



# Intake Application

1502 Erskine St. Lubbock, TX 79403

PH: (806) 744 - 44 16

Fax: (806) 744 - 7940

Email: info@gescorp.org

**HOURS OF OPERATION: MONDAY – THURSDAY    HOURS: 9AM - 3PM    OTHER TIMES BY APPOINTMENT**

## Community Services Block Grant (CSBG) Program

Serving: Lubbock County

**Completed applications and all required documents listed below must be returned to GESC in person (If you have questions on required documents contact GESC).**

Applicants must reside in the Lubbock County Area and meet the income guidelines according to the Federal Income Guidelines. \*Please Note: Assistance is not guaranteed. Due to the volume of requests, only a limited number of applications are accepted. You must qualify for programs; funding is based on a first come first serve basis and payments are subject to available funds. **You are still responsible for paying your bill until your application is processed and you are notified of the results by GESC staff.**

### Proof of members in the household:

<input type="checkbox"/> Photo ID (All household members 18 years of age or older)			
<input type="checkbox"/> 17 years or young (only one form is required)	<input type="checkbox"/> School record	<input type="checkbox"/> Snap Letter	<input type="checkbox"/> Medicaid

### Proof of all gross income for the past 30 days prior to the date of the application: (Must provide income for all household members 18 years or older) **Make copies**

<input type="checkbox"/> Social Security Award Letter				
<input type="checkbox"/> Benefit Support Letter for the current year (i.e., SSI, SSDI, RSDI)				
<input type="checkbox"/> VA or VA Disability Benefit Award Letter				
<input type="checkbox"/> Retirement or Pension Document				
<input type="checkbox"/> Year to date Child Support	<input type="checkbox"/> Unemployment Benefit letter	<input type="checkbox"/> TANF Benefit Letter	<input type="checkbox"/> Snap Benefit Letter	
<input type="checkbox"/> Pay stubs from the last 30 days from the application date (additional checks may be required for certain programs): <b>See below</b>				
<input type="checkbox"/> Weekly (4-5 check stubs)	<input type="checkbox"/> Bi-weekly/Semi Monthly (2-3 check stubs)	<input type="checkbox"/> Monthly (1 check stub)		
<input type="checkbox"/> Declaration of Income Statement (DIS) form: form is attached with application <b>See below</b>				
<input type="checkbox"/> Self employed	<input type="checkbox"/> Paid in cash	<input type="checkbox"/> Unemployed	<input type="checkbox"/> No Income	<input type="checkbox"/> Family support

### ADDITIONAL DOCUMENTS REQUIRED FOR UTILITY ASSISTANCE!

**If you are requesting Utility assistance, you will need to include these items with your application and the required documents listed above: **Make copies****

<input type="checkbox"/> Current bill that you need assistance with.
<input type="checkbox"/> Provide documentation of a late/disconnect notice. (if applicable)

### ADDITIONAL DOCUMENTS REQUIRED FOR RENTAL ASSISTANCE

**If you are requesting Rental assistance, you will need to include these items with your application and the required documents listed above: **Make copies****

<input type="checkbox"/> Signed copy of current lease (all pages).
<input type="checkbox"/> Provide documentation showing current balance (only one form is applicable): <b>See Below</b> <input type="checkbox"/> Late Notice <input type="checkbox"/> Eviction Notice <input type="checkbox"/> Ledger
<input type="checkbox"/> W-9 Completed and signed by current landlord

# Intake Application for Services

Application Reviewed/Received:

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

Client ID: \_\_\_\_\_

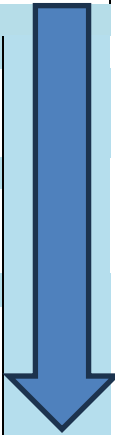
Applicant Identification				
Home Address	City, State and Zip code	County	Phone Number	Email Address
Mailing Address: (Mark NA if not different)	City, State, Zip code	County	Phone Number	Email Address

**Household Type**

Single Person     
  Single Parent/Female     
  Two Parent Household     
  Multigenerational  
 Two Adults NO Children     
  Single Parent/Male     
  Non-related adults' w/children     
  Other

**DEMOGRAPHICS - LIST YOUR INFORMATION FOR EVERY HOUSEHOLD MEMBER BY ENTERING THE NUMBER IN THE APPROPRIATE BOXES BELOW.**

Race				Military Status (18 years and above only)	
1. American Indian or Native American	2. Asian	3. Black or African American	4. Native Hawaiian / Other Pacific Islander	1. Veteran	2. Active Military
5. White	6. Other	7. Multi-Race		3. Never Served	4. Not Applicable
Ethnicity		Gender		Education Level	
1. Hispanic or Latino	1. Male	1. Grade 0-8	4. Equivalency Diploma	7. Graduate of other post-secondary school	
2. Non-Hispanic or Latino	2. Female	2. Grade 9-12 / Non-Graduate	5. 12th grade + Some Post-Secondary		
	3. Other	3. High School Graduate	6. 2 or 4 years College Graduate		
Health Insurance Type			Work Status		
1. Medicaid	6. Military Health Care	1. Employed Full Time	5. Unemployed (Long-term, more than 6 months)		
2. Medicare	7. Direct-Purchase	2. Employed Part Time			
3. Employment Based	8. No Insurance	3. Migrant Seasonal Farm Worker			
4. State Insurance for Adults		4. Unemployed (Short-term, 6 months or less)			
5. State Children's Health Insurance Program			6. Unemployed (Not in labor force)		
			7. Retired		



**PLEASE PRINT All Household Member(s)** Use the number keys above to fill in DEMOGRAPHICS See Example Below

Ex.	Name	Relation to Head of Household	Date of Birth	Age	Race	Ethnicity	Gender	Education Level	Insurance Type	Work Status	Military Status	Disabled? Yes/No
					2	1	2	3	2	1	1	N
	John Smith	Husband	11/11/2000	21	2	1	2	3	2	1	1	N
1		SELF										
2												
3												
4												
5												
6												
7												
8												
9												
10												

Are you a Lubbock County Resident?  Yes  No Are you a Migrant/Agricultural Worker?  Yes  No

Are you a student in a:  College  University  Job Training program (list program): \_\_\_\_\_ Not applicable

Please check all boxes for the services that you are <b>Applying</b> for: <i>(Please be aware assistance is based upon available funding)</i>		Have you received assistance from any other organizations/agency: Yes <input type="checkbox"/> No <input type="checkbox"/> When: _____ Where: _____	Check the boxes if you want information on any of the following housing programs: <input type="checkbox"/> Home Repair <input type="checkbox"/> Homebuyers Education <input type="checkbox"/> Homeowners Program (Build/Purchase) <input type="checkbox"/> Not Interested
<input type="checkbox"/> Rental/Housing <input type="checkbox"/> Utility <input type="checkbox"/> Health/Prescriptions <input type="checkbox"/> Food <input type="checkbox"/> Hygiene <input type="checkbox"/> Transportation	Educational: <input type="checkbox"/> Certification <input type="checkbox"/> Equipment <input type="checkbox"/> Training		

**Other Income/Benefits**  Check if not applicable  
**Does anyone in the household receive any of the following:**

<input type="checkbox"/> Alimony or Spousal Support	<input type="checkbox"/> Retirement Income from Social Security	<input type="checkbox"/> Social Security Disability Income (SSDI)
<input type="checkbox"/> VA-Service Connected Disability Pension	<input type="checkbox"/> VA-Non-Service Connected Disability Pension	<input type="checkbox"/> Supplemental Security Income (SSI)
<input type="checkbox"/> EITC	<input type="checkbox"/> Child support	<input type="checkbox"/> Private Disability Insurance
<input type="checkbox"/> Pension	<input type="checkbox"/> Workers Compensation	<input type="checkbox"/> No Income
<input type="checkbox"/> TANF	<input type="checkbox"/> Unemployment Insurance	<input type="checkbox"/> Other

**NON-CASH BENEFITS**  Check if not applicable  
Does anyone in the household receive any of the following: Check all that apply!

- Affordable Care Act Subsidy
- HUD VASH
- SNAP
- WIC
- Housing Choice Voucher
- Other: \_\_\_\_\_
- Childcare Voucher
- LIHEAP
- Public Housing
- Permanent Supportive Housing
- Not applicable

**HOUSING INFORMATION:**  Check if not applicable VERY IMPORTANT- BE SURE TO INCLUDE A COPY OF YOUR SIGNED LEASE

Housing Status:  Homeless  Rent  Own

**Household Type**

- Private Home
- Mobile Home
- Apartment
- Rented Room

What is the age of the home? \_\_\_\_\_ Monthly Rent: \$ \_\_\_\_\_ Monthly Mortgage: \$ \_\_\_\_\_

Do you have a late notice  Do you have a eviction notice:

*If renting: Contact information of your landlord*  Check if not applicable  
Landlord's Name, Address, City, State and Zip code \_\_\_\_\_ County \_\_\_\_\_ Phone Number \_\_\_\_\_

**UTILITY SERVICE INFORMATION**  Check if not applicable

Who does your family pay for heating or cooling:  Utility Company  Landlord/Manager  Included in rent

Heat Cool

<input type="checkbox"/> Electric Utility Vendor Name: _____	Electric Utility Vendor Account #: _____
<input type="checkbox"/> Gas or LP Gas Utility Vendor Name: _____	Gas or LP Gas Utility Vendor Account #: _____
<input type="checkbox"/> Propane Company Name: _____	Propane Company Account #: _____
<input type="checkbox"/> Other Utility Vendor Name: _____	Other Utility Vendor Account #: _____

Do you have a:  Past due  Disconnect notice for utilities

**DO NOT SIGN OR DATE THE APPLICATION UNTIL YOU ARE SEEN BY GESC STAFF!!!!**

I. I certify the information is true and correct to the best of my knowledge. I understand that the information will be verified, and I AM AWARE THAT I AM SUBJECT TO PROSECUTION FOR PROVIDING FALSE OR FRAUDULENT INFORMATION.

2. I understand I may request a hearing to appeal denial of eligibility, amount of assistance received or a delay of assistance.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Case Management Needs Assessment Questionnaire

Guadalupe Economic Services Corporation is committed to helping you meet your needs and connecting you with other area agencies that can provide your family with the stability and respect you deserve. Please answer the following questions so that we can better serve you as our partner and our neighbor.

**Check all boxes that you need assistance with that apply to you.**

**If not applicable check this box:**

Emergency assistance:	<input type="checkbox"/> Utility	<input type="checkbox"/> Rental	<input type="checkbox"/> Food	<input type="checkbox"/> Transportation	<input type="checkbox"/> Hygiene
Health Services:	<input type="checkbox"/> Immunizations	<input type="checkbox"/> Medications	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Other
Education:	<input type="checkbox"/> Certifications		<input type="checkbox"/> Equipment		<input type="checkbox"/> Training

**Other Services:**

<input type="checkbox"/> Case Management	<input type="checkbox"/> Child Support
<input type="checkbox"/> Childcare	<input type="checkbox"/> Education
<input type="checkbox"/> Elder care	<input type="checkbox"/> Other:
<input type="checkbox"/> Legal Aid	<input type="checkbox"/> Not Applicable

**Have you received assistance from other organizations/agencies during the previous 12 months?**

No  
 Yes  
 Where: \_\_\_\_\_

**Check boxes below that apply to your housing situation:** **Check the boxes below if you would like information on any of the Housing programs below:**

**If not applicable check this box:**

Own home:	<input type="checkbox"/> Paid in full	<input type="checkbox"/> Making payments	<input type="checkbox"/> Foreclosure	<input type="checkbox"/> Not applicable	<input type="checkbox"/> Housing Repair Program
Renting:	<input type="checkbox"/> Of my choice	<input type="checkbox"/> Section 8/Public Housing		<input type="checkbox"/> Not applicable	<input type="checkbox"/> Homeowners Education
My home is:	<input type="checkbox"/> Permanent	<input type="checkbox"/> Temporary	<input type="checkbox"/> Safe	<input type="checkbox"/> Unsafe	<input type="checkbox"/> Credit Counseling
If you own your home, are you in need of home repairs?	<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Homeowners' Program (Purchase/Build Home)
If yes describe your needs:					<input type="checkbox"/> Not Interested

**Check all boxes that apply to you about your employment situation:** **Are you interested in furthering your education through one of the following below please check all that apply:**

Are you seeking employment:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> GED Classes
If yes are you registered with Work in Texas through Workforce Solutions?			<input type="checkbox"/> ESL Classes
<input type="checkbox"/> Yes		<input type="checkbox"/> No	

**Do you need assistance with any of the following:**

<input type="checkbox"/> Resume	<input type="checkbox"/> Applications	<input type="checkbox"/> Vocational/Technical
<input type="checkbox"/> Financial Classes	<input type="checkbox"/> Not Interested	<input type="checkbox"/> Training for Certification
		<input type="checkbox"/> Not Interested



**DECLARATION OF INCOME STATEMENT  
(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 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)*

# Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.  <input type="checkbox"/> Other (see instructions) ► _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____  <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code		
7 List account number(s) here (optional)		

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number									
			-			-			
or									
Employer identification number									
			-						

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

## Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ►	Date ►
------------------	----------------------------	--------

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
  - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
  - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
  - Form 1099-S (proceeds from real estate transactions)
  - Form 1099-K (merchant card and third party network transactions)
  - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
  - Form 1099-C (canceled debt)
  - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*