

OPERATION VICTOR ECHO TANGO**Assistance Application**14612 FM 514
Yantis, Texas 75563

Applicant Last Name		Applicant First Name		Date	County	
Physical Address				City		State Zip
Mailing Address (if different)				City		State Zip
How did you hear about this program?					Are you currently homeless? Yes No	
Email			Home Phone		Work Phone Cell Phone	

Instructions: Race: Choose from White, Black, Asian, 2 or more, Native, No answer Gender: Choose from Male or Female
 Ethnicity: Choose from Hispanic or Non-Hispanic Relationship: Head of Household (HOH), Son, Daughter, Brother, Spouse, Father, etc.
 Insurance source: Private, Employer, Medicaid, Medicare, Military, CHIPS, none

Basic Household Information - List the head of household followed by all members living in the home

1	Name: Last, First, M.I.			Social Security Number	Date of Birth	Race	Ethnicity	Gender
	Disabled?	Veteran?	Education Level	Relationship	Health Insurance Source		Age	
2	Name: Last, First, M.I.			Social Security Number	Date of Birth	Race	Ethnicity	Gender
	Disabled?	Veteran?	Education Level	Relationship	Health Insurance Source		Age	
3	Name: Last, First, M.I.			Social Security Number	Date of Birth	Race	Ethnicity	Gender
	Disabled?	Veteran?	Education Level	Relationship	Health Insurance Source		Age	
4	Name: Last, First, M.I.			Social Security Number	Date of Birth	Race	Ethnicity	Gender
	Disabled?	Veteran?	Education Level	Relationship	Health Insurance Source		Age	
5	Name: Last, First, M.I.			Social Security Number	Date of Birth	Race	Ethnicity	Gender
	Disabled?	Veteran?	Education Level	Relationship	Health Insurance Source		Age	
6	Name: Last, First, M.I.			Social Security Number	Date of Birth	Race	Ethnicity	Gender
	Disabled?	Veteran?	Education Level	Relationship	Health Insurance Source		Age	
7	Name: Last, First, M.I.			Social Security Number	Date of Birth	Race	Ethnicity	Gender
	Disabled?	Veteran?	Education Level	Relationship	Health Insurance Source		Age	
8	Name: Last, First, M.I.			Social Security Number	Date of Birth	Race	Ethnicity	Gender
	Disabled?	Veteran?	Education Level	Relationship	Health Insurance Source		Age	

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Military status, Disconnected youth, Wages and Benefits Information

Circle the correct reponses

Household members listed on Page 1:	Military Status	Age	Youth	Working	In School	Wages?	Benefits?
1	<input type="checkbox"/> Veteran <input type="checkbox"/> None <input type="checkbox"/> Active <input type="checkbox"/> Other			Y N	Y N	Y N	Y N
2	<input type="checkbox"/> Veteran <input type="checkbox"/> None <input type="checkbox"/> Active <input type="checkbox"/> Other			Y N	Y N	Y N	Y N
3	<input type="checkbox"/> Veteran <input type="checkbox"/> None <input type="checkbox"/> Active <input type="checkbox"/> Other			Y N	Y N	Y N	Y N
4	<input type="checkbox"/> Veteran <input type="checkbox"/> None <input type="checkbox"/> Active <input type="checkbox"/> Other			Y N	Y N	Y N	Y N
5	<input type="checkbox"/> Veteran <input type="checkbox"/> None <input type="checkbox"/> Active <input type="checkbox"/> Other			Y N	Y N	Y N	Y N
6	<input type="checkbox"/> Veteran <input type="checkbox"/> None <input type="checkbox"/> Active <input type="checkbox"/> Other			Y N	Y N	Y N	Y N
7	<input type="checkbox"/> Veteran <input type="checkbox"/> None <input type="checkbox"/> Active <input type="checkbox"/> Other			Y N	Y N	Y N	Y N
8	<input type="checkbox"/> Veteran <input type="checkbox"/> None <input type="checkbox"/> Active <input type="checkbox"/> Other			Y N	Y N	Y N	Y N

Wage and Benefit Source Information

Instructions: List all wages and benefits for all household members.

Work status choices: Full Time (FT), Part Time (PT), Migrant or Seasonal Farmworker (MS), Retired (R), Unemployed for 6 months or more (U6M), Unemployed for 6 months or less (U6L), not in labor force (NLF)

Household members listed on Page 1:	Income Source	How often paid	Total Monthly Income	Status
1				
2				
3				
4				
5				
6				
7				
8				

Government Benefits Information - Not used to determine eligibility; for reporting purposes only.

Does anyone in the household receive any of these? (mark all that apply)

- | | |
|------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Employment pay | <input type="checkbox"/> Social Security |
| <input type="checkbox"/> SSI | <input type="checkbox"/> Child Support |
| <input type="checkbox"/> TANF | <input type="checkbox"/> Food Stamps |
| <input type="checkbox"/> Unemployment benefits | <input type="checkbox"/> General Assistance |
| <input type="checkbox"/> VA Benefits | <input type="checkbox"/> Other: _____ |

Housing Information

The home is: <input type="checkbox"/> Owned <input type="checkbox"/> Rented	Type: <input type="checkbox"/> House <input type="checkbox"/> Apartment	Payment / Mo
Landlord:	<input type="checkbox"/> Mobile Home <input type="checkbox"/> Other	
Address:		Phone
City:	State:	Zip
County		
Are utilities included in the rent? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is there a utility allowance received? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is there any subsidy for the housing? <input type="checkbox"/> No <input type="checkbox"/> HUD <input type="checkbox"/> Section 8 <input type="checkbox"/> Public Housing <input type="checkbox"/> Other		

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Utility Service Information

How is the home heated? Space Heater Window Unit Central Heat Wood

How is the home cooled? Box fans Ceiling fans Central Air Window Unit

List any other devices used to heat or cool the home:

How are the heating/cooling bills paid? To Utility Company To Landlord In rent payment

Electric Service: Heat Cool Cook Heat Water

Utility Company

Account Number

Natural Gas Service: Heat Cook Heat Water

Utility Company

Account Number

LP Gas Service: Heat Cook Heat Water

Utility Company

Account Number

Water Service

Utility Company

Account Number

Other Energy Service: Heat Cool Cook Heat Water

Utility Company

Account Number

Certification

1. The information provided is true and correct to the best of my knowledge and belief.
2. I authorize OVET to contact the local VSO, on my behalf, for other assistance that I may be eligible for.

Applicant Signature

Date

For Office Use ONLY

Eligible? Yes No

Is there a priority member in the household? Elderly Elderly/Disabled Documented crisis
 Disabled Child Under 6 Cutoff notice

Caseworker Signature

Date

Past 3 years Residential History

address _____

how long? _____

landlord name _____

address _____

how long? _____

landlord name _____

address _____

how long? _____

landlord name _____

3 references-non family members

1. _____

2. _____

3. _____

Please list any upcoming trips or events that you have planned.

Please provide an Emergency Contact not living with you.

name: _____ phone number: _____ relationship: _____

Please list any other utilites or monthly cost below: vehicle, perscriptions, phone, etc:
