

Case # \_\_\_\_\_

Office Use Only: \_\_\_\_\_



## Combined Community Action

165 West Austin . Giddings TX 78942

(979)540-2980 Fax (979)542-9565

www.ccaction.com

### Utility Assistance Program Pre-Application (CEAP/LIHWAP)

Date: \_\_\_\_\_

County: \_\_\_\_\_

Name \_\_\_\_\_  
(First) (Last)

Phone Number: \_\_\_\_\_

**WE MUST BE ABLE TO CONTACT YOU**

Address: \_\_\_\_\_  
(House Number) (Street) (Apt#) (City) (Zip)

Email address: \_\_\_\_\_

**HOUSEHOLD COMPOSITION & CHARACTERISTICS** – List the Head of Household and all other people currently living in the home. Indicate the relationship of each family member to the Head of Household. **If you have additional family members, please include them on page 2**

Household Member Name	Relationship to Head of HH	Race	Sex	Highest Level of Education	DOB	Social Security Number

**INCOME INFORMATION** – Includes all wages (i.e. salaries, unemployment benefits, part-time income, seasonal income, Social Security, Supplemental Security, and any other income or benefits your household may receive).

Household Member Name	Source of Income (Include employer's name)	Amount of Gross Income for 30 days prior to application date

#### Utility Providers:

Electric Provider \_\_\_\_\_

Gas/Propane Provider (if you use to heat your home): \_\_\_\_\_

Water Provider: \_\_\_\_\_

**I CERTIFY THAT THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF**

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Date)

Do you have a disconnection notice? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you interested in self-sufficiency case management services? Yes \_\_\_\_\_ No \_\_\_\_\_

**DESCRIBE NEED FOR ASSISTANCE – Please explain why you are currently in need of assistance and what needs you need assistance with.**

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**Additional Family Members:**

Household Member Name	Relationship to Head of HH	Race	Sex	Highest Level of Education	DOB	Social Security Number

**You may return your application by using the following options:**

**Mail: COMBINED COMMUNITY ACTION, INC.**  
**Attn: Family Services Dept.**  
**165 West Austin Street**  
**Giddings, Texas 78942**

**Fax: 979.542.9565**

**When faxing or scanning - please include front and back. All pages of faxes must be faxed at one time.**

**Email: [bhendrix@ccaction.com](mailto:bhendrix@ccaction.com)**  
**[scastillo@ccaction.com](mailto:scastillo@ccaction.com)**

**CCA will contact you by phone when appointments are being scheduled. Completion of this request does NOT guarantee assistance. Assistance is based on applicant being eligible, AVAILABILITY of funds and open available appointments. An incomplete pre-application can be DENIED. Additional information will be required if an appointment is scheduled.**

**For Office Use only:**


**Revised: January 21, 2022**