

2017 Application for Services

Dear Applicant:

Thank you for your interest in 2017 Client Services. Enclosed you will find an application for assistance along with detailed instructions to help you accurately complete your application.

Please note that a signed, completed application and all required documents must be submitted in order for your application to be processed in a timely manner. Failure to submit the required documentation will result in delayed processing or denial of your application.

Submit your Complete Application via:

- ✓ **Email To: MyApplication@GCCSA.org**
- ✓ **Mail To: ATTN: Client Services Department**
9320 Kirby Drive
Houston, TX 77054
- ✓ **Fax To: 1-866-546-9150**

****Applicants cannot drop-off Applications.**
Drop-Off Applications are not accepted.
Submit via Email, Mail or Fax, only.

**Visit www.GCCSA.org for
upcoming dates, programs and more**

FOR OFFICE USE ONLY

Date Received: ____/____/____

Select One: Email Mail Fax

GCCSA Support Specialist Initials: _____



Part One – Household Information

Provide the details for each Household Member, adult and child.

How To Complete Application Tools Available, download and view at www.GCCSA.org:
What Do I Need Guide and Frequently Asked Questions Worksheet

A. Enter Applicant Contact Information

First Name	Last Name	Social Security No. or State ID Number	
Street address: (include Apartment No.)		City	State TEXAS
Email Address	Mobile phone no.: ()	Home phone no.: ()	

B. Enter ALL Household Member Details

Name (First and Last Name)	Gender	Birthdate Month/Day/Yr	Age	Social Security No. or ID Number
1.	<input type="checkbox"/> Male <input type="checkbox"/> Female			-- --
2.	<input type="checkbox"/> Male <input type="checkbox"/> Female			-- --
3.	<input type="checkbox"/> Male <input type="checkbox"/> Female			-- --
4.	<input type="checkbox"/> Male <input type="checkbox"/> Female			-- --
5.	<input type="checkbox"/> Male <input type="checkbox"/> Female			-- --
6.	<input type="checkbox"/> Male <input type="checkbox"/> Female			

C. Select the response that best describes your Household Type

- ☐ Single-mother, child(ren) lives in home
- ☐ Single father, child(ren) lives in home
- ☐ Two-parent household
- ☐ Two Adults, no children living in home
- ☐ Single Person
- ☐ Other, none of the above

D. Select the response that best describes your Housing

- ☐ I receive Housing Assistance (Housing Voucher, Sec 8, etc.)
- ☐ I am Renting an Apartment
- ☐ I am Renting a Home
- ☐ I am a Homeowner
- ☐ I am Homeless
- ☐ I am Living with Relatives or Friends
- ☐ Other, none of the above

Part Two – Household Members Demographics

Provide the demographic details for each Household Member, adult and child.

How To Complete Application Tools Available, download and view at www.GCCSA.org:
What Do I Need Guide and Frequently Asked Questions Worksheet

A. Select Demographics for each Household Member

NAME (First and Last)	Education	Race	Ethnicity	Health Insurance or Medicaid?	Are you a Veteran?	Living with a Disability?
	<input type="checkbox"/> 0-8 grade <input type="checkbox"/> 9-12 / Non-graduate <input type="checkbox"/> High School Grad/GED <input type="checkbox"/> 12+ Some College <input type="checkbox"/> 2 or 4 College Degree	<input type="checkbox"/> Black / Afr-American <input type="checkbox"/> White <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Multi-race <input type="checkbox"/> Other	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> NOT Hispanic or Latino	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> 0-8 grade <input type="checkbox"/> 9-12 / Non-graduate <input type="checkbox"/> High School Grad/GED <input type="checkbox"/> 12+ Some College <input type="checkbox"/> 2 or 4 College Degree	<input type="checkbox"/> Black / Afr-American <input type="checkbox"/> White <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Multi-race <input type="checkbox"/> Other	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> NOT Hispanic or Latino	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> 0-8 grade <input type="checkbox"/> 9-12 / Non-graduate <input type="checkbox"/> High School Grad/GED <input type="checkbox"/> 12+ Some College <input type="checkbox"/> 2 or 4 College Degree	<input type="checkbox"/> Black / Afr-American <input type="checkbox"/> White <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Multi-race <input type="checkbox"/> Other	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> NOT Hispanic or Latino	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> 0-8 grade <input type="checkbox"/> 9-12 / Non-graduate <input type="checkbox"/> High School Grad/GED <input type="checkbox"/> 12+ Some College <input type="checkbox"/> 2 or 4 College Degree	<input type="checkbox"/> Black / Afr-American <input type="checkbox"/> White <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Multi-race <input type="checkbox"/> Other	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> NOT Hispanic or Latino	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> 0-8 grade <input type="checkbox"/> 9-12 / Non-graduate <input type="checkbox"/> High School Grad/GED <input type="checkbox"/> 12+ Some College <input type="checkbox"/> 2 or 4 College Degree	<input type="checkbox"/> Black / Afr-American <input type="checkbox"/> White <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Multi-race <input type="checkbox"/> Other	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> NOT Hispanic or Latino	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> 0-8 grade <input type="checkbox"/> 9-12 / Non-graduate <input type="checkbox"/> High School Grad/GED <input type="checkbox"/> 12+ Some College <input type="checkbox"/> 2 or 4 College Degree	<input type="checkbox"/> Black / Afr-American <input type="checkbox"/> White <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Multi-race <input type="checkbox"/> Other	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> NOT Hispanic or Latino	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part Three – Sources of Income, for Adults Living in Home

Select the Sources of Income for each Adult Household Member (Ages 18 and older). A copy of each type of Income, must be included in the application. GCCSA will review all income to determine eligibility.

How To Complete Application Tools Available, download and view at www.GCCSA.org:

What Do I Need Guide and Frequently Asked Questions Worksheet

(A) Indicate Benefits and Other Types of Assistance

Does your Household Receive SNAP/Food Stamps?	Is your Household receiving assistance from other Community Agencies?	Does your household receive court-ordered child support benefits?
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes, we have court-ordered child support.
<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No, I do not receive child support payments.
		<input type="checkbox"/> Not Applicable, there are no single parents in the household.

(B) Select Income Sources for each Adult Household Member

NAME (First and Last)	Currently employed?	How often are you paid?	Other Sources of Income (check all that apply) Provide Documentation required for all Income Sources selected.	
	<input type="checkbox"/> YES, I am employed and have paychecks <input type="checkbox"/> YES, I am employed and paid in cash <input type="checkbox"/> YES, I am self-employed <input type="checkbox"/> YES, I am recently hired and have not received my first paycheck <input type="checkbox"/> NO, I am not employed at this time	<input type="checkbox"/> One Time per Month <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Every-Other-Week <input type="checkbox"/> Every Week <input type="checkbox"/> Recently Hired, no paycheck received yet <input type="checkbox"/> Not Applicable, Not employed at this time	<input type="checkbox"/> Paid in Cash <input type="checkbox"/> SNAP Food Stamps <input type="checkbox"/> TANF <input type="checkbox"/> Social Security <input type="checkbox"/> SSDI / SSI / RSDI <input type="checkbox"/> Medicare, Medicaid <input type="checkbox"/> Assistance from Other Agencies <input type="checkbox"/> Gift / Cash from Friends or Family <input type="checkbox"/> Unemployment Comp <input type="checkbox"/> Worker's Comp <input type="checkbox"/> Pensions	<input type="checkbox"/> Job Training Stipends <input type="checkbox"/> Military Allotments <input type="checkbox"/> VA Benefits <input type="checkbox"/> Insurance payment <input type="checkbox"/> Alimony <input type="checkbox"/> Foster/Adopted Child(ren) payments <input type="checkbox"/> Court-ordered Child Support <input type="checkbox"/> College Scholarship and/or grants <input type="checkbox"/> Student Loans <input type="checkbox"/> Other _____
	<input type="checkbox"/> YES, I am employed and have paychecks <input type="checkbox"/> YES, I am employed and paid in cash <input type="checkbox"/> YES, I am self-employed <input type="checkbox"/> YES, I am recently hired and have not received my first paycheck <input type="checkbox"/> NO, I am not employed at this time	<input type="checkbox"/> One Time per Month <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Every-Other-Week <input type="checkbox"/> Every Week <input type="checkbox"/> Recently Hired, no paycheck received yet <input type="checkbox"/> Not Applicable, Not employed at this time	<input type="checkbox"/> Paid in Cash <input type="checkbox"/> SNAP Food Stamps <input type="checkbox"/> TANF <input type="checkbox"/> Social Security <input type="checkbox"/> SSDI / SSI / RSDI <input type="checkbox"/> Medicare, Medicaid <input type="checkbox"/> Assistance from Other Agencies <input type="checkbox"/> Gift / Cash from Friends or Family <input type="checkbox"/> Unemployment Comp <input type="checkbox"/> Worker's Comp <input type="checkbox"/> Pensions	<input type="checkbox"/> Job Training Stipends <input type="checkbox"/> Military Allotments <input type="checkbox"/> VA Benefits <input type="checkbox"/> Insurance payment <input type="checkbox"/> Alimony <input type="checkbox"/> Foster/Adopted Child(ren) payments <input type="checkbox"/> Court-ordered Child Support <input type="checkbox"/> College Scholarship and/or grants <input type="checkbox"/> Student Loans <input type="checkbox"/> Other _____
	<input type="checkbox"/> YES, I am employed and have paychecks <input type="checkbox"/> YES, I am employed and paid in cash <input type="checkbox"/> YES, I am self-employed <input type="checkbox"/> YES, I am recently hired and have not received my first paycheck <input type="checkbox"/> NO, I am not employed at this time	<input type="checkbox"/> One Time per Month <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Every-Other-Week <input type="checkbox"/> Every Week <input type="checkbox"/> Recently Hired, no paycheck received yet <input type="checkbox"/> Not Applicable, Not employed at this time	<input type="checkbox"/> Paid in Cash <input type="checkbox"/> SNAP Food Stamps <input type="checkbox"/> TANF <input type="checkbox"/> Social Security <input type="checkbox"/> SSDI / SSI / RSDI <input type="checkbox"/> Medicare, Medicaid <input type="checkbox"/> Assistance from Other Agencies <input type="checkbox"/> Gift / Cash from Friends or Family <input type="checkbox"/> Unemployment Comp <input type="checkbox"/> Worker's Comp <input type="checkbox"/> Pensions	<input type="checkbox"/> Job Training Stipends <input type="checkbox"/> Military Allotments <input type="checkbox"/> VA Benefits <input type="checkbox"/> Insurance payment <input type="checkbox"/> Alimony <input type="checkbox"/> Foster/Adopted Child(ren) payments <input type="checkbox"/> Court-ordered Child Support <input type="checkbox"/> College Scholarship and/or grants <input type="checkbox"/> Student Loans <input type="checkbox"/> Other _____

Part Three – Continued - Sources of Income, for Adults Living in Home

Select the Sources of Income for each Adult Household Member (Ages 18 and older). A copy of each type of Income, must be included in the application. GCCSA will review all income to determine eligibility.

How To Complete Application Tools Available, download and view at www.GCCSA.org:
What Do I Need Guide and Frequently Asked Questions Worksheet

(B) Select Income Sources for each Adult Household Member

NAME (First and Last)	Currently employed?	How often are you paid?	Other Sources of Income (check all that apply) Provide Documentation required for all Income Sources selected.	
	<input type="checkbox"/> YES, I am employed and have paychecks <input type="checkbox"/> YES, I am employed and paid in cash <input type="checkbox"/> YES, I am self-employed <input type="checkbox"/> YES, I am recently hired and have not received my first paycheck <input type="checkbox"/> NO, I am not employed at this time	<input type="checkbox"/> One Time per Month <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Every-Other-Week <input type="checkbox"/> Every Week <input type="checkbox"/> Recently Hired, no paycheck received yet <input type="checkbox"/> Not Applicable, Not employed at this time	<input type="checkbox"/> Paid in Cash <input type="checkbox"/> SNAP Food Stamps <input type="checkbox"/> TANF <input type="checkbox"/> Social Security <input type="checkbox"/> SSDI / SSI / RSDI <input type="checkbox"/> Medicare, Medicaid <input type="checkbox"/> Assistance from Other Agencies <input type="checkbox"/> Gift / Cash from Friends or Family <input type="checkbox"/> Unemployment Comp <input type="checkbox"/> Worker's Comp <input type="checkbox"/> Pensions	<input type="checkbox"/> Job Training Stipends <input type="checkbox"/> Military Allotments <input type="checkbox"/> VA Benefits <input type="checkbox"/> Insurance payment <input type="checkbox"/> Alimony <input type="checkbox"/> Foster/Adopted Child(ren) payments <input type="checkbox"/> Court-ordered Child Support <input type="checkbox"/> College Scholarship and/or grants <input type="checkbox"/> Student Loans <input type="checkbox"/> Other _____
	<input type="checkbox"/> YES, I am employed and have paychecks <input type="checkbox"/> YES, I am employed and paid in cash <input type="checkbox"/> YES, I am self-employed <input type="checkbox"/> YES, I am recently hired and have not received my first paycheck <input type="checkbox"/> NO, I am not employed at this time	<input type="checkbox"/> One Time per Month <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Every-Other-Week <input type="checkbox"/> Every Week <input type="checkbox"/> Recently Hired, no paycheck received yet <input type="checkbox"/> Not Applicable, Not employed at this time	<input type="checkbox"/> Paid in Cash <input type="checkbox"/> SNAP Food Stamps <input type="checkbox"/> TANF <input type="checkbox"/> Social Security <input type="checkbox"/> SSDI / SSI / RSDI <input type="checkbox"/> Medicare, Medicaid <input type="checkbox"/> Assistance from Other Agencies <input type="checkbox"/> Gift / Cash from Friends or Family <input type="checkbox"/> Unemployment Comp <input type="checkbox"/> Worker's Comp <input type="checkbox"/> Pensions	<input type="checkbox"/> Job Training Stipends <input type="checkbox"/> Military Allotments <input type="checkbox"/> VA Benefits <input type="checkbox"/> Insurance payment <input type="checkbox"/> Alimony <input type="checkbox"/> Foster/Adopted Child(ren) payments <input type="checkbox"/> Court-ordered Child Support <input type="checkbox"/> College Scholarship and/or grants <input type="checkbox"/> Student Loans <input type="checkbox"/> Other _____
	<input type="checkbox"/> YES, I am employed and have paychecks <input type="checkbox"/> YES, I am employed and paid in cash <input type="checkbox"/> YES, I am self-employed <input type="checkbox"/> YES, I am recently hired and have not received my first paycheck <input type="checkbox"/> NO, I am not employed at this time	<input type="checkbox"/> One Time per Month <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Every-Other-Week <input type="checkbox"/> Every Week <input type="checkbox"/> Recently Hired, no paycheck received yet <input type="checkbox"/> Not Applicable, Not employed at this time	<input type="checkbox"/> Paid in Cash <input type="checkbox"/> SNAP Food Stamps <input type="checkbox"/> TANF <input type="checkbox"/> Social Security <input type="checkbox"/> SSDI / SSI / RSDI <input type="checkbox"/> Medicare, Medicaid <input type="checkbox"/> Assistance from Other Agencies <input type="checkbox"/> Gift / Cash from Friends or Family <input type="checkbox"/> Unemployment Comp <input type="checkbox"/> Worker's Comp <input type="checkbox"/> Pensions	<input type="checkbox"/> Job Training Stipends <input type="checkbox"/> Military Allotments <input type="checkbox"/> VA Benefits <input type="checkbox"/> Insurance payment <input type="checkbox"/> Alimony <input type="checkbox"/> Foster/Adopted Child(ren) payments <input type="checkbox"/> Court-ordered Child Support <input type="checkbox"/> College Scholarship and/or grants <input type="checkbox"/> Student Loans <input type="checkbox"/> Other _____

Part Four – Reason(s) for Applying to GCCSA

How did you hear about GCCSA? Provide details below and indicate the reason for your application.

How To Complete Application Tools Available, download and view at www.GCCSA.org:

What Do I Need Guide and Frequently Asked Questions Worksheet

(A) Referral Information

How did you learn about GCCSA Services?	Are you a Head Start or Early Head Start Parent with a child enrolled?	Are you a previous GCCSA Client or Customer?
<input type="checkbox"/> 2-1-1 United Way Hotline <input type="checkbox"/> Government Agency <input type="checkbox"/> Other Community Agency <input type="checkbox"/> A Former GCCSA Customer <input type="checkbox"/> Apartment Manager Referred <input type="checkbox"/> Flyer or Announcement <input type="checkbox"/> Internet <input type="checkbox"/> Radio, Newspaper, TV <input type="checkbox"/> Other: Please specify: _____	<input type="checkbox"/> Yes, my child is enrolled <input type="checkbox"/> No, my child is not enrolled <input type="checkbox"/> Not Applicable	<input type="checkbox"/> No, I am a first-time applicant <input type="checkbox"/> Yes, I applied for services 0-2 years ago <input type="checkbox"/> Yes, I applied for services 3 to 5 years ago <input type="checkbox"/> Yes, my last application was over 5 years ago

(B) Reason for Application

(B1) Indicate the situation and/or circumstances that have led to you requesting GCCSA Services	Based on your response in (B1), please provide details of your current household situation. Use the space below to write.
<input type="checkbox"/> Recent Divorce / Separation	
<input type="checkbox"/> Relocated to the Houston-area	
<input type="checkbox"/> Unexpected expenses	
<input type="checkbox"/> Decrease in Housing Award or Other Support	
<input type="checkbox"/> Recent Job Loss Last Date of Employment _____	
<input type="checkbox"/> Medical Emergency	
<input type="checkbox"/> Other Reason	

(C) Learn More about our Direct Services and Referral Services offered through Community Partners

Direct Services and Programs	Case Management, Goal-Planning Services
<input type="checkbox"/> Rental Assistance <input type="checkbox"/> Electricity Assistance <input type="checkbox"/> Job Readiness Training <input type="checkbox"/> Financial Literacy <input type="checkbox"/> Housing Counseling <input type="checkbox"/> Seasonal School Supplies <input type="checkbox"/> Head Start/ Early Head Start <input type="checkbox"/> Scholarships for Vocational Training <input type="checkbox"/> GED/ Adult Basic Education <input type="checkbox"/> Bus Passes <input type="checkbox"/> Food Pantry Services <input type="checkbox"/> Nutrition Programs <input type="checkbox"/> Seasonal Holiday Initiatives	<input type="checkbox"/> Case Management Program I am interested in participating in GCCSA's Case Management program. I understand that I will have a case management plan outlined with goals such as financial budgeting, short-term employment and personal growth.

(D) Preferred Contact

Preferred Contact Number:	When is the best time to Contact You?
Preferred Contact Email Address:	<input type="checkbox"/> AM (Morning) <input type="checkbox"/> PM (Afternoon) <input type="checkbox"/> Anytime, Weekdays (Monday – Friday)



**Before signing the Applicant Certification,
Review the Checklist for Completion.**

**Application for Services
Checklist**

- ☐ GCCSA 2017 Application
 - Complete all Sections and Pages
 - Proof of Harris County Residency
- ☐ Income
 - Must provide proof of current income for all Adult Household Members, eighteen (18) years of age and older
 - Must have proof of income within last 30 days application date
- ☐ Lease Agreement(all pages)
 - Lease must be Current
 - Lease must be signed
 - Provide a Rent Concession Addendum, Renewal Agreement, Housing Re-Certification are required, if indicated on Lease Agreement or Housing Letter

For a detailed list of required documents, please refer to the:

**“What Do I Need” Guide OR
Frequently Asked Questions Worksheet**

Download at www.GCCSA.org or pick-up at GCCSA Corporate Lobby

Applicant Certification

PLEASE READ CAREFULLY BEFORE SIGNING.

By signing below, I _____ (Print Applicant Full Name)
acknowledge the following statements:

1. I attest the information provided in this application is true and correct to the best of my knowledge and belief.
2. I understand that no more than three (3) attempts (via phone) will be made by a GCCSA representative to schedule an appointment for GCCSA services plan.
3. I understand my household income will be annualized, at the time of the submitted application, based on pre-established agency procedures and the Texas Administrative Code (TAC).
4. I understand I may appeal a denial of eligibility, amount of assistance received or a delay of service(s).
5. I authorize the Texas Department of Housing and Community Affairs and its contracted agencies to solicit/verify information provided on this application.
6. I understand that completion and submission of this application does not guarantee services.
7. I understand that I am responsible for providing copies of support documentation. GCCSA does not make copies of documentation.
8. I understand that after one year, a request for my application documents will be subject to the policy and procedures as outlined in the Open Records Request, and may require a fee for service.
9. **I AM AWARE THAT I AM SUBJECT TO PROSECUTION AND/OR FINES UP TO \$10,000 FOR PROVIDING FALSE OR FRAUDULENT INFORMATION.** Title 18, Section 1001 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to any department or agency in the United States as to any matter within its jurisdiction.

Print First and Last Name

Signature of Applicant

Date

Gulf Coast Community Services Association, Inc.

The Gulf Coast Community Services Association, Inc. (GCCSA) is a 501(c)(3) Community Action Agency founded in 1965. Today, GCCSA has established itself as one of the most experienced community service providers in the gulf coast region and the largest Community Action Agency in the state of Texas.

Mission

Gulf Coast Community Services Association (GCCSA) engages partners and forges strategic alliances to educate, equip and empower individuals and families in their pursuit of economic independence.

General Inquiries and Frequently Asked Questions
Additional Information
Details of Services and Programs
GCCSA Head Start and Early Head Start Centers
Apply for Employment with GCCSA
Leave Feedback Regarding Services

Website: www.GCCSA.org

Phone: [713-393-4700](tel:713-393-4700)

What Do I Need?

To determine if you are qualified to enroll in GCCSA Services, you must provide GCCSA with documents that prove: (1) Harris County Residency, (2) Household Size and (3) the Income for the Household.

(1) Harris County Residency

How do I prove that I live in Harris County?

- ✓ Using the address on your completed 2017 Application for Services and supporting documents, GCCSA will verify your address in the Harris County Appraisal District (HCAD) database.

(2) Household Size

How do I prove the number of people who live in my household?

- ✓ Provide all pages of your Current, Signed Lease Agreement
- ✓ A Lease Agreement is Acceptable IF:
 - A. Lease Agreement has all pages
 - B. Lease Agreement is current, not expired
 - C. Lease Agreement is signed
 - D. Lease Agreement must list all Adults living in the Household

Additional Documents are required to prove the number of people in the Household if:

- E. You do not have a lease due to being a homeowner or other living situation
- F. Your Lease is not complete or acceptable (see A-D)
- G. Your 2017 Application for Services has listed household members who are not included on your lease
- H. Your Lease has Household Members that are not listed on your 2017 Application for Services

If your Lease is not acceptable, as listed in Items E – H, please select 2 documents and provide a copy of each, for Each Adult Household Member (age 18 or older).

The following are acceptable as long as they include the name of the Household Member and correct residential address.

- | | | |
|---|-------------------------------|---|
| ✓ Letter from the Landlord or Apartment Manager, dated and signed | ✓ SSI/SSDI Award Letter | ✓ Any document issued by state, county or city, or the federal government dated within 90 days of the application |
| ✓ State issued ID / Driver's License (current) | ✓ SNAP Award Letter | |
| ✓ Property or Income Tax Statement | ✓ Medicaid or Medicare letter | |
| ✓ Mortgage Statement | ✓ Voter Registration Card | |
| | ✓ Utility or Cable bill | |
| | ✓ Current Auto Insurance | |

(3) Income, for Adult Household Members

How do I prove my Household's most recent income?

- ✓ **Income documentation must be submitted for all Adult household members, eighteen (18) years of age and older**
- ✓ **All Income included on your 2017 Application for Services requires a copy of documents**

For each Adult Household Member employed within the past 30 days and received Paycheck(s):

- ✓ **Submit the consecutive stubs for the thirty (30) days prior to the date the application**
 - If paid Weekly = Four (4) consecutive pay check stubs
 - If paid Bi-Weekly = Two (2) consecutive pay check stubs
 - If paid Semi-Monthly = Two (2) consecutive pay check stubs
 - If paid Monthly = One (1) pay check stub

For each Adult Household Member that receives Monthly Award Payments:

- ✓ **Submit a 2017 Award Letter:**
 - Unemployment Benefits - Provide a Payment Detail Summary Sheet (date printed must reflect on or after date of signed application)
 - Social Security (SS)
 - Supplemental Security Income (SSI)
 - Retirement, Survivors, and Disability Insurance (RSDI)
 - VA Benefits
 - VA Disability Benefits
 - Retirement or Pension
 - Insurance / Workman's Comp / Annuity Payments
 - Child Support - Provide a Payment Detail Summary Sheet (date printed must reflect on or after date of signed application)

If the Household Receives SNAP/Food Stamps:

- ✓ **Submit a 2017 Benefit Letter dated, all pages must be included**

If an Adult Household Member cannot provide proof of income, the Household must complete:

- ✓ **Submit a Declaration of Income Statement (DIS)**

A household must detail how immediate and basic needs have been met. All income is verified and must have copies as proof.

Submit your Complete Application with Supporting Documents:

EMAIL: MyApplication@GCCSA.org

MAIL: ATTN: Client Services Department

9320 Kirby Drive

Houston, TX 77054

FAX: 1-866-546-9150

**Visit www.GCCSA.org for
upcoming dates, programs and more**

