understand that my household income is correct and complete, and I have properly declared all sources of income for my entire household.
4. I authorize the Texas Department of Housing and Community Affairs and the Nueces County Community Action Agency to solicit/verify information provided on this Application.
5. I authorize the Nueces County Community Action Agency to share my information with Community Partners for the purpose of increasing my access to programs and services and confirming my outcomes.
6. I understand I may appeal a denial of eligibility for these services.
7. I understand that processing of application may take up to 90 days—depending on demand for services.
8. I am aware that I am subject to prosecution and/or fines for providing false or fraudulent information.

I attest the information provided in and with this Application is true and correct to the best of my knowledge and belief. I further certify that I have made a copy of this Application and all supporting documents for my personal files.

Signature of Applicant (*Head of Household*)

Date

<p>Community Action Service Center 1006 22nd St., Corpus Christi, TX 78405 Phone: (361) 882-4193 Fax: (361) 888-6072 assistance@nccaatx.org</p>	<p>Rural Services Center 801 E. Main, Robstown, TX 78380 Phone: (361) 387-1527 Fax: (361) 387.5818 assistance@nccaatx.org</p>
--	---

(DUE TO COVID-19, BOTH CENTERS ARE CLOSED TO THE PUBLIC UNTIL FURTHER NOTICE.)

Both Centers are operating with limited staff Monday thru Thursday from 8:00 AM to 5:00 PM and Friday from 8:00 AM to 12 noon.
 Closed daily for lunch between 12 noon and 1:00 PM.



2021 NCCAA Community Services Application
Declaration of Income Statement
(DECLARACIÓN DE INGRESOS)

Note: This form only applies if applicant declares no income.

Applicant Name - <i>Nombre del Solicitante</i>	Applicant Last Name - <i>Apellido</i>	Suffix - <i>Sufijo</i>
Address - <i>Dirección</i>	City - <i>Ciudad</i>	Zip Code - <i>Código Postal</i>

State the gross income for household members, 18 years and older, have no documentation of the income received in the **30 day period** prior to the date of the application for assistance.

*Declarar el ingreso recibido por los miembros de su hogar, que tienen 18 años de edad o más, y que no tienen documentación de ingresos por los **trienta (30) días** del aplicar para asistencia.*

Name - <i>Nombre</i>	Gross Income Received - <i>Ingreso Bruto Recibido</i>
Name - <i>Nombre</i>	Gross Income Received - <i>Ingreso Bruto Recibido</i>

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 razón(es).

I certify that the above information is true and correct to the best of my knowledge and belief.
Yo certifico que la información proveída 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 proveído información falsa o fraudulenta.

X _____
 Applicant Signature/ *Firma del Solicitante*

 Date/Fecha

TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS
Household Status Verification Form



Systematic Alien Verification for Entitlements (SAVE) System and US Citizenship/US National

Applicant Certification Form for CEAP, DOE-WAP, LIHEAP-WAP Subrecipients, and SHTF, ESG, HHSP, EH (political subdivision only)

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.

Household Member Name	U.S. Citizen (Born or Naturalized) or U.S. National (Yes/No)	Qualified Alien (Yes/No)	Documentation Provided for:	
			Citizenship/Qualified	Identification

To add additional household members, use another copy of this form.

I AM AWARE THAT I AM SUBJECT TO PROSECUTION FOR PROVIDING FALSE OR FRAUDULANT INFORMATION.

X _____
Applicant's Signature

Date

X _____
Signature of agency staff certifying they verified the above documents

Print Staff Name

Date