



2026 UNIFIED INTAKE APPLICATION FOR SERVICES Certification of Completeness / Checklist

(361) 578-2989 | 4007 Halsey St. Victoria, TX 77901 | info@CrossroadsCA.org

If your application is submitted without **ALL** the required documents listed below, as they apply to your household, it will be determined as **INCOMPLETE** and will **not** be processed for assistance. Incomplete applications will not be saved. You will have to re-apply during the next Application Acceptance Period

Please do not contact us to check the status of your application for 3 weeks from the application date.

ITEMS NEEDED FOR A COMPLETE APPLICATION:

Please check each box – certifying that you are providing each item listed as they apply to anyone in your household.

- This Checklist.** Signed and dated by client.
- Release & Authorization Form.** Signed and dated by client.
- Filled Out Application for Services.**
- All INCOME for all household members for the past 30 days:** *(select all that apply)*
 - Paystubs, & all pages of Benefit Award Letter(s):** *(No Bank Statements)*
 - SS, SSDI, SSI, SNAP, TANF, Unemployment,
 - Child Support, VA Benefits, Disability, Retirement, Pension,
 - Royalties, etc. **if NO Income for past 30 days – Declaration of Income Statement Form**
- Current **UTILITIES BILLS** Electric/ Gas/ Propane
- 12 Month Usage History *(Not Individual Bills)*
- Identification:**
 - Passport.** *If Passport is provided, no additional identification is required for that household member.*
 - Otherwise:**
 - Texas Driver’s License or Texas State Identification Card(s) **for all household members who are 18+**
 - & Social Security Card(s) **for all household members**
 - & Birth Certificate(s) **for all household members**
 - Permanent Resident ID** *(if Applicable) Copy Front & Back*
- SAVE – HSV Form: Systematic Alien Verification for Entitlements - Household Status Verification Form**
 - Weatherization Only -**
 - Property Tax Statement**
 - Proof of Home Ownership**

I, the undersigned, understand that, if applicable, all items listed above are required with my application for it to be reviewed for eligibility determination. I understand that my application will **not** be saved and that I may not be able to submit missing documents at a later point if I do not include them with my original application. I certify that I am submitting all items requested along with my application.

Client’s Signature (If Digital: Full Name + Last 4 SSN)

Date



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2026 RELEASE & AUTHORIZATION FORM

UNIFIED APPLICATION FOR SERVICES
UTILITIES ASSISTANCE | WEATHERIZATION | COMMUNITY SERVICES

I, _____, am applying for assistance with Crossroads Community Action
(Print Full Name)

referred to hereafter as **CCA**. I am applying for any source of funding through referrals that are available to CCA, such as United Way, Salvation Army, VCAM, Private donations, and/or Federal/State funding programs available in the service area.

I understand that any funding sources needed to assist my household may have access to any information contained in my case file. This also releases CCA to request information from income sources for Income Eligibility Determination and Utility Usage Information. CCA may refer my case, and release information contained within my case file, for additional services that I may qualify for within the agency as well as to outside agencies that may be able to provide additional services/ assistance.

Further, I Understand that if I contact the media, CCA Board Members, TDHCA staff, or elected officials regarding my case, I grant CCA permission to discuss the details of my case with those parties to resolve the complaint.

This Release & Authorization form is valid **for the entire calendar year** in which I am applying for assistance, or for One Year from Signature Date for Weatherization Services or Emergency Response Management Assistance.

Optional Agent Representation: I hereby appoint the following individual to act as an agent on my behalf. They have my consent to represent me, ask and answer questions, provide information, and sign in my place. Unless I revoke in writing, their authority to act on my behalf, they may serve as my representative with CCA for the same time frame as this Release & Authorization. Further, I understand that I am still responsible for the information, and its validity, provided to CCA and their Funding sources.

(Authorizing a Representative does not forfeit my responsibility to provide true and honest information on my application for services.)

Name of Agent (Representative): _____

Agent (Representative) Phone Number: _____

Relationship to Applicant: _____

Agent Signature: _____

Applicant Signature or Digital Signature

Date of Signature

Actual Applicant Signature – NOT AGENT/REPRESENTATIVE
Digital Signature: Full Name + Last four digits of SSN

----- Below Line: For Office Use Only -----

Authorized CCA Staff Signature

Date

Case # / Household ID #



UNIFIED INTAKE APPLICATION FOR SERVICES

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Client ID: Office Use Only

Please select all services you wish to apply for:

- Utilities Assistance
 Weatherization
 Rental Assistance ****Referral Only**
(Requires a separate Application)
- Medication Assistance
 Food Pantry
 Hygiene/Household Products Assistance
 Home Modifications for Mobility Assistance (for Persons w/disabilities)
 Other: _____

Would Denial of Services put you at risk of being homeless? YES NO

Applicant's Name		County		Primary Phone Number	
Residence Address		City	State	Zip Code	Alternate Phone Number
Mailing Address (if different than residence)		City	State	Zip Code	Email Address
Social Security Number		Date of Birth		Age	Relationship to Applicant
Gender	Race - Select all that apply	Highest Level of Education	Military Status <i>*Must Select an option</i>	Insurance Type	Work Status
1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	1 <input type="checkbox"/> American Indian/ Alaska Native 2 <input type="checkbox"/> Asian 3 <input type="checkbox"/> Black/African- American 4 <input type="checkbox"/> Native Hawaiian /Pacific Islander 5 <input type="checkbox"/> White/Caucasian 6 <input type="checkbox"/> Other: _____ 7 <input type="checkbox"/> Multi-Race	1 <input type="checkbox"/> 0-8 Grade 2 <input type="checkbox"/> 9-12 Grade (Non- Graduate) 3 <input type="checkbox"/> Highschool Grad/GED 4 <input type="checkbox"/> 12+ Post-Secondary 5 <input type="checkbox"/> 2 or 4 year Degree 6 <input type="checkbox"/> Master's Degree or higher	<input type="checkbox"/> Active <input type="checkbox"/> Veteran <input type="checkbox"/> Non-Military <input type="checkbox"/> Disabled <input type="checkbox"/> Not-Disabled	1 <input type="checkbox"/> Direct Purchase 2 <input type="checkbox"/> Employment Based 3 <input type="checkbox"/> Medicaid 4 <input type="checkbox"/> Medicare 5 <input type="checkbox"/> Military Healthcare 6 <input type="checkbox"/> Children's Health Ins. Program-CHIP 7 <input type="checkbox"/> State Health Insurance for Adults 8 <input type="checkbox"/> No Insurance	1 <input type="checkbox"/> Employed Full Time 2 <input type="checkbox"/> Part Time 3 <input type="checkbox"/> Short-Term Unemployed 6 months or less 4 <input type="checkbox"/> Long-Term Unemployed More than 6 months 5 <input type="checkbox"/> Migrant-Seasonal Farm Worker 6 <input type="checkbox"/> Unemployed Not in Labor Force 7 <input type="checkbox"/> Retired 8 <input type="checkbox"/> Age 16 & younger

Number of people in the household: _____

- Single Person
 Non-Related Adults w/children
 2 Adults, No Children
 2 Parent Household
 Single Parent (Female)
 Mutli-Generational
 Single Parent (Male)
 Other: _____

- Age 60 or over
 Military Veteran / Active Duty
 Homeless
 Child(ren) 5 or Younger
 Disabled

FOR OFFICE USE ONLY: WEATHERIZATION COMPLETION DATE: _____



UNIFIED INTAKE APPLICATION FOR SERVICES

PART TWO: ALL HOUSEHOLD MEMBERS INFORMATION

Household Member 2:		Military Status *Must Select an option			Disability Status:	
		<input type="checkbox"/> Active <input type="checkbox"/> Veteran <input type="checkbox"/> Non-Military			<input type="checkbox"/> Disabled <input type="checkbox"/> Not Disabled	
Name		Date of Birth	Age	Social Security Number	Relationship to Applicant	
Gender	Race – Select all that apply	Education Level		Insurance Type	Work Status	
1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	1 <input type="checkbox"/> American Indian/ or Alaska Native 2 <input type="checkbox"/> Asian 3 <input type="checkbox"/> Black/African- American 4 <input type="checkbox"/> Native Hawaiian or Pacific Islander 5 <input type="checkbox"/> White/Caucasian 6 <input type="checkbox"/> Other: _____ 7 <input type="checkbox"/> Multi-Race	1 <input type="checkbox"/> 0-8 Grade 2 <input type="checkbox"/> 9-12 Grade (Non-Graduate) 3 <input type="checkbox"/> Highschool Grad or GED 4 <input type="checkbox"/> 12+Post-Secondary 5 <input type="checkbox"/> 2 or 4 year Degree 6 <input type="checkbox"/> Master's Degree +		1 <input type="checkbox"/> Direct Purchase 2 <input type="checkbox"/> Employment Based 3 <input type="checkbox"/> Medicaid 4 <input type="checkbox"/> Medicare 5 <input type="checkbox"/> Military Healthcare 6 <input type="checkbox"/> CHIP-Children's Health Insurance Program 7 <input type="checkbox"/> State Health Insurance for Adults 8 <input type="checkbox"/> No Insurance	1 <input type="checkbox"/> Employed Full Time 2 <input type="checkbox"/> Part Time 3 <input type="checkbox"/> Short-Term Unemployed 6 months or less 4 <input type="checkbox"/> Long-Term Unemployed More than 6 months 5 <input type="checkbox"/> Migrant-Seasonal Farm Worker 6 <input type="checkbox"/> Unemployed Not in Labor Force 7 <input type="checkbox"/> Retired 8 <input type="checkbox"/> Age 16 & younger	
Ethnicity						
1 <input type="checkbox"/> Hispanic 2 <input type="checkbox"/> non-Hispanic						

Household Member 3:		Military Status *Must Select an option			Disability Status:	
		<input type="checkbox"/> Active <input type="checkbox"/> Veteran <input type="checkbox"/> Non-Military			<input type="checkbox"/> Disabled <input type="checkbox"/> Not Disabled	
Name		Date of Birth	Age	Social Security Number	Relationship to Applicant	
Gender	Race – Select all that apply	Education Level		Insurance Type	Work Status	
1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	1 <input type="checkbox"/> American Indian/ or Alaska Native 2 <input type="checkbox"/> Asian 3 <input type="checkbox"/> Black/African- American 4 <input type="checkbox"/> Native Hawaiian or Pacific Islander 5 <input type="checkbox"/> White/Caucasian 6 <input type="checkbox"/> Other: _____ 7 <input type="checkbox"/> Multi-Race	1 <input type="checkbox"/> 0-8 Grade 2 <input type="checkbox"/> 9-12 Grade (Non-Graduate) 3 <input type="checkbox"/> Highschool Grad or GED 4 <input type="checkbox"/> 12+Post-Secondary 5 <input type="checkbox"/> 2 or 4 year Degree 6 <input type="checkbox"/> Master's Degree +		1 <input type="checkbox"/> Direct Purchase 2 <input type="checkbox"/> Employment Based 3 <input type="checkbox"/> Medicaid 4 <input type="checkbox"/> Medicare 5 <input type="checkbox"/> Military Healthcare 6 <input type="checkbox"/> CHIP-Children's Health Insurance Program 7 <input type="checkbox"/> State Health Insurance for Adults 8 <input type="checkbox"/> No Insurance	1 <input type="checkbox"/> Employed Full Time 2 <input type="checkbox"/> Part Time 3 <input type="checkbox"/> Short-Term Unemployed 6 months or less 4 <input type="checkbox"/> Long-Term Unemployed More than 6 months 5 <input type="checkbox"/> Migrant-Seasonal Farm Worker 6 <input type="checkbox"/> Unemployed Not in Labor Force 7 <input type="checkbox"/> Retired 8 <input type="checkbox"/> Age 16 & younger	
Ethnicity						
1 <input type="checkbox"/> Hispanic 2 <input type="checkbox"/> non-Hispanic						

Household Member 4:		Military Status *Must Select an option			Disability Status:	
		<input type="checkbox"/> Active <input type="checkbox"/> Veteran <input type="checkbox"/> Non-Military			<input type="checkbox"/> Disabled <input type="checkbox"/> Not Disabled	
Name		Date of Birth	Age	Social Security Number	Relationship to Applicant	
Gender	Race – Select all that apply	Education Level		Insurance Type	Work Status	
1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	1 <input type="checkbox"/> American Indian/ or Alaska Native 2 <input type="checkbox"/> Asian 3 <input type="checkbox"/> Black/African- American 4 <input type="checkbox"/> Native Hawaiian or Pacific Islander 5 <input type="checkbox"/> White/Caucasian 6 <input type="checkbox"/> Other: _____ 7 <input type="checkbox"/> Multi-Race	1 <input type="checkbox"/> 0-8 Grade 2 <input type="checkbox"/> 9-12 Grade (Non-Graduate) 3 <input type="checkbox"/> Highschool Grad or GED 4 <input type="checkbox"/> 12+Post-Secondary 5 <input type="checkbox"/> 2 or 4 year Degree 6 <input type="checkbox"/> Master's Degree +		1 <input type="checkbox"/> Direct Purchase 2 <input type="checkbox"/> Employment Based 3 <input type="checkbox"/> Medicaid 4 <input type="checkbox"/> Medicare 5 <input type="checkbox"/> Military Healthcare 6 <input type="checkbox"/> CHIP-Children's Health Insurance Program 7 <input type="checkbox"/> State Health Insurance for Adults 8 <input type="checkbox"/> No Insurance	1 <input type="checkbox"/> Employed Full Time 2 <input type="checkbox"/> Part Time 3 <input type="checkbox"/> Short-Term Unemployed 6 months or less 4 <input type="checkbox"/> Long-Term Unemployed More than 6 months 5 <input type="checkbox"/> Migrant-Seasonal Farm Worker 6 <input type="checkbox"/> Unemployed Not in Labor Force 7 <input type="checkbox"/> Retired 8 <input type="checkbox"/> Age 16 & younger	
Ethnicity						
1 <input type="checkbox"/> Hispanic 2 <input type="checkbox"/> non-Hispanic						

Household Member 5:		Military Status *Must Select an option			Disability Status:	
		<input type="checkbox"/> Active <input type="checkbox"/> Veteran <input type="checkbox"/> Non-Military			<input type="checkbox"/> Disabled <input type="checkbox"/> Not Disabled	
Name		Date of Birth	Age	Social Security Number	Relationship to Applicant	
Gender	Race – Select all that apply	Education Level		Insurance Type	Work Status	
1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	1 <input type="checkbox"/> American Indian/ or Alaska Native 2 <input type="checkbox"/> Asian 3 <input type="checkbox"/> Black/African- American 4 <input type="checkbox"/> Native Hawaiian or Pacific Islander 5 <input type="checkbox"/> White/Caucasian 6 <input type="checkbox"/> Other: _____ 7 <input type="checkbox"/> Multi-Race	1 <input type="checkbox"/> 0-8 Grade 2 <input type="checkbox"/> 9-12 Grade (Non-Graduate) 3 <input type="checkbox"/> Highschool Grad or GED 4 <input type="checkbox"/> 12+Post-Secondary 5 <input type="checkbox"/> 2 or 4 year Degree 6 <input type="checkbox"/> Master's Degree +		1 <input type="checkbox"/> Direct Purchase 2 <input type="checkbox"/> Employment Based 3 <input type="checkbox"/> Medicaid 4 <input type="checkbox"/> Medicare 5 <input type="checkbox"/> Military Healthcare 6 <input type="checkbox"/> CHIP-Children's Health Insurance Program 7 <input type="checkbox"/> State Health Insurance for Adults 8 <input type="checkbox"/> No Insurance	1 <input type="checkbox"/> Employed Full Time 2 <input type="checkbox"/> Part Time 3 <input type="checkbox"/> Short-Term Unemployed 6 months or less 4 <input type="checkbox"/> Long-Term Unemployed More than 6 months 5 <input type="checkbox"/> Migrant-Seasonal Farm Worker 6 <input type="checkbox"/> Unemployed Not in Labor Force 7 <input type="checkbox"/> Retired 8 <input type="checkbox"/> Age 16 & younger	
Ethnicity						
1 <input type="checkbox"/> Hispanic 2 <input type="checkbox"/> non-Hispanic						



UNIFIED INTAKE APPLICATION FOR SERVICES

PART THREE: INCOME / CASH BENEFITS			Select any of the following that anyone in the household receives :
<input type="checkbox"/> Pay Stubs	<input type="checkbox"/> Retirement from Social Security	<input type="checkbox"/> VA Non-Service-Connected Disability Pension	
<input type="checkbox"/> Alimony	<input type="checkbox"/> Social Security Disability Income (SSDI)	<input type="checkbox"/> VA Service-Connected Disability Compensation	
<input type="checkbox"/> Child Support	<input type="checkbox"/> Supplemental Security Income (SSI)	<input type="checkbox"/> Workers Compensation	
<input type="checkbox"/> Pension	<input type="checkbox"/> TANF	<input type="checkbox"/> No Income	
<input type="checkbox"/> Private Disability Insurance	<input type="checkbox"/> Unemployment	<input type="checkbox"/> Other: _____	

PART FOUR: NON-CASH BENEFITS			Select any of the following that anyone in the household receives :
<input type="checkbox"/> Affordable Care Act Subsidy	<input type="checkbox"/> HUD VASH	<input type="checkbox"/> Public Housing	
<input type="checkbox"/> Childcare Voucher	<input type="checkbox"/> LIHEAP	<input type="checkbox"/> SNAP	
<input type="checkbox"/> Housing Choice Voucher	<input type="checkbox"/> Permanent Supportive Housing	<input type="checkbox"/> WIC	
<input type="checkbox"/> Utilities Assistance Voucher	<input type="checkbox"/> Other: _____		

PART FIVE: HOUSING INFORMATION			
Housing Type			
<input type="checkbox"/> Private Home	<input type="checkbox"/> Apartment	<input type="checkbox"/> Duplex	Year Built:
<input type="checkbox"/> Single Wide Mobile Home	<input type="checkbox"/> Rented Room	<input type="checkbox"/> Homeless	Rent/Mortgage Amount: \$
<input type="checkbox"/> Double Wide Mobile Home	<input type="checkbox"/> Other: _____		
Housing Status – Please check all that Apply			
<input type="checkbox"/> Receiving Rent Assistance	<input type="checkbox"/> HUD or Public Housing		
<input type="checkbox"/> Own/Buying	<input type="checkbox"/> Renting		
<input type="checkbox"/> Double Wide Mobile Home	<input type="checkbox"/> Other: _____		
If renting: Contact Information for your landlord			
Name	Address, City, State, Zip Code	County	Phone Number

PART SIX: UTILITIES SERVICE INFORMATION			
Who does your family pay for heating or cooling?	<input type="checkbox"/> Utility Company	<input type="checkbox"/> Landlord/Manager	<input type="checkbox"/> Included in Rent
Electric Utility Vendor Name:			
Electric Utility Vendor Account #:			<input type="checkbox"/> Heat <input type="checkbox"/> Cool
Gas/Propane Utility Vendor Name:			
Gas/Propane Utility Vendor Account #:			<input type="checkbox"/> Heat <input type="checkbox"/> Cool
Water Company Vendor Name:			
Water Company Vendor Account #:			
Type of Air Conditioning Used:	<input type="checkbox"/> Central Unit	<input type="checkbox"/> Evaporator Cooler	<input type="checkbox"/> Window Unit(s) Number of Units _____ <input type="checkbox"/> None
Type of Heater Used:	<input type="checkbox"/> Central Unit	<input type="checkbox"/> Fireplace	<input type="checkbox"/> Cooking Stove
	<input type="checkbox"/> Wall Furnace	<input type="checkbox"/> Wood Burning Stove	<input type="checkbox"/> Electric Space Heater
	<input type="checkbox"/> Gas Heater	<input type="checkbox"/> None	<input type="checkbox"/> Other: _____

PART SEVEN: CERTIFICATION

1. The information contained in the application is true and correct to the best of my knowledge.
2. My household income has been annualized, at the time of application, according to state-established procedure.
3. I understand that I may request a hearing to appeal any denial of eligibility, amount of assistance received, or a delay of assistance.
4. I authorize the Texas Department of Housing and Community Affairs and its contracted agencies to solicit/verify information on my utility and/or fuel bills, both past and future, to the extent that the information is used only to provide data.
5. **I understand that the safety of Crossroad Community Action's clients and staff is their top priority.**
As such, any aggressive/violent/threatening behavior may result in a denial of services and legal action.
6. **I AM AWARE THAT I AM SUBJECT TO PROSECUTION FOR PROVIDING FALSE OR FRAUDULENT INFORMATION.**

Applicant Signature: _____ **Date:** _____



UNIFIED INTAKE APPLICATION FOR SERVICES

PART EIGHT: CUSTOMER NEEDS ASSESSMENT

Has Your Home Ever Been Weatherized?

No Yes If Yes, When? Year _____ Month _____

Do You or Any Household Member Need Help or Information Regarding ANY of the Following Items?

FOOD:		Housing:	
<input type="checkbox"/> Emergency Food	<input type="checkbox"/> Food Stamps (SNAP)	<input type="checkbox"/> Low Income Housing	<input type="checkbox"/> Rental Assistance
<input type="checkbox"/> Meals On Wheels	<input type="checkbox"/> Home Delivered Meals	<input type="checkbox"/> Temporary Shelter	<input type="checkbox"/> Weatherization of Home
<input type="checkbox"/> WIC	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	

EMPLOYMENT	TRAINING:
<input type="checkbox"/> Job Search Assistance	<input type="checkbox"/> GED Preparation <input type="checkbox"/> Remedial Education(reading, writing, math)
<input type="checkbox"/> Employment Program for Persons w/ Disabilities or Seniors 55+	<input type="checkbox"/> ESL (English Second Language) <input type="checkbox"/> Career Exploration
<input type="checkbox"/> Job Interview Skills	<input type="checkbox"/> College Entrance Exam prep <input type="checkbox"/> Vocational/ Tech Training
<input type="checkbox"/> New Resume or Update	<input type="checkbox"/> Training Programs for Persons w/disabilities or Seniors 55+
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

SCHOOL	MILITARY/ VETERAN SERVICES
<input type="checkbox"/> School Clothes <input type="checkbox"/> School Supplies	<input type="checkbox"/> Employment <input type="checkbox"/> Job Training
<input type="checkbox"/> Immunizations/Boosters for school	<input type="checkbox"/> Medical <input type="checkbox"/> Home Delivered Meals
<input type="checkbox"/> School Related Physicals	<input type="checkbox"/> Counseling
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

HEALTH

<input type="checkbox"/> Medications Assistance Program	<input type="checkbox"/> Adult Elderly	<input type="checkbox"/> Disabled
<input type="checkbox"/> Immunizations	<input type="checkbox"/> Pregnancy Services	<input type="checkbox"/> Family Planning
<input type="checkbox"/> Transportation to Medical Appointments	<input type="checkbox"/> CHIP – Children’s Health Insurance Prog.	<input type="checkbox"/> Blind
<input type="checkbox"/> Deaf	<input type="checkbox"/> Respite Care	<input type="checkbox"/> Rehab Services
<input type="checkbox"/> Mental Health Services	<input type="checkbox"/> Elder Care <input type="checkbox"/> Drug/Alcohol/Substance Abuse info or Services	
<input type="checkbox"/> Affordable Health Insurance Options	<input type="checkbox"/> Other: _____	

INDIVIDUAL/FAMILY

<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Child Abuse/Neglect	<input type="checkbox"/> Elderly Abuse/Neglect
<input type="checkbox"/> Child/Family Care	<input type="checkbox"/> Youth/Family Support Group/Service	<input type="checkbox"/> Clothing
<input type="checkbox"/> Transportation to/from programs	<input type="checkbox"/> Furniture	<input type="checkbox"/> TANF
<input type="checkbox"/> Financial Counseling Services	<input type="checkbox"/> Other: _____	

LEGAL SERVICES	UTILITIES SERVICES
<input type="checkbox"/> Child Support <input type="checkbox"/> Criminal	<input type="checkbox"/> Electric <input type="checkbox"/> Water
<input type="checkbox"/> Civil	<input type="checkbox"/> Reconnect Fees <input type="checkbox"/> Gas/Propane Bills
<input type="checkbox"/> Administrative: Medicaid, SSI, TANF, Food Stamps, Public Housing, Unemployment, etc.	<input type="checkbox"/> Repairs to Heating & Cooling Appliances
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

HOME MODIFICATIONS FOR PERSONS WITH DISABILITIES

<input type="checkbox"/> Wheelchair Ramp for Access to Your Home	<input type="checkbox"/> Thresholds/Flooring Preventing Wheelchair Access
<input type="checkbox"/> Wider Interior/Exterior Doorways	<input type="checkbox"/> Handicap Bathroom Modifications (Toilet, Rails, Shower, etc.)
<input type="checkbox"/> Life-Threatening Hazards & Unsafe Conditions	<input type="checkbox"/> Other: _____



UNIFIED INTAKE APPLICATION FOR SERVICES

HOME INFORMATION SURVEY: PLEASE ANSWER ALL QUESTIONS BELOW

Name:	Address:	Phone Number:
Do you rent OR own? <input type="checkbox"/> Rent <input type="checkbox"/> Own		
<input type="checkbox"/> Mobile Home (Trailer) <input type="checkbox"/> Frame (Wood) House	<input type="checkbox"/> Brick House <input type="checkbox"/> Other: _____	<input type="checkbox"/> Apartment
Is your Roof Leaking? If your roof does leak, how many rooms? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any holes in your floors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your home have a good foundation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How many windows does your home have? _____ Window Material: <input type="checkbox"/> Wood <input type="checkbox"/> Aluminum <input type="checkbox"/> Vinyl		
Do you think your windows need to be replaced?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How many exterior doors does your home have? _____		
Do you think your doors need to be replaced?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What material are your walls made of?	<input type="checkbox"/> Sheetrock <input type="checkbox"/> Paneling	<input type="checkbox"/> Other: _____
Are there large holes in your walls?	<input type="checkbox"/> Yes, how many? _____	<input type="checkbox"/> No
Are there large holes or cracks in your ceilings?	<input type="checkbox"/> Yes, how many? _____	<input type="checkbox"/> No
Type of Air Conditioning Used:	<input type="checkbox"/> Central Unit <input type="checkbox"/> Evaporator Cooler	<input type="checkbox"/> Window Unit(s) Number of Units _____ <input type="checkbox"/> None
Type of Heater Used:	<input type="checkbox"/> Central Unit <input type="checkbox"/> Fireplace <input type="checkbox"/> Wall Furnace <input type="checkbox"/> Wood Burning Stove <input type="checkbox"/> Gas Heater <input type="checkbox"/> None	<input type="checkbox"/> Cooking Stove <input type="checkbox"/> Electric/Space Heater: How many? _____ <input type="checkbox"/> Other: _____

In Your Opinion, What Do You Think Your Home Needs Most?

Please Draw a map showing us where your house is located and a description of your house.

Client's Signature (If Digital: Full Name + Last 4 SSN)

Date

Case #

Case Manager Signature



2026 DECLARATION OF INCOME STATEMENT (DIS)
(DECLARACION DE INGRESOS)



Applicant First 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, 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 <i>(Nombre)</i>	Gross Income Received \$ <i>(Ingreso Bruto Recibido)</i>
Name <i>(Nombre)</i>	Gross Income Received \$ <i>(Ingreso Bruto Recibido)</i>
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 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)*

TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS



Household Status Verification Form
Applicant Certification Form for all applicable TDHCA programs

The program for which you are applying requires verification that you are a U.S. citizen, U.S. national, or qualified alien 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	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 FRAUDULENT INFORMATION.		
Applicant's Signature		Date
Signature of agency staff certifying they verified the above documents	Print Staff Name	Date



How Did We Do?

We really want to hear back from you.
 Scan the QR code or click below to complete our

Client Satisfaction Survey



You Can Also Fill this out and submit it to our staff.

Client Satisfaction Survey

1. Participant County: _____
2. Participant Age: _____
3. Services Received/ Applied for:

<input type="checkbox"/> Utilities Assistance	<input type="checkbox"/> Rental Assistance	<input type="checkbox"/> Weatherization
<input type="checkbox"/> Medication Assistance	<input type="checkbox"/> Education Related Assistance	
<input type="checkbox"/> Employment Related Services	<input type="checkbox"/> Hygiene Closet	<input type="checkbox"/> Food Pantry
4. How Did Staff Treat You?

<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> No Opinion
------------------------------------	-------------------------------	-------------------------------	-------------------------------	-------------------------------------
5. How Did Follow through with assistance?

<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> No Opinion
------------------------------------	-------------------------------	-------------------------------	-------------------------------	-------------------------------------
6. Did staff assist you in a timely manner?

<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> No Opinion
------------------------------------	-------------------------------	-------------------------------	-------------------------------	-------------------------------------
7. How was your overall service experience?

<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> No Opinion
------------------------------------	-------------------------------	-------------------------------	-------------------------------	-------------------------------------
8. Comments:

What are we doing right/wrong?
 Do you have any recommendations/suggestions to improve how we serve you?
 How has receiving this service impacted you and your family?
 Tell us what difference we are making in your life.