



WAXAHACHIE CARE SERVICES APPLICATION FORM
VALID DRIVERS LICENSE OR ID REQUIRED

File # _____

NAME _____ DATE OF BIRTH _____

SPOUSE _____ DATE OF BIRTH _____

ADDRESS _____ PHONE _____

CITY/STATE/ZIP _____

APARTMENT COMPLEX NAME _____

EMAIL ADDRESS _____

EMPLOYER _____ PHONE _____

SPOUSE EMPLOYER _____ PHONE _____

WHAT IS YOUR HIGHEST EDUCATION? _____ DO YOU OWN YOUR HOME? Yes No

PLEASE LIST ALL ADDITIONAL HOUSEHOLD MEMBERS

NAME	DOB	RELATION	GENDER
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1.			
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5.			
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6.			
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GROSS MONTHLY INCOME \$

Earned Applicant	_____
Earned Spouse	_____
SS Income	_____
SS Income- Spouse	_____
Disability SSI #1	_____
Disability SSI #2	_____
Disability SSI #3	_____
Disability child	_____
Worker's Comp	_____
Unemployment	_____
VA Benefits	_____

Retirement	_____
Pension	_____
SNAP	_____
TANF	_____
WIC	_____
Child Support	_____
Family Support	_____
Rental Income	_____
Assets owned	_____
Sale of Property	_____ Year _____
Other Income	_____

MONTHLY EXPENSES \$

Rent	_____	Health Insurance	_____
Mortgage	_____	Life Insurance	_____
Home/renters Ins.	_____	Burial Insurance	_____
Taxes	_____	Prescriptions	_____
Electricity	_____	Credit Card	_____
Gas/Propane	_____	Finance Loans	_____
Water/Sewer	_____	Tuition	_____
Food Cost	_____	Uniforms-work	_____
Internet	_____	Daycare	_____
Land Line Telephone	_____	Child Support	_____
Cell Phone	_____	Car gasoline	_____
Cable/Satellite	_____	Car Insurance	_____
Rental Appliances	_____	Car Payment	_____

Year of vehicle	_____	Make of vehicle	_____
Model of vehicle	_____	Color of vehicle	_____

What is your usual mode of transportation? Vehicle_____ Bicycle_____ Walk_____ Public_____ Other_____

*****WAXAHACHIE CARE IS AN EQUAL OPPORTUNITY PROVIDER*****

Waxahachie CARE does not and shall not discriminate on the basis of race, color, religion, gender, gender expression, age, national origin, disability, marital status, sexual orientation, or military status, in any of its activities or operations.

***** ALL INCOME MUST BE PROVIDED AND MAY BE VERIFIED. IF INCOME IS LATER FOUND THAT IS NOT DISCLOSED, BENEFITS MAY BE SUSPENDED OR DENIED. *****

Please read: I confirm that the information provided is complete and correct to the best of my knowledge. I am also aware that any attempt to obtain aid fraudulently from Waxahachie CARE will result in my application being denied and services suspended. I understand that any and all information supplied by me on this form may be verified. Tax Return may be requested to verify income. I give my permission to **CARE** to share information with other agencies and utilities, *if necessary*.

This application does not guarantee that **CARE** can assist with your needs.

I also agree to allow Waxahachie CARE to perform the following actions:

1. Use my demographic information in monthly statistical reports, county and city reports.
2. Contact past and present employers to verify my employment status.
3. Contact my apartment manager/landlord, utility providers or any other contact to verify my situation.
4. Contact other social service agencies on my behalf to network my efforts in receiving assistance.

DATE

SIGNATURE



Waxahachie CARE – Required Information & Service Areas

Our purpose is to help those in need only.

Items needed to receive service – no exceptions

1. Photo ID or driver's license
2. Proof of residency; Lease/rental agreement or tax record
3. Proof of income for everyone in the household
 - A. Earned Income – 1 month of check stubs
 - B. Social Security income
 - C. Disability income
 - D. Worker's Compensation
 - E. Unemployment/TWC Work History
 - F. VA benefits
 - G. Retirement
 - H. Pension
 - I. SNAP (Food Stamps) approval or denial
 - J. TANF (temporary assistance for needy families)
 - K. WIC (Women, Infant, Children)
 - L. Child Support
 - M. Family Support
 - N. Rental Income
 - O. Assets Owned
 - P. Sale of Property
 - Q. Other Income
4. Names and DOB of everyone in the household
5. Current auto insurance card

If you need assistance because of a job loss, medical condition or emergency situation, or if your unique situation needs further verification, the following will need to be provided in addition to the above requirements.

1. Proof of medical information, if this is a cause for your current situation
2. Proof of fire or police report, if this is a cause for your current situation
3. Proof of actively trying to get a job for those that are able
4. Unemployment information, including a letter stating you are no longer working
5. Worker's Compensation
6. Current Tax return
7. Proof of school age children; report card or letter from school

SERVICE AREAS

PANTRY SHOPPING & TXU ELECTRIC:

Waxahachie ISD
Italy ISD
Milford ISD
Avalon ISD
Maypearl ISD

RELIANT ENERGY & ATMOS GAS:

All of Ellis County

WATER: ONLY WHEN FUNDS ARE AVAILABLE

If you do not live in our service area, the following areas have a pantry for your convenience.

Midlothian – Manna House, 3241 Robinson Road, Suite A, 972.775.1800

Ennis – Helping Hands, 604 NE Main St., 972.875.0218

Red Oak – North Ellis County Outreach – 404 S. Hwy 342, 972.617.7261