



Combined Community Action, Inc.

165 West Austin . Giddings, Texas 78942
 979.540.2980 . 800.688.9065 . Fax 979.542.9565

COMBINED COMMUNITY ACTION CEAP PRE-APPLICATION

Date Complete Application Received: _____

Name: _____
(last) (first)

County: _____

Address: _____

(city) (zip)

Phone # Hm: _____

#Wk: _____

Must be able to contact you

HOUSEHOLD COMPOSITION AND CHARACTERISTICS – List the Head of Household and all other persons who will be living in the unit. Indicate the relationship of each family member to the Head of Household.

Household member Name	Relationship to Head of HH	Date of Birth	Sex	Social Security Number
	Head of Household			

INCOME INFORMATION – Includes: Wages, salaries, unemployment benefits, part-time income, Social Security, Supplemental Security, and any other income or benefits your household may receive.

Household Member Name	Full Time Student?	Source of Income (Include Employers Name)	Amount of Income for 30 Days Prior to Application Date (Gross)
TOTAL 30 DAY INCOME			\$

Do you have a disconnect notice? Yes _____ No _____

CERTIFICATION (APPLICANTS MUST SIGN & DATE THIS SECTION)

I certify that the information provided on this application is true and correct to the best of my knowledge and belief.

Date: _____

(Applicant's Signature)

DESCRIBE NEED FOR ASSISTANCE: Please explain why you currently need assistance and what it is that you need help with.

You may return your application by using the following options:

COMBINED COMMUNITY ACTION, INC.

Attn: Family Services Department

165 West Austin Street

Giddings, Texas 78942

Phone Number: 800-688-9065

Fax Number: 979-542-9565

Email: deandrea@ccaction.com or ngrodas@ccaction.com

Upon receipt of application CCA will contact you by phone to arrange an appointment time. Completion of this application does not guarantee financial assistance. Assistance is based on ELIGIBILITY and AVAILABILITY of funds. If you have any additional questions please contact our agency.

Revised: March 5, 2009