

# CEAP REQUIRED DOCUMENTS LIST

## (UTILITY ASSISTANCE)

- ▣ 2024 ID FOR ALL HOUSEHOLD MEMBERS OVER THE AGE OF 18.
  - ▣ BIRTH-CERTIFICATES FOR ALL HOUSEHOLD MEMBERS OF ALL AGES.
  - ▣ SOCIAL SECURITY CARDS FOR ALL HOUSEHOLD MEMBERS OF ALL AGES.
  - ▣ INCOME 30 DAYS PRIOR TO THE DATE ON YOUR APPLICATION. (UNEMPLOYMENT, CHILDSUPPORT, CHECK-STUBS OR EMPLOYER VERIFICATION FORM).
  - ▣ 2024 VETERANS INCOME LETTER.
  - ▣ 2024 RETIREMENT INCOME LETTER.
  - ▣ 2024 SOCIAL SECURITY/SSI AWARD LETTERS.
  - ▣ 2024 FOODSTAMP LETTERS.
  - ▣ 2024 TANF LETTERS.
  - ▣ CURRENT BILLS FOR ALL UTILITIES.
  - ▣ SIGNATURE ON SAVE FORM.
  - ▣ SIGNATURE ON PAGE 705 & REASON FOR ANYONE OVER 18 WHO DO NOT RECEIVE INCOME FOR WHY THEY ARE NOT ABLE TO WORK.
- 
- SIGN AND DATE ALL AREAS ON THE APPLICATION THAT REQUIRE A SIGNATURE. FILL OUT ALL AREAS THAT APPLY TO YOUR HOUSEHOLD. IF IT DOES NOT APPLY TO YOUR HOUSEHOLD, PLEASE WRITE N/A. (NOT APPLICABLE).
  - PLEASE PROVIDE ALL DOCUMENTS REQUIRED WITH A FULLY COMPLETED 2024 APPLICATION OR IT WILL NOT BE ACCEPTED.

FORM

**575**P **CSNT**Revised  
26-Sep-23**Community Services of Northeast Texas, Inc.**304 E.Houston • P.O. Box 427  
Linden, Texas 75563

Approved for all programs

# Assistance Application

Applicant Last Name		Applicant First Name		Date	County	
Physical Address				City	State	Zip
Mailing Address (if different)				City	State	Zip
How did you hear about this program?		Have you ever been incarcerated?		Yes	No	Are you currently homeless?
		*Previous incarceration does not disqualify services. Data is needed for obtaining additional funding for previously incarcerated individuals*				<input type="checkbox"/> Yes <input type="checkbox"/> No
Email		Home Phone		Work Phone		Cell Phone

**Instructions:** Race: Choose from White, Black, Asian, 2 or more, Native, No answer Gender: Choose from Male or Female  
 Ethnicity: Choose from Hispanic or Non-Hispanic Relationship: Head of Household (HOH), Son, Daughter, Brother, Spouse, Father, etc.  
 Insurance source: Private, Employer, Medicaid, Medicare, Military, CHIPS, none

**Basic Household Information - List the head of household followed by all members living in the home**

<b>1</b>	Name: Last, First, M.I.		Social Security Number		Date of Birth	Race	Ethnicity	Gender
	Disabled?	Veteran?	Education Level		Relationship	Health Insurance Source		Age
<b>2</b>	Name: Last, First, M.I.		Social Security Number		Date of Birth	Race	Ethnicity	Gender
	Disabled?	Veteran?	Education Level		Relationship	Health Insurance Source		Age
<b>3</b>	Name: Last, First, M.I.		Social Security Number		Date of Birth	Race	Ethnicity	Gender
	Disabled?	Veteran?	Education Level		Relationship	Health Insurance Source		Age
<b>4</b>	Name: Last, First, M.I.		Social Security Number		Date of Birth	Race	Ethnicity	Gender
	Disabled?	Veteran?	Education Level		Relationship	Health Insurance Source		Age
<b>5</b>	Name: Last, First, M.I.		Social Security Number		Date of Birth	Race	Ethnicity	Gender
	Disabled?	Veteran?	Education Level		Relationship	Health Insurance Source		Age
<b>6</b>	Name: Last, First, M.I.		Social Security Number		Date of Birth	Race	Ethnicity	Gender
	Disabled?	Veteran?	Education Level		Relationship	Health Insurance Source		Age
<b>7</b>	Name: Last, First, M.I.		Social Security Number		Date of Birth	Race	Ethnicity	Gender
	Disabled?	Veteran?	Education Level		Relationship	Health Insurance Source		Age
<b>8</b>	Name: Last, First, M.I.		Social Security Number		Date of Birth	Race	Ethnicity	Gender
	Disabled?	Veteran?	Education Level		Relationship	Health Insurance Source		Age

# Assistance Application

Page 2

## Military status, Disconnected youth, Wages and Benefits Information

Circle the correct responses

Houshold members listed on Page 1:		Military Status	Age	Youth	Working		In School		Wages?		Benefits?	
1		<input type="checkbox"/> Veteran <input type="checkbox"/> None <input type="checkbox"/> Active <input type="checkbox"/> Other			Y	N	Y	N	Y	N	Y	N
2		<input type="checkbox"/> Veteran <input type="checkbox"/> None <input type="checkbox"/> Active <input type="checkbox"/> Other			Y	N	Y	N	Y	N	Y	N
3		<input type="checkbox"/> Veteran <input type="checkbox"/> None <input type="checkbox"/> Active <input type="checkbox"/> Other			Y	N	Y	N	Y	N	Y	N
4		<input type="checkbox"/> Veteran <input type="checkbox"/> None <input type="checkbox"/> Active <input type="checkbox"/> Other			Y	N	Y	N	Y	N	Y	N
5		<input type="checkbox"/> Veteran <input type="checkbox"/> None <input type="checkbox"/> Active <input type="checkbox"/> Other			Y	N	Y	N	Y	N	Y	N
6		<input type="checkbox"/> Veteran <input type="checkbox"/> None <input type="checkbox"/> Active <input type="checkbox"/> Other			Y	N	Y	N	Y	N	Y	N
7		<input type="checkbox"/> Veteran <input type="checkbox"/> None <input type="checkbox"/> Active <input type="checkbox"/> Other			Y	N	Y	N	Y	N	Y	N
8		<input type="checkbox"/> Veteran <input type="checkbox"/> None <input type="checkbox"/> Active <input type="checkbox"/> Other			Y	N	Y	N	Y	N	Y	N

## Wage and Benefit Source Information

**Instructions:** List all wages and benefits for all household members.

Work status choices: Full Time (FT), Part Time (PT), Migrant or Seasonal Farmworker (MS), Retired (R), Unemployed for 6 months or more (U6M), Unemployed for 6 months or less (U6L), not in labor force (NLF)

Houshold members listed on Page 1:		Income Source	How often paid	Total Monthly Income	Status
1					
2					
3					
4					
5					
6					
7					
8					

## Government Benefits Information - Not used to determine eligibility; for reporting purposes only.

Does anyone in the household receive any of these? (mark all that apply)

- |                                                |                                             |
|------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Employment pay        | <input type="checkbox"/> Social Security    |
| <input type="checkbox"/> SSI                   | <input type="checkbox"/> Child Support      |
| <input type="checkbox"/> TANF                  | <input type="checkbox"/> Food Stamps        |
| <input type="checkbox"/> Unemployment benefits | <input type="checkbox"/> General Assistance |
| <input type="checkbox"/> VA Benefits           | <input type="checkbox"/> Other: _____       |

## Housing Information

The home is: <input type="checkbox"/> Owned <input type="checkbox"/> Rented		Type: <input type="checkbox"/> House <input type="checkbox"/> Apartment		Payment / Mo
Landlord:		<input type="checkbox"/> Mobile Home <input type="checkbox"/> Other		
Address:			Phone	
City:	State:	Zip	County	
Are utilities included in the rent? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is there a utility allowance received? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is there any subsidy for the housing? <input type="checkbox"/> No <input type="checkbox"/> HUD <input type="checkbox"/> Section 8 <input type="checkbox"/> Public Housing <input type="checkbox"/> Other				

# Assistance Application

Page 3

## Utility Service Information

How is the home heated? ☐ Space Heater ☐ Window Unit ☐ Central Heat ☐ Wood

How is the home cooled? ☐ Box fans ☐ Ceiling fans ☐ Central Air ☐ Window Unit

List any other devices used to heat or cool the home:

How are the heating/cooling bills paid? ☐ To Utility Company ☐ To Landlord ☐ In rent payment

Electric Service: ☐ Heat ☐ Cool ☐ Cook ☐ Heat Water

Utility Company

Account Number

Natural Gas Service: ☐ Heat ☐ Cook ☐ Heat Water

Utility Company

Account Number

LP Gas Service: ☐ Heat ☐ Cook ☐ Heat Water

Utility Company

Account Number

## Water Service

Utility Company

Account Number

Other Energy Service: ☐ Heat ☐ Cool ☐ Cook ☐ Heat Water

Utility Company

Account Number

## Certification

1. The information provided is true and correct to the best of my knowledge and belief.
2. My household income has been annualized at the time of application according to pre-established procedures.
3. I understand I may appeal a denial of eligibility, and amount of assistance received, or a delay in service delivery.
4. I authorize the Texas Department of Housing and Community Affairs (TDHCA) and its contracted agencies to solicit or verify information on my utility and/or fuel bills, both past and future to the extent the information is used only to provide data relevant to my application for assistance.
5. I am aware that I am subject to prosecution for providing false, misleading, or fraudulent information.

Applicant Signature

Date

## For Office Use ONLY

Eligible? ☐ Yes ☐ No If no, has applicant requested an appeal? ☐ Yes ☐ No

Income denial? ☐ Yes ☐ No If yes, what is the annualized income? \_\_\_\_\_

Is there a priority member in the household? ☐ Elderly ☐ Elderly/Disabled ☐ Documented crisis  
☐ Disabled ☐ Child Under 6 ☐ Cutoff notice

Recommended Utility Assistance Component: ☐ HCC ☐ UA ☐ Other \_\_\_\_\_

Caseworker Signature

Date



FORM

702

P 

Revised  
APR 10, 2018

**Community Services of Northeast Texas, Inc.**

304 E.Houston • P.O. Box 427  
Linden, Texas 75563



Approved for all programs

## Disability Certification Form

Applicant Name:

Applicant File Number:

**I hereby certify that I am disabled as defined in one of the following:**

- 7(9) of the Rehabilitation Act of 1973
- 1614 (a) (3) (A) or 223 (D) (1) of the Social Security Act
- 102 (7) of the Developmental Disabilities Services and Facilities Construction Act  
(38 USC Chapter 11 or 15)

☐ I receive benefits as a result of my disability.

☐ I do not receive benefits as a result of my disability.

☐ I do not receive benefits as a result of my disability, but I have applied for benefits.

**Under penalty of perjury, I have provided truthful information in this certification. In Texas, under Sec. 37.101 of the PENAL CODE, it is a felony of the third degree to falsify this document.**

Applicant's Signature

Date



## Standard Information Release

Applicant Name:

Applicant File Number:


I hereby give my permission to Community Services of Northeast Texas, Inc.  
for the following, and do affirm the stated understandings:

- CSNT may obtain information to complete my application for assistance or services.
- CSNT may share necessary information with other individuals or organizations in order to provide case management services and/or secure resources on my behalf. I understand information will only be shared when necessary to meet the requirements of my established service plan.
- CSNT may use my success story, likeness, recording, both audio and video in public relations efforts, and may share same with other entities with or without personal identifying information when doing so shall be for the good of improving community development.
- I understand CSNT may use my likeness and/or success story in releasing annual report information to State and Federal entities, and in doing so, will provide ever assurance that personal identifying information will be redacted.
- I understand I am not entitled to any compensation for any use of my story or likeness.
- I will continue to provide income information for Case Management reasons for as long as necessary for CSNT to release me from the Self-Sufficiency Program.

Applicant's Signature

Date



FORM	P 
705	Revised 04-10-2018



## Declaration of Income

(DECLARACION DE INGRESOS)

<b>Applicant Name</b> (Nombre del Solicitante)	<b>Applicant Last Name</b> (Apellido)	<b>Suffix</b> (Sufijo)
<b>Address</b> (Dirección)	<b>City</b> (Ciudad)	<b>Zip Code</b> (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)*

<b>Name</b> (Nombre)	<b>Gross Income Received</b> (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 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 ó fraudulenta.)*

✕  
\_\_\_\_\_  
*(Applicant Signature/Firma del Solicitante)*

✕  
\_\_\_\_\_  
*(Date/Fecha)*

With respect to the use of the Declaration of Income Statement form that allows clients to declare their income without providing proof, CSNT establishes the following policy. DIS forms will only be used when all efforts have been made to secure documentation of household income and when there are serious extenuating circumstances that justify the use of the form. Except in situations where documents may have been destroyed by a disaster situation, such as fire, flood, etc., no more than one DIS form shall be used per household





**COMMUNITY SERVICES OF NORTHEAST TEXAS, INC.**

Date \_\_\_\_\_

To Whom It May Concern:

Re: \_\_\_\_\_

SS# \_\_\_\_\_

We are required to verify the income of all household members of the above individual who is seeking assistance from Community Services of Northeast Texas, Inc. Please supply the requested information below and return it as soon as possible. We will keep this information in strict confidence and use it to determine eligibility for assistance.

Your prompt return of this letter will be appreciated.

Sincerely,

\_\_\_\_\_  
(Case Manager Signature)

**Please complete all that apply:**

- Please Circle One**  
full-time or part-time
1. Date Hired: \_\_\_\_\_
  2. Occupation: \_\_\_\_\_
  3. Name of Employer: \_\_\_\_\_
  4. Address of Employer: \_\_\_\_\_
  5. Average hours per week: \_\_\_\_\_ and hourly wage \_\_\_\_\_.
  6. Gross Wage paid by employer: \_\_\_\_\_ per previous 30 days.
  7. Does the employee have paid sick leave at this time? \_\_\_\_\_  
If so, how much? \_\_\_\_\_ hrs.
  8. Date Terminated: \_\_\_\_\_
  9. Date of Lay-off: \_\_\_\_\_
  10. Date of decrease in hours \_\_\_\_\_ from \_\_\_\_\_ hrs. to \_\_\_\_\_ hrs.  
Reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Position \_\_\_\_\_  
Telephone \_\_\_\_\_ Date \_\_\_\_\_



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

[illegible]

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

Date \_\_\_\_\_



# Acceptable Documentation for Establishing United States Citizenship and Identity for CEAP, DOE-WAP, LIHEAP-WAP Subrecipients, and SHTF, ESG, HHSP, and EH (political subdivision only)<sup>1</sup>

## Documents that Establish Both Citizenship and Identity:

- Fully-valid, undamaged U.S. passport or passport card (can be expired). If the household member has a US passport or passport card, no further documentation is needed.
- U.S American Indian or Alaska Native tribal enrollment or membership card with photo

## If the household member does not have a U.S. passport or passport card, you need to establish Citizenship AND Identity:

### Citizenship for Adult and Children Household Members

All adult and child household members must have:

#### one of the following:

- Birth certificate or birth record (including birth certificate cards) issued by the appropriate State Bureau of Vital Statistics or equivalent agency from a US state or local government, a US territory, or the District of Columbia
- Consular Report of Birth Abroad or Certification of Birth / US Department of State Certificate of Birth Abroad issued to US citizens born abroad (Form FS-240, DS-1350, or FS-545)
- Official adoption decree that lists the individual's place of birth in a US state, a US territory, or the District of Columbia
- Military record that lists the individual's place of birth in a US state, a US territory, or the District of Columbia

**OR**

#### two of the following:

- Hospital birth certificate (often shows baby's footprints)<sup>2</sup>
- U.S. Census record<sup>2</sup>
- Early school records<sup>2</sup>
- Doctor's records of post-natal care<sup>2</sup>
- Baptism certificate<sup>2</sup>
- Family Bible record<sup>2</sup>
- *Form DS-10: Birth Affidavit*<sup>3</sup>

Note: If a household member's citizenship documentation lists their maiden name instead of their married name, the first name and date of birth on the household member's identification must match the first name and date of birth on the citizenship documentation.

**AND**

### Identity for Adult (18 and older) Household Members - Must Have:

#### one of the following:

- Texas DL or photo ID within two years of expiration
- Government employee ID (city, county, state, or federal)
- U.S. military or military dependent ID
- Current (valid) foreign passport
- Matricula Consular (Mexican Consular ID) - commonly used by a parent of a U.S. citizen child applicant
- Trusted Traveler IDs (including valid Global Entry, FAST, SENTRI, and NEXUS cards)
- Tribal Cards with photo and Native American tribal photo IDs
- Temporary driver's license with photo.
- Out-of-state driver's license or non-driver ID with photo within 60 days of expiration
- Concealed handgun license (actual card)<sup>†</sup>
- Unexpired foreign passport
- A valid Consular document issued by a state or national government
- Texas offender ID card or similar form of ID issued by TDCJ
- Federal inmate ID card

**OR**

#### two of the following:

- Learner's or temporary driver's permit (without a photo)
- In-state, fully valid non-driver ID (without a photo)
- Temporary driver's license (without a photo)
- Social Security card (actual card)
- Voter registration card (actual card)<sup>†</sup>
- Employee work ID
- Student ID
- School yearbook with identifiable photograph
- Selective Service (draft) card
- Medicare or other health card
- Original or certified copy of a birth certificate or birth record issued by the appropriate State Bureau of Vital Statistics or equivalent agency from a US state or local government, a US territory, the District of Columbia, or a Canadian province
- Original or certified copy of the US Department of State Certificate of Birth Abroad issued to US citizens born abroad (Form FS-240, DS-1350, or FS-545)
- Original or certified copy of the court order with name and date of birth indicating an official change of name and/or gender from a US state, a US territory, the District of Columbia, or a
- Pilot's license (actual card)<sup>†</sup>
- Texas Department of Criminal Justice (TDCJ) parole or mandatory release certificate
- Professional license issued by Texas state agency
- W-2 or 1099 form
- School records (e.g. report cards, photo ID cards, etc.)<sup>†</sup>
- Military records (e.g., Form DD-214)
- Unexpired US military dependent ID card (actual card)
- Veteran Health Identification card (VHIC—actual card)
- Selective Service card (actual card)
- Original or certified copy of a marriage certificate or divorce decree (US jurisdiction or foreign jurisdiction - if not in English, a certified translation must accompany it) (years)
- Current Texas motor vehicle registration or title
- Current Texas boat registration or title
- Immunization records<sup>†</sup>
- Federal parole or release certificate
- Tribal membership card from a federally recognized tribe (without photo)



# Acceptable Documentation for Establishing United States Citizenship and Identity for CEAP, DOE-WAP, LIHEAP-WAP Subrecipients, and SHTF, ESG, HHSP, and EH (political subdivision only)<sup>1</sup>

Canadian province

• Certificate of Degree of Indian Blood (CDIB)

## Identity for Child (under 18) Household Members:

Use the same method as identifying adults (as listed on previous page)

**OR**

Establish parental/guardian relationship using one of the following documents (the document must list the name of the parents/guardians):

- U.S. birth certificate (also evidence of U.S. citizenship)
- Consular Report of Birth Abroad (also evidence of U.S. citizenship)
- Foreign birth certificate
- Adoption decree
- Divorce/Custody decree
- Unexpired Notarized *Authorization Agreement for Voluntary Adult Caregiver* signed by at least one of the child's parents or legal guardians<sup>4</sup>
- Department of Family and Protective Services Forms 2085FC, 2085HCS, 2085KO, and 2085LR are acceptable—if line 12 indicates child placement is for 50% or more of a month.

**AND**

The parent/guardian must present documentation listed in Identity for Adult (18 and older), to confirm they are the parent/guardian listed on the document establishing parental/guardian relationship.

1. The U.S. Department of Health and Human Services (HHS) has not provided specific guidance regarding identity or citizenship documentation. If HHS provides guidance or promulgates regulations the Texas Department of Housing and Community Affairs (the Department) will share that information with its Subrecipients. However, Subrecipient has sole responsibility under the Contract to determine Household Eligibility, and this guidance from the Department does not modify or amend its Contract with Subrecipient.

2. Early public or private documents are documents that were created and/or issued early in the applicant's life, preferably in the first five years.

3. Available from the U.S. Department of State's website at <http://eforms.state.gov>

4. Available from the Texas Department of Family and Protective Services Website at [https://www.dfps.state.tx.us/site\\_map/forms.asp](https://www.dfps.state.tx.us/site_map/forms.asp)

<sup>†</sup>Document must be issued by an institution, entity or government agency from a US state, a US territory, the District of Columbia, or a Canadian province.