

For TSU Enrolled Students-only

GULF COAST COMMUNITY SERVICES ASSOCIATION, Inc.  
Department of Client Services

# 2020 Application for Services COVID-19 C.A.R.E. PLAN

Community Action Relief Effort

For TSU Enrolled Students-only

Visit [www.GCCSA.org](http://www.GCCSA.org) to learn more about the GCCSA's Community Action Relief Effort to address the effects of COVID-19 to low-income, Harris County residents.

**Ready to Submit your Application**  
**Click the Link Below to the Application Portal**

<https://gccsa.gethelp.website/covid/appfac/>

Students, Copy and Paste the Link in the Browser to access the Application Submission Portal





## Part 1. Household Information

### A. Enter Applicant Contact Information

First Name	Last Name	Social Security No. or State ID Number	
Street address: (include Apartment No.)		City	State <b>TEXAS</b>
			Zip Code
Email Address	Mobile phone no.: (    )	Input TSU Student ID	

### B. Enter ALL Household Member Details

Name (First and Last Name)	Gender	Birthdate Month/Day/Yr	Age	Ethnicity	SS# or I.D.
1.	<input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> Yes, Hispan/Latin <input type="checkbox"/> NOT Hispan/Latin	-- --
2.	<input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> Yes, Hispan/Latin <input type="checkbox"/> NOT Hispan/Latin	-- --
3.	<input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> Yes, Hispan/Latin <input type="checkbox"/> NOT Hispan/Latin	-- --
4.	<input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> Yes, Hispan/Latin <input type="checkbox"/> NOT Hispan/Latin	-- --
5.	<input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> Yes, Hispan/Latin <input type="checkbox"/> NOT Hispan/Latin	-- --
6.	<input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> Yes, Hispan/Latin <input type="checkbox"/> NOT Hispan/Latin	-- --

### C. Select the response that best describes your Household Type

<input type="checkbox"/> Single-mother, child(ren) lives in home	<input type="checkbox"/> Non-related Adults with Children
<input type="checkbox"/> Single father, child(ren) lives in home	<input type="checkbox"/> Single Person
<input type="checkbox"/> Two-parent household	<input type="checkbox"/> Mutli-generational (grandparent, parents and child toget
<input type="checkbox"/> Two Adults, NO children living in home	<input type="checkbox"/> Other, none of the above

### D. Select the response that best describes your Housing

<input type="checkbox"/> I am living in TSU Housing, On-campus Dorm
<input type="checkbox"/> I am living in TSU Housing, Not On-campus Dorm
<input type="checkbox"/> I receive Housing Assistance (Housing Voucher, Sec 8, etc.)
<input type="checkbox"/> I am Renting an Apartment
<input type="checkbox"/> I am Renting a Home
<input type="checkbox"/> I am a Homeowner
<input type="checkbox"/> I am Homeless

## Part 2. Household Members Demographics

### A. Select Demographics for each Household Member

NAME (First and Last)	Education	Race	Health Insurance?	Living with a Disability?	Military Status?
				Yes No	
				Yes No	
				Yes No	
				Yes No	
				Yes No	
				Yes No	
				Yes No	

## Part 3. Sources of Income, for Adults Living in Home

### (B) Select Income Sources for each Adult Household Member

NAME (First and Last)	Work Status?	Other Sources of Income and Non-Cash Benefits (check all that apply) Provide Documentation required for all Income Sources selected.		
		TANF Social Security Supplemental Security Income (SSI) Social Security Disability Income (SSDI)  VA Service-Connected Disability Comp VA Non-Service Connected Private Disability Insurance Worker's Comp  Pensions	Court-ordered Child Support Alimony Unemployment Insurance  Earned Income Tax Credit (EITC) College Scholarship and/or grants Gift/Cash from Family and Friends  Job Training Stipends Assistance from Agencies	SNAP Food Stamps WIC LIHEAP Housing Choice Voucher  Public Housing Permanent Supportive Housing HUD-VASH Childcare Voucher Affordable Care Act Other
		TANF Social Security Supplemental Security Income (SSI) Social Security Disability Income (SSDI)  VA Service-Connected Disability Comp VA Non-Service Connected Private Disability Insurance Worker's Comp  Pensions	Court-ordered Child Support Alimony Unemployment Insurance  Earned Income Tax Credit (EITC) College Scholarship and/or grants Gift/Cash from Family and Friends  Job Training Stipends Assistance from Agencies	SNAP Food Stamps WIC LIHEAP Housing Choice Voucher  Public Housing Permanent Supportive Housing HUD-VASH Childcare Voucher Affordable Care Act Other
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## Part 3 Continued. Sources of Income, for All Adults Living in Home

### (B) Select Income Sources for each Adult Household Member

NAME (First and Last)	Work Status?	Other Sources of Income and Non-Cash Benefits (check all that apply) Provide Documentation required for all Income Sources selected.		
		TANF Social Security Supplemental Security Income (SSI) Social Security Disability Income (SSDI)  VA Service-Connected Disability Comp VA Non-Service Connected Private Disability Insurance Worker's Comp  Pensions	Court-ordered Child Support Alimony Unemployment Insurance  Earned Income Tax Credit (EITC) College Scholarship and/or grants Gift/Cash from Family and Friends  Job Training Stipends Assistance from Agencies	SNAP Food Stamps WIC LIHEAP Housing Choice Voucher  Public Housing Permanent Supportive Housing HUD-VASH Childcare Voucher Affordable Care Act Other
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**Before signing the Applicant Certification,  
Review the Checklist for Completion.**

**COVID C.A.R.E. Application for Services  
Checklist**

- Completed COVID CARE Survey/Questionnaire
  - Submitted via Survey Monkey
  - Family Assessment Questions completed
  
- Requested proof of COVID-19 Hardship, if applicable
  
- GCCSA 2020 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
  
- Reviewed the following documents, online or hard-copy at [www.GCCSA.org](http://www.GCCSA.org):
  - Release of Information
  - Customer Acknowledgement

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## Applicant Acknowledgment and Certification

I agree to the Release of Information's terms and conditions. I authorize GCCSA, to give and receive information from the individual(s) and / or organizations as deemed necessary to further assist my household in accessing services and that information to be shared is limited to that which is relevant to the provision of programming and services, including billing details. Information requested/released may include, but is not limited to, the following: 1) Services provided to or requested from the household by GCCSA Client Services, community partners and other agencies; 2) Status on electricity or rental accounts, payment records and current standing; 3) Proof of Income, residency, and household members; 4) Employment; and 5) Education.

I understand a full copy of the Release of Information is made available at [www.GCCSA.org](http://www.GCCSA.org) and GCCSA corporate office.

I agree received a copy of the Customer Acknowledgement and agree to abide by the terms stated.

I confirm that the information given in this form is true, complete and accurate. 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.

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). I understand I may appeal a denial of eligibility, amount of assistance received or a delay of service(s).

I authorize the Texas Department of Housing and Community Affairs and its contracted agencies to solicit/verify information provided on this application.

I understand that completion and submission of this application does not guarantee services.

I understand that I am responsible for providing copies of support documentation. GCCSA does not make copies of documentation.

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Print First and Last Name

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\_ Signature of Applicant

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**Signature Waived due to COVID-19**



## **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](http://www.GCCSA.org)

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