

G.E.S.C. Waitlist Application Process (2026)

Please note: Walk-in interviews are no longer accepted.

How to Apply

- The waitlist opens for the first 50 applicants who sign up in person.
- Sign-ups are held on the first Monday of every month, from 9:00 am to 3:00 pm, or until the waitlist is full.
- Each applicant may only sign up for their own household.

Required Documents (to apply for waitlist)

- Valid passport
- If you do not have a valid passport, you will need a valid driver's license/identification card.

Next Steps

- Within two business days, a case worker will contact you to schedule an interview.
- Bring all required documents and your completed application to the interview.
- Missed/late interviews or incomplete documentation will require reapplication the following month. Interviews will not be rescheduled.

Safety & Conduct

- No loitering is allowed on premises. Please arrive only during business hours (9:00 am to 3:00 pm).
- Anyone on the property outside these hours will be asked to leave.
- At the opening of business hours GESC Staff will provide instructions and guidance for the process to line up for the waitlist.

Stay Connected

- Visit our website: <http://www.gescorp.org>
- Follow us on Facebook: Genesis Thrift and Guadalupe Economic Services Corporation.

Contact Us

- For questions, call G.E.S.C. at (806) 744-4416, Monday–Thursday, 9:00 am–3:00 pm.



INTAKE APPLICATION FOR SERVICES

Certification of Completeness / Checklist

(806) 744-4416 | 1502 Erskine Street Lubbock, TX 79403 | info@gescorp.org

Must reside in Lubbock County and meet income guidelines.

Your application must be complete with **ALL** the required documents listed below, as they apply to your household, if determined as **INCOMPLETE** it will **not** be processed for assistance. You will have to re-apply during the next Application Acceptance Period.

***Please note assistance is not guaranteed, funding is based on first come first serve basis and payments are subject to available funds. You are still responsible for your bill until application and payment have been processed. **Payments for bills can take up to 30 days.** ***

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)*
 (Must provide **All pages of** Benefit Award Letter(s) below: **No Bank Statements**)
 - Paystubs
 - SS SSDI SSI SNAP TANF Unemployment
 - Child Support VA Benefits Disability Retirement Pension
 - Royalties, etc. **If NO Income for past 30 days –Complete Declaration of Income Statement Form**

If any payments have been made to the current bills below you must provide documentation reflecting new balance/payment)

- Rent Assistance:** Current Documents are required of each.
 - Lease (Signed copy/including all pages) Ledger (showing current balance owed)
 - W9 (Completed & signed by Landlord) Lease Amendment (if applicable) Late/Eviction Notice (if applicable)
- Mortgage Assistance:**
 - Mortgage Statement (showing current balance) Proof of home ownership
- Utility Assistance:** Current Bills are required for each.
 - Electric/ Gas/ Propane Disconnect Notice
- 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*
- Systematic Alien Verification for Entitlements (SAVE) Form:** Must be completed for all household members.

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

Date



(806) 744-4416 | 1502 Erskine St. Lubbock, TX 79403 | info@gescorp.org

RELEASE & AUTHORIZATION FORM

UTILITIES ASSISTANCE | Rental Assistance

I, _____, am applying for assistance with **Guadalupe Economic Services Corporation**

(Print Full Name)

referred to hereafter as GESC. I am applying for any source of funding through referrals that are available to GESC, such as Energy Aid funding, 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 GESC to request information from income sources for Income Eligibility Determination and Utility Usage Information. GESC 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, GESC Board Members, TDHCA staff, or elected officials regarding my case, I grant GESC 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.

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 GESC 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 GESC 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

Actual Applicant Signature – NOT AGENT/REPRESENTATIVE

Digital Signature: Full Name + Last four digits of SSN

Date of Signature

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

Authorized CCA Staff Signature

Date

Application#



Guadalupe Economic Services
Corporation Intake Application

(806) 744-4416 | 1502 Erskine Street Lubbock, TX 79403 | info@gescorp.org

Application #: Office Use Only

Please select all services you wish to apply for:

- Utilities Assistance
- Medication Assistance
- Food Assistance
- Hygiene/Household Products Assistance
- Other: _____
- Rental Assistance

| | | | | | |
|--|--|--|---|--|--|
| 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 <small>*Must Select an option</small> | 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"/> Never Served | 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 |
| Ethnicity | | | Disability Status | | |
| 1 <input type="checkbox"/> Hispanic 2 <input type="checkbox"/> Non-Hispanic | | | <input type="checkbox"/> Disabled <input type="checkbox"/> Not-Disabled | | |

Number of people in the household: _____

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

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



Guadalupe Economic Services Corporation Intake Application

PART TWO: ALL HOUSEHOLD MEMBERS INFORMATION

| Household Member 2: | | Military Status *Must Select an option <input type="checkbox"/> Active <input type="checkbox"/> Veteran <input type="checkbox"/> Non-Military | | Disability Status: <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 <input type="checkbox"/> Active <input type="checkbox"/> Veteran <input type="checkbox"/> Non-Military | | Disability Status: <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 <input type="checkbox"/> Active <input type="checkbox"/> Veteran <input type="checkbox"/> Non-Military | | Disability Status: <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 <input type="checkbox"/> Active <input type="checkbox"/> Veteran <input type="checkbox"/> Non-Military | | Disability Status: <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 | | | | | |



| | | |
|---|---|---|
| <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 | | | Year Built: |
| <input type="checkbox"/> Private Home | <input type="checkbox"/> Apartment | <input type="checkbox"/> Duplex | |
| <input type="checkbox"/> Single Wide Mobile Home | <input type="checkbox"/> Rented Room | <input type="checkbox"/> Homeless | |
| <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

- The information contained in the application is true and correct to the best of my knowledge.
- My household income has been annualized, at the time of application, according to state-established procedure.
- I understand that I may request a hearing to appeal any denial of eligibility, amount of assistance received, or a delay of assistance.
- 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.
- 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.**
- I AM AWARE THAT I AM SUBJECT TO PROSECUTION FOR PROVIDING FALSE OR FRAUDULENT INFORMATION.**

Applicant Signature: _____ Date: _____



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

| | |
|--|---|
| SCHOOL | MILITARY/ VETERAN SERVICES |
| <input type="checkbox"/> School Clothes | <input type="checkbox"/> Employment |
| <input type="checkbox"/> School Supplies | <input type="checkbox"/> Job Training |
| <input type="checkbox"/> Immunizations/Boosters for school | <input type="checkbox"/> Medical |
| <input type="checkbox"/> School Related Physicals | <input type="checkbox"/> Home Delivered Meals |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Counseling |
| | <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"/> Electric |
| <input type="checkbox"/> Criminal | <input type="checkbox"/> Water |
| <input type="checkbox"/> Civil | <input type="checkbox"/> Reconnect Fees |
| <input type="checkbox"/> Administrative: Medicaid, SSI, TANF, Food Stamps, Public Housing, Unemployment, etc. | <input type="checkbox"/> Gas/Propane Bills |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Repairs to Heating & Cooling Appliances |
| | <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: _____ |



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)*



Guadalupe Economic Services Corporation

INTAKE APPLICATION FOR SERVICES

(806) 744-4416 | 1502 Erskine Street Lubbock, TX 79403 | info@gescorp.org



How Did We Do?

We really want to hear back from you.

Client Satisfaction Survey

Fill this out and submit it to our staff. Client Satisfaction Survey

1. Participant County: _____

2. Participant Age: _____

3. Services Received/ Applied for:

Utilities Assistance

Rental Assistance

Weatherization

Medication Assistance

Education Related Assistance

Employment Related Services

Hygiene Closet

Food Pantry

4. How Did Staff Treat You?

Excellent

Good

Fair

Poor

No Opinion

5. How Did Follow through with assistance?

Excellent

Good

Fair

Poor

No Opinion

6. Did staff assist you in a timely manner?

Excellent

Good

Fair

Poor

No Opinion

7. How was your overall service experience?

Excellent

Good

Fair

Poor

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.

“Growing, Educating and supporting Families to become self-sufficient.”

1502 Erskine Street Lubbock, TX 79403 | (806) 744-4416

gescorp.org | Facebook: Guadalupe Economic Services & Genesis Thrift Store

Request for Taxpayer Identification Number and Certification

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

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

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

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.

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.

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|---|---|---|--|--|--|---|--|---|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|
| | <p>Social security number</p> <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> </tr> <tr> <td>-</td> <td> </td> <td>-</td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table> <p>or</p> <p>Employer identification number</p> <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> </tr> <tr> <td>-</td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table> | | | | | - | | - | | | | | | | | | | - | | | | | | | |
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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.

| | | |
|------------------|----------------------------|--------|
| <u>Sign Here</u> | 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.

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.*

