

**WEBSITE:** [www.doublemountainservices.com](http://www.doublemountainservices.com)

Dear Applicant:

Enclosed you will find an application for assistance from the Aspermont Small Business Dev. Center, Inc. (**Double Mountain Outreach Services.**) Complete this application and return it to the address above:

## MAKE SURE THIS APPLICATION:

1. Is signed and dated.
2. Provides a working phone number.
3. Includes copies of items below: PLEASE don't send originals that you might need later.
4. Is filled out completely. **Do not leave blanks. Answer each and every question.**

Failure to complete the application for failure to submit the items in the box below will cause delays in the eligibility determination process. If you do not have all the items needed for applying, please call DMOS at (940) 989-3538 so that we can help you **before** you return the application.

**PLEASE PROVIDE:**

- 1. Copies of Proof of Identity for everyone in the household.** Instruction & types of proof are included in this packet. The federal government requires you to produce identity proof & citizenship status proof for public assistance eligibility.
- 2. Copies of Proof of U.S. Citizenship for everyone in the household:** Instructions & types of proof are included in this packet.
- 3. Copies of Social Security cards for everyone in the household.**
- 4. Proof of any & all household income for the previous 30 days for each adult (age 18 and older.)** Paycheck stubs or payroll printouts are required for the employed. Award statements/letters are required for Social Security, SSI, TANF, retirement pensions, unemployment benefits, veteran's payments (any & all types of income proof is needed).

If there is anyone living in the household that is 18 years of age or older who has NO INCOME, you must call ASBDC/DMOS and request that a DECLARATION OF INCOME FORM be mailed/faxed/mailed to you, if one is not already enclosed here.

ASPERMONT SMALL BUSINESS DEVELOPMENT CENTER, INC.  
DOUBLE MOUNTAIN OUTREACH  
CLIENT INTAKE

HEAD OF HOUSEHOLD IDENTIFICATION

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

Applicant: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
First      Middle      Last

Home/Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
PO Box/Street      City      Zip Code

Residential Address (if different from above): \_\_\_\_\_

Circle the name of the county where you live:

Haskell      Jones      Kent      Knox      Stonewall      Throckmorton

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HOUSEHOLD DEMOGRAPHICS

Household Type:      Single Person      Single Parent/Female      Single Parent/Male

Two Parent Household      Two Adults/No Children      Other (describe): \_\_\_\_\_

Multi-generational (3 or more generations together or grandparents raising grandchildren)      Homeless

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HOUSING INFORMATION

Do you own your home? Yes    No      If yes: private home    mobile home/trailer

Do you rent your home? Yes    No

If yes: Public/Subsidized Housing:      apartment (low rent)      house (low rent)

Private Housing:      house      mobile home      apartment      rented room

Other (Explain): \_\_\_\_\_

Amount of rent: \$ \_\_\_\_\_ per month      Are electric or gas utilities included? Yes    No

Name of Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_

Landlord's Address: \_\_\_\_\_

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**MEDICAL EQUIPMENT:** Do you have life-sustaining medical equipment (electric) in your home? Some examples would be kidney dialysis machines, oxygen concentrators or cardiac monitors, etc. **Circle your answer: YES or NO**

**REGARDING SOMEONE LIVING IN YOUR HOME WITH A MEDICAL CONDITION:** Has a medical professional prescribed that the temperature/climate in your home be maintained at a certain level, due to the medical condition? **Circle your answer: YES or NO**

Date Mailed by Staff: \_\_\_\_\_ Purpose: \_\_\_\_\_

Return Info: \_\_\_\_\_

INDIVIDUAL DEMOGRAPHIC INFORMATION: List everyone (**including yourself**) who lives in the household and answer each question about them. **NO BLANKS.**

HOUSEHOLD MEMBER NAME + Relationship to Applicant (self, spouse, partner, child, grandchild, stepchild, foster child, cousin, sibling, niece, nephew, uncle, aunt, parent, boyfriend, girlfriend, fiancé, or whatever term applies) SEE NOTE BELOW	G E N D E R	RACE/ETHNICITY **Amer Indian/Alaska Native, Asian, Hispanic, White, Black/African American, Pacific Islander, Multi-Race or Other	DATE OF BIRTH	AGE	SOCIAL SECURITY NUMBER	Is this individual disabled?	EDUCATION LEVEL COMPLETED	Please list <u>all</u> the kinds of <b>health insurance</b> each member has. If <u>there is none</u> , write "none."  Medicaid, Medicare, CHIPS, State Health Ins. For Adults, Military, Direct-purchased by you or Employer –purchased for you.	MILITARY VETERAN? (male or female?)  ACTIVE MILITARY?
EXAMPLE: John Smith (self)									

\*For federal government reporting purposes, if choosing to identify as "American Indian/Alaska Native," this refers to a person who actively "maintains tribal affiliation and/or tribal community involvement."

Regarding RELATIONSHIPS: If you need guidance, please call DMOS for other examples of household relationships. (There isn't room here to list all of the possibilities that could apply.)

## WORK STATUS AND INCOME INFORMATION FOR ADULTS (AGE 18+)

ANSWER ALL QUESTIONS ABOUT EVERY ADULT (no blanks.)

ADULT HOUSEHOLD	WORK STATUS	INCOME TYPE	NON-CASH BENEFITS
<b>MEMBER NAME</b>  (age 18 & above)	<b>WORK STATUS</b> Please choose all that apply:  Employed Full-Time (30 hours per week) Employed Part-Time (less than 30 hours per week) Unemployed Short-Term for less than 6 months Unemployed Long Term for more than 6 months Seasonal Farm Worker Retired Not in Labor Force  Other: if other, be detailed and specific.	<b>INCOME TYPE</b> List <u>any</u> and <u>all</u> forms of income received.  Employment Social Security SSI SSDI VA Disability VA Pension Worker's Comp Unemployment Benefits Cash Child Support Attorney Gen. Child Support Cash/Odd Jobs Retirement Pension (not SS) TANF No Income Self-Employed  Other: if other, be detailed and specific.	<b>NON-CASH BENEFITS</b> List <u>any</u> and <u>all</u> non-cash benefits received.  SNAP ("food stamps") WIC Public Housing (from Housing Authority) Other Housing Assistance (be specific) Affordable Care Act Subsidy Child Care/Daycare Subsidy Energy Bill Assistance from this agency  Other: if other, be detailed and specific.

**Descriptions for Work Status:** "Retired" typically means an older person whose work career is over & they usually receive a private pension, Social Security & so forth.

**"Not in Labor Force"** means someone who is not working for any period of time and is not looking for work, such as a student, homemaker, unpaid family work, etc.

**“Unemployed Long-Term or Short-Term”** means someone who is actively seeking work. Call DMOS if you have questions about work status, income, or anything above.

**ADULT PAYEE INFORMATION:** Is there an adult in the household that receives income on behalf of a child in the household?  yes  no

If yes, for which child and which kind of income? Examples could be SSI, SS death benefits for a deceased parent/disability & so forth. Be detailed in the blank below.

**CHILD SUPPORT INFORMATION: If there are children in the household, DO NOT LEAVE THIS SECTION BLANK.**

Is there a parent in the household who is receiving some form of child support?  yes  no

Is the support paid directly from parent to parent (with cash)?  yes  no If yes, how much & how often is it paid? \_\_\_\_\_

Does the parent have a case filed with the Attorney General of Texas (or other state)?  yes  no

Is the child support paid through the Office of the Attorney General of Texas (or other state)?  yes  no

## UTILITY INFORMATION

Electric Service Vendor: \_\_\_\_\_ Acct #: \_\_\_\_\_ Heat/Cool/Both/None

Name on Account/Relationship: \_\_\_\_\_

Natural Gas Vendor: \_\_\_\_\_ Acct #: \_\_\_\_\_ Heat/Cool/Both/None

Name on Account/Relationship: \_\_\_\_\_

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## AIR CONDITIONING INFORMATION (If you use more than one method, circle each and every method you use.)

**What type of air conditioners do you use at this time? (Please circle.)**

Central unit      Evaporative ("swamp") cooler      Window Unit

**How many air conditioners do you use? \_\_\_\_\_ Does air conditioning work? \_\_\_\_\_**

**How old is your air conditioner? \_\_\_\_\_**

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## HEATING INFORMATION (If you use more than one method, circle each and every method you use.)

**What type of heating do you use at this time? (Please circle.)**

Electric Central Heat (no gas)      Central Heat (does use both gas & electricity)

Electric Space Heaters      Gas Wall Heater (mounted on wall)

Wood Burning Stove or Fireplace  
(if fireplace, is it for wood or gas?)

Gas Space Heater

Please explain any other methods of heating: \_\_\_\_\_

**How old is your heater? \_\_\_\_\_ Does heating work? \_\_\_\_\_**

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**This next section is ONLY for propane users. If you do not use propane, go on to the next page.**

These questions refer to a large tank permanently set in your yard. (We are not asking about 'bbq bottles.')

**Propane Company: \_\_\_\_\_ Do you own the tank? Yes \_\_\_\_\_ No \_\_\_\_\_**

**What is your propane gauge reading at the time of this application? \_\_\_\_\_ %**

**What is the gallon size of your propane tank? (Circle one)      100    150    250    500**

**Do you use propane for cooking?    yes \_\_\_\_\_ no \_\_\_\_\_      For water heater? yes \_\_\_\_\_ no \_\_\_\_\_**

**Do you heat your home with propane? If yes, please circle below HOW you heat your home.**

Propane Space heater    Propane Wall heater    Central unit uses both propane and electricity

## CERTIFICATION/CERTIFICACION

1. The information provided is true and correct to the best of my knowledge and belief.  
*1. La informacion proveida en esa forma es correcta segun mi mayor enendimiento.*
2. My household income has been annualized, at the time of my application, according to pre-established agency procedures.  
*2. Los ingresos de mi hogar han sido calculados anualmente segun los reglamentos preescritos por la agencia.*
3. I understand I may request a hearing to appeal a denial of eligibility, amount of assistance received, or delay of service delivery.  
*3. Comprendo que puedo solicitar una audiencia para apelar decicion que me afectan, tales, como:el eligibilidad al programa, asistencia recibida o tardanze de asistencia.*
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 the information is used only to provide data.  
*4. Utorizo al "Texas department of Housing and Community Affairs" y sus agencies contratadas a solicitar y verificar informacion sobre mis cuentas pasadas y futures para luz y gas cuando la informacion se usa para reporter data estadistica.*

**CLIENT'S PERMISSION FOR RELEASE OF INFORMATION:** I give permission to the Double Mountain Outreach Services, to share and/or secure any information necessary. I also grant permission to Double Mountain Outreach Services to contact other individuals or organizations in order to provide services, and resources on my behalf. I understand that this information will be shared or secured on a professional basis only while protecting my right to confidentiality. I am authorizing this agency to contact any person, state or government organization, assistance agency, employer, landlord, or utility provider required to process my application and to secure information in my case record, including educational and student records.

By signing below, I understand that Double Mountain Outreach Services/ASBDC staff and referral resources will have access to my records.

**I AM AWARE THAT I AM SUBJECT TO PROSECUTION FOR PROVIDING FALSE OR FRAUDULENT INFORMATION.**

**COMPRENDO QUE ESTOY SUJETO A SER PROCESADO SI LA INFORMACION ES FALSO O INCORRECTA.**

\*

\_\_\_\_\_  
Applicant's Signature / Firma de Solicitante

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\_\_\_\_\_  
Date / Fecha

## CSBG NEEDS ASSESSMENT

Please circle 'yes' if you need the service & explain. Circle 'no' if you do not need the service.

SERVICE	NEED	EXPLANATION/DETAILS	Office use/Referral
<b>Basic Needs:</b> Food Pantry, SNAP, Emergency, Other	Yes   Receive   No		
<b>Income:</b> TANF, SS, SSI, VA, Budget Counseling, Other	Yes   Receive   No		
<b>Transportation:</b> Work, Medical Appointment, Other	Yes   Receive   No		
<b>Utility Assistance:</b> Electric, Propane, Gas, Water Disconnect, Other	Yes   Receive   No		
<b>Education:</b> GED, Vocation/Technical Training, Other	Yes   Receive   No		
<b>Child Support:</b> Do you need to be referred to the Attorney General for child support assistance?	Yes   Receive   No	If yes, call 800-252-8014.	
<b>Heating/Cooling Appliances:</b> None in home, Needs Repair, other	Yes   Receive   No		
<b>Housing Needs:</b> Low Income Housing, Eviction Assistance, Weatherization, Other	Yes   Receive   No	For Weatherization, call 940-684-1571.	
<b>Veteran's Needs:</b> Medical, Training, Other	Yes   Receive   No		
<b>Legal Needs:</b> Child Support, Criminal, Civil, Other	Yes   Receive   No		
<b>Employment:</b> Job Search Assistance, Training, Other	Yes   Receive   No		
<b>Health Needs:</b> Vision exam/glasses, Dental exam/Services, Immunizations, Prescription Assistance, Mental Health Services, Other	Yes   Receive   No	Which service is needed & for whom?	
<b>Other Needs Not Listed Here:</b> (Be specific.)	Yes   Receive   No		

Signature

Date

**TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS**  
**Household Status Verification Form**

Systematic Alien Verification for Entitlements (SAVE) System and US Citizenship/US National  
Applicant Certification Form for CEAP, DOE-WAP, LIHEAP-WAP Subrecipients, and SHTF, ESG, HHSP, EH (political subdivision only)



The program for which you are applying requires verification that you are a U.S. citizen, a non-citizen national, or a legal resident 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.

To add additional household members, use another copy of this form.

I AM AWARE THAT I AM SUBJECT TO PROSECUTION FOR PROVIDING FALSE OR FRAUDULANT INFORMATION.

Applicant's Signature	Date
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**Signature of agency staff certifying they verified the above documents**

**Print Staff Name**

Date

## How to Find Us



9660 US Highway 83 South  
Aspermont TX 79502 US

Telephone: +1 940-989-3538  
Email: [asbdc@srcaccess.net](mailto:asbdc@srcaccess.net)