

APPLICATION

for assistance from



Community Services of Northeast Texas, Inc.





APPLICATION FOR SERVICES

Head of Household Name

1. Complete the application and return it to Community Services of Northeast Texas, Inc.:

___ for all services: use the Outreach Center in your county (see list on back page)

___ for Utility Assistance ONLY, Mail to:

CSNT, Inc.
Utility Assistance
P.O. 427
Linden, Texas 75563

2. Include all the required documentation indicated on the enclosed list.
3. We will most likely conduct a phone interview with you. Do you have any physical or mental conditions that require special accommodations?
If so, please explain so we can better serve your family's needs.

Your timely response will expedite processing for assistance.

FOR AGENCY USE ONLY

Date Requested	Sent Date	Date Received	Appt. Date/Time	Interview Location
	By: _____	By: _____		<input type="checkbox"/> Phone <input type="checkbox"/> Center _____ <input type="checkbox"/> Home Visit



FORM**Community Services of Northeast Texas, Inc.****575**Revised
FEB 15, 2018304 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?					Are you currently homeless? <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 reponses

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

702

P 

Revised
FEB 16, 2018

Community Services of Northeast Texas, Inc.

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



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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 Rehavilitation 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 recevie 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 appled 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

FORM

711



Revised
FEB 16, 2018

Community Services of Northeast Texas, Inc.

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



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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 02-19-2018



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 días 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 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)

FORM

579

P 

Revised

FEB 19, 2018

Community Services of Northeast Texas, Inc.

304 E.Houston • P.O. Box 427

Linden, Texas 75563



Approved for all programs

Initial Needs Assessment

Household member's name	Place an X in the appropriate box			COMMENTS
	None Never No	Some Sometimes Maybe	All Always Yes	
HEALTH AND NUTRITION				
Do all your children have their required immunizations?				
Does any one in your home need prenatal care?				
Do you have medications that Medicaid/Medicare does not pay				
BASIC NEEDS				
Do you need food?				
Do you need clothing?				
Do you need personal items?				
Do you have transportation?				
HOUSING NEEDS				
Do you need home buyer assistance?				
Do you need a low interest loan or grant to repair your home?				
CHILD SUPPORT				
Is there a court order for you to receive child support?				
Are you actually receiving the support from that order?				
Do you have a child for which there is no court ordered support?				
BUDGETING				
Do you have a planned monthly budget?				
OTHER				
Are you being neglected or abused?				
Do you need counseling for a mental illness?				
EDUCATION/JOB INFORMATION				
(COMPLETE THIS SECTION ONLY IF YOU ARE ABLE TO WORK)				
Are you currently working?				
If NO, are you registered with the Texas Workforce?				
Do you have a high school diploma or G.E.D.?				
Would you like to further your education?				
Do you need child care?				

FORM

545

P 

Revised
FEB 17, 2018

Community Services of Northeast Texas, Inc.

304 E.Houston • P.O. Box 427
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Approved for all programs

Budget Worksheet

INCOME

List ALL income (monthly amounts)

- 1. Employment
- 2. SS/RSDI/SSI
- 3. Unemployment
- 4. Child Support
- 5. Food Stamps

- 6. TANF
- 7. VA
- 8. Support from Others
- 9. Other Income

Total A (1-9):

EXPENSES

List amount of expenses

- 1. Rent/ Mortgage
- 2. Electric
- 3. Gas
- 4. Water
- 5. Phone / Internet
- 6. Car Note
- 7. Car Insurance
- 8. House Insurance
- 9. Other Insurance
- 10. Furniture
- 11. Loan Company
- 12. Medical
- 13. Credit Cards- Actual Payments
 - a.
 - b.
 - c.
- 14. Food
- 15. Gasoline
- 16. Laundry Mat
- 17. Property Taxes
- 18. Household Items
- 19. Yard Services

HAVE YOU APPLIED FOR?

Answer yes or no

- Food Stamps
- Utility assistance
- TANF
- Social Security Benefits
- Unemployment Benefits
- WIC

OTHER EXPENSES

List amount of expenses

- 1. Charitable Donations
- 2. Cable TV
- 3. Movie Rentals
- 4. Cell Phones
- 5. Eating Out
- 6. Tobacco
- 7. Child Care
- 8. Alcohol
- 9. Youth activities
- 10. Barber / Salon expenses
- 11. Clothing for work /school
- 12. Other

Total C (1-12):

Total B (1-19):

Total Monthly Income _____
 Total Monthly Expenses _____
 Total Other Expenses _____
 Discretionary Funds _____

_____ Total A
 _____ Total B
 _____ Total C
 _____ A minus (B+C)

Please provide the following documents with your application. Failure to provide even one of the documents could disqualify you from receiving assistance:

- A completed Application (all forms)
- A copy of a photo ID for every household member age 18 and over
- A copy of the Social Security card (or document showing number) for every member living in the home
- Food Stamps Benefit Statement
- A copy of the most recent utility bills for heating or cooling the home – electric, natural gas, LP gas
- A 12-month billing history of your energy usage from each utility company providing service to you
 - Utility companies may fax history to 903-665-8745
 - Utility companies may email histories to history@csnthelp.org
 - Utility bill MUST be either:
 - in a household member's name
 - in a landlord's name with a c/o sign to a household member
- Proof of income for the most recent 30 days (Examples: Check stubs, current Social Security Administration Benefit Letter for all beneficiaries in the household, DHS/TANF statement, payment listing for Unemployment Benefits, any proof of receiving payments for work)
- Declaration of Income Statement (DIS Form)

Make sure you have:

Completed FORM 579 (Initial Needs Assessment)

Completed FORM 545 (Budget Worksheet)

Signed page 3 of FORM 575 (Application for Assistance)

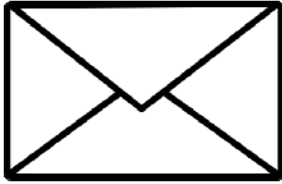
Signed FORM 702 (Certification – Disability) if you are disabled

Signed FORM 705 (Declaration of Income) if you have no proof of income

Signed FORM 711 (Standard Release)

Selected the proper mailing address from the back page

DELIVER THIS APPLICATION TO THE LOCATION NEAREST YOU OR MAIL TO:



Community Services of Northeast Texas, Inc.
P.O. Box 427
Linden, Texas 75563

Drop-off Locations:

BOWIE COUNTY – 1611 Robinson Rd., Texarkana, TX 75501

CAMP COUNTY – 200 W Marshall, Pittsburg, TX 75686

CASS COUNTY – 304 Houston St., Linden, TX 75563

DELTA COUNTY – 115 Putman St., Sulphur Springs, TX 75482

FRANKLIN COUNTY – 310 N. Edwards Ave., Mt. Pleasant, TX 75455

HOPKINS COUNTY - 115 Putman St., Sulphur Springs, TX 75482

LAMAR COUNTY – 5210 Loop 286 SE, Paris, TX 75460

MARION COUNTY – 1115 N. Walcott, Jefferson, TX 75657

MORRIS COUNTY - 200 W Marshall, Pittsburg, TX 75686

RAINS COUNTY - 115 Putman St., Sulphur Springs, TX 75482

RED RIVER COUNTY – 5210 Loop 286 SE, Paris, TX 75460

TITUS COUNTY – 310 N. Edwards Ave., Mt. Pleasant, TX 75455

ALL OTHER COUNTIES – P. O. Box 427, Linden, TX 75563