

CEAP REQUIRED DOCUMENTS LIST

(UTILITY ASSISTANCE)

- CURRENT 2023-2024 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

P **CSNT**

Community Services of Northeast Texas, Inc.



575

Revised
26-Sep-23

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

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

Household 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)

Household 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	P 
705	Revised
	04-10-2018



Declaration of Income

(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 dias 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):*

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.)*

✕ _____
(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

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 fingerprints)²
- U.S. Census record²
- Early school records²
- Doctor's records of post-natal care²
- Baptism certificate²
- Family Bible record²
- Form DS-10: Birth Affidavit³

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 ID
- 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)†
- 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

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)†
 - 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)†
 - 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.)†
 - 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†
 - Federal parole or release certificate
 - Tribal membership card from a federally recognized tribe (without photo)

OR

Identity for Child (under 18) Household Members:

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

OR

Establishing 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 guardians⁴
- Department of Family and Protective Services Form 2085FC

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/dfs/maap/forms.asp>. 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.

If you have questions about this document, please contact Rachel Slack at 512-936-7798.