

## How can I get help?

The city will assess applications and solely determine eligibility and/or the amount of financial help available to each household based upon current total household income in the last 30 days. The city will pay assistance directly to the landlord, property management company, financial institution, mortgage company and/or utility provider.

***Application must be complete and include all required documents to be processed.***

## Eligibility

- Must live in Tarrant County.
- Must be the account holder or authorized user on utility account if requesting utility assistance. Utility assistance covers electricity, water and gas/ propane only.
- Must be the primary lease or mortgage holder if requesting rental or mortgage assistance.
- May only apply for rent, mortgage or utility assistance related to one primary property.

***If applicable, provide documentation to prove hardship related to COVID-19 that renders the household unable to pay rent, mortgage, utilities and/or related household expenses such as medicine and food. See Checklist.***

You are NOT eligible for rental assistance if you currently receive a form of rental assistance such as Housing Choice Voucher, VASH, CoC, Directions Home, etc.

City of Fort Worth may make referrals to social and financial service agencies offering relevant services and resources.

## Renters

Landlords/property management companies must register as a vendor with the City of Fort Worth and agree to payment terms and conditions.

## Homeowners

Only mortgages on primary residences are eligible.

Mortgage companies must register as a vendor with the City of Fort Worth and agree to payment terms and conditions.

## Checklist of Required Documents

### Identification

- Government Issued Picture ID for household members 18 and over; AND
- Proof of US Citizenship for all household members (Birth Certificate, Passport, etc.); AND
- Social Security cards for all household members (if applicable)

### Proof of Income or Hardship for All 18 and Over

- Check stubs (past 30 days) OR
- 2021 Award letter(s) for SNAP, Social Security, SSDI, VA, TANF, SSI, etc. ; OR
- Pension Statements; OR
- Receipt Book if paid in cash; OR
- Child Support Statement; OR
- Unemployment Income Statement; OR
- Furlough letter; OR
- Letter from employer showing reduction in hours/wages due to COVID-19; OR
- Declaration of Income Statement for household members 18 and older with no income or unable to obtain documentation (form included)

### Documentation of Assistance Requested

- Current utility bills (front and back) and any disconnection notices for: Electric, Gas, Water. Account must be active (not disconnected); OR
- Copy of lease agreement signed by all parties; OR
- Mortgage statement; OR
- Notice of delinquency from landlord or mortgage company AND Landlord acceptance of terms of assistance

### Other Documentation

- Systematic Alien Verification for Entitlements (SAVE) Form (included). ***This form must be signed by everyone applying for assistance, whether US born or not US born.***

Application must be submitted online or via postal mail ONLY:

**City of Fort Worth – Community Action Partners, PO Box 6519, Fort Worth, TX 76115**

# CITY OF FORT WORTH COMMUNITY ACTION PARTNERS

## 2021 INTAKE APPLICATION

### PART ONE: HOUSEHOLD IDENTIFICATION

Residence/Service Address:	Street/Box Number	City	State	Zip Code	County
Mailing Address:	Street/Box Number	City	State	Zip Code	County
Telephone:	Home #:	Work #:	Cell #:	Email Address:	

### PART TWO: HOUSEHOLD MEMBERS

MEMBER	FIRST NAME, MI, LAST NAME	SS NUMBER	RACE	HISPANIC Y/N	GENDER M/F/O	D.O.B.	RELATION	EDUC. LEVEL	INS. TYPE	MILITARY STATUS	INCOME SOURCE	WORK STATUS	DISABLED Y/N	LEGAL U.S. RESIDENT
Self														
2														
3														
4														
5														
6														
7														
8														
9														
10														

TOTAL NUMBER IN HOUSEHOLD:


*Use additional sheets if more than 10 household members*

# CITY OF FORT WORTH COMMUNITY ACTION PARTNERS

## 2021 INTAKE APPLICATION

HOUSEHOLD TYPE					
Single Parent/Female	<input type="checkbox"/>	Single Parent/Male	<input type="checkbox"/>	Two Parent	<input type="checkbox"/>
Other	<input type="checkbox"/>			Single Person	<input type="checkbox"/>
				Two Adults - No Children	<input type="checkbox"/>
PART THREE: OTHER INCOME SOURCES					
<b>Does anyone in the household receive...Check all that apply</b> <i>(Not for eligibility determination...for reporting purposes only)</i>					
TANF	<input type="checkbox"/>	VA Non-Service Connected Disability	<input type="checkbox"/>	Alimony or Spousal Support	<input type="checkbox"/>
SSI	<input type="checkbox"/>	VA- Service Connected Disability	<input type="checkbox"/>	Child Support	<input type="checkbox"/>
SSDI	<input type="checkbox"/>	Private Disability Insurance	<input type="checkbox"/>	Retirement Income from SS	<input type="checkbox"/>
EITC	<input type="checkbox"/>	Unknown/Not reported	<input type="checkbox"/>	Pension	<input type="checkbox"/>
				Unemployment Insurance	<input type="checkbox"/>
				No Income	<input type="checkbox"/>
				Other	<input type="checkbox"/>
					<input type="checkbox"/>
PART FOUR: NON-CASH BENEFITS					
<b>Does anyone in the household receive...Check all that apply</b>					
SNAP \$ _____ /month	<input type="checkbox"/>	WIC	<input type="checkbox"/>	LIHEAP	<input type="checkbox"/>
HUD-VASH	<input type="checkbox"/>	Housing Voucher	<input type="checkbox"/>	Affordable Care Act	<input type="checkbox"/>
		Permanent Support Housing	<input type="checkbox"/>	Childcare Voucher	<input type="checkbox"/>
		Public Housing	<input type="checkbox"/>	Other	<input type="checkbox"/>
PART FIVE: HOUSING INFORMATION					
Is the home rented or owned?	Owned	<input type="checkbox"/>	How much is the monthly mortgage?		\$ -
	Rented	<input type="checkbox"/>	How much is the monthly rent?		\$ -
What type of housing?	Private Home	<input type="checkbox"/>	Mobile Home	What year was your home built? Or Age of home or apartment	
	Apartment	<input type="checkbox"/>	Rented Room		
If renting: name, address and phone number of landlord:					
Name	Street Address		City	State	Zip Code
					County
Telephone:					
What type of assistance are you seeking?					
Veteran Assistance	<input type="checkbox"/>	Utility Assistance	<input type="checkbox"/>	HVAC Repair	<input type="checkbox"/>
Rental or Mortgage Assistance (see website for additional forms needed)	<input type="checkbox"/>	Weatherization Assistance	<input type="checkbox"/>	Case Management	<input type="checkbox"/>
Have you been affected by COVID-19? If so, how?					

**CITY OF FORT WORTH COMMUNITY ACTION PARTNERS  
2021 INTAKE APPLICATION**

<b>PART SIX: UTILITY SERVICE INFORMATION</b>		<b>(VERY IMPORTANT: Be sure to include copies of your current utility bill)</b>			
How does your family pay for heating/cooling?		To Utility Company <input type="checkbox"/>	To Landlord/Manager <input type="checkbox"/>	Included in Rent <input type="checkbox"/>	
<b>Your Primary Heating and Cooling Source)</b>					
Electricity Utility Vendor:	Account Holder Name:	Account #:		Heat <input type="checkbox"/>	Cool <input type="checkbox"/>
Gas or LP Utility Vendor:	Account Holder Name:	Account #:		Heat <input type="checkbox"/>	Cool <input type="checkbox"/>
Propane Company:	Account Holder Name:	Account #:		Heat <input type="checkbox"/>	Cool <input type="checkbox"/>
Water Company:	Account Holder Name:	Account #:			
Type of Air Conditioner Used:	Central Unit <input type="checkbox"/>	Window Unit <input type="checkbox"/>	Evaporator Cooler <input type="checkbox"/>	Other <input type="checkbox"/>	
Type of Heater Used:	Central Unit <input type="checkbox"/>	Wall Furnace <input type="checkbox"/>	Electric Heater <input type="checkbox"/>	Fire Place <input type="checkbox"/>	
	Wood Burning Stove <input type="checkbox"/>	Gas Heater <input type="checkbox"/>	Other <input type="checkbox"/>	None <input type="checkbox"/>	
<b>PART SEVEN: CERTIFICATION</b>					
1. The information provided is true and correct to the best of my knowledge and belief.					
2. My household income has been annualized, at the time of the application, according to pre-established agency procedures.					
3. I understand I may request a hearing to appeal a denial of eligibility, amount of assistance received, or a delay of service delivery.					
4. I authorize the Texas Department of Housing and Community Affairs and its contracted agencies to contact any source in order to solicit/verify information on my utility and/or					
<b>5. I AM AWARE THAT I AM SUBJECT TO PROSECUTION FOR PROVIDING FALSE OR FRAUDULENT INFORMATION.</b>					
<b>Applicant's Signature/Firma de Solicitante</b>				<b>Date/Fecha</b>	
					

**OFFICE USE ONLY**

Application missing the following documents:			Intake Staff Notes:		
Applicant Picture ID:	Utility Bill(s)				
Social Security Cards:	Proof of US Citizenship:			Date Received:	
Household Income:	Signed SAVE Form:				
Signed DOI for:				Received By:	

**CITY OF FORT WORTH - COMMUNITY ACTION PARTNERS  
2021 NEEDS ASSESSMENT**

CLIENT NAME:	DATE:						
<i>Please answer the following to the best of your ability.</i>							
<b>Have you been impacted by COVID-19? If so, how:</b>							
<b>EMPLOYMENT:</b>							
Are you currently working?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
Are you unemployed?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
Have you ever had a steady job? (6 months or longer)	<input type="checkbox"/> Yes <input type="checkbox"/> No						
Are you unemployed but recently been laid off or lost your job within the last 6 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
Do you have a plan for financial stability?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
<b>EDUCATION</b>							
Are you currently in school?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
Have you participated in any Vocational Training Programs?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
Do you have a degree or certification?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
<b>HOUSING</b>							
Do you live in a (check one)	<input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Mobile Home <input type="checkbox"/> Subsidized or public						
Are you receiving subsidized housing assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
Have you received Weatherization services?	<input type="checkbox"/> Yes, when? _____ <input type="checkbox"/> No						
Do you have smoke detectors in your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
What type of cooling do you have in your home?	<input type="checkbox"/> Central <input type="checkbox"/> Window Units # _____ <input type="checkbox"/> Evaporative cooler <input type="checkbox"/> None						
What type of heating do you have in your home?	<input type="checkbox"/> Central <input type="checkbox"/> Space Heaters # _____ <input type="checkbox"/> Wall Furnace <input type="checkbox"/> Stove						
<b>FOOD</b>							
Does your household receive Food Stamps?	<input type="checkbox"/> Yes, how much? \$ _____ <input type="checkbox"/> No						
Do you know who to contact for emergency (food, clothing, shelter, utilities, and medical care)?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
Do you utilize Food Banks or Mobile Food Pantries to help with your food needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
<b>HEALTH INSURANCE</b>							
Does everyone in the household have medical insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
Has someone in your household needed dental/or prescription assistance but could not afford it?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
Has anyone in your home been beaten, shoved, physically or emotionally hurt by another household member?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
Are you currently receiving Child Support?	<input type="checkbox"/> Yes, how much? \$ _____ <input type="checkbox"/> No						
Do you have reliable transportation?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
<b>SECTION FOR OVER 60 OR DISABLED ONLY</b>							
Who manages your finances?							
Do you receive Meals on Wheels?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Would you like to?						
Do you attend a senior Citizen Center?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Would you like to?						
Can you afford to make home repairs as needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
Do you have someone who can help you if needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
<b>MONTHLY HOUSEHOLD EXPENSES –How much did you spend last month on:</b>							
Rent/Mortgage	\$	Food	\$	Telephone	\$	Cable/Internet	\$
Car Payment	\$	Clothing	\$	Auto Gas	\$	Furniture	\$
Child Care	\$	Medical	\$	Credit Cards	\$	Special Payments	\$
Toiletries	\$	Utilities	\$	Taxes	\$		\$
Life Ins.	\$	Medical Ins.	\$	Car Ins.	\$	Home Ins.	\$
<b>Total Expenses \$</b>							

# 2021 COMMUNITY ACTION PARTNERS CLIENT BILL OF RIGHTS

## APPLICANT RIGHTS AND RESPONSIBILITIES

A signed copy of the Rights and Responsibilities will be placed in your file. Please retain your copy.

### Applicants have a right to:

- 1) Apply for assistance from Community Action Partners (CAP) if they live in Tarrant County and funding is available for the assistance they request;
- 2) Courteous Service and if eligible, have the request completed in a timely manner;
- 3) A clear explanation of services offered by CAP and eligibility criteria for those services;
- 4) Confidentiality of information obtained during the application process. To facilitate coordination of services, communication with other agencies, utility providers, apartment complexes, etc. will not be considered a breach of confidentiality. Information provided on the application forms or during the application process are subject to verification after the applicant voluntarily signs a Release of Information form;
- 5) Request help obtaining the required documents/verification and receive reasonable assistance by CAP staff toward obtaining that information. Such help includes but is not limited to: providing alternate means such as Fax, e mail or providing a self addressed envelope for receipt of information, assistance requesting information from social service or government agencies, etc. However, final responsibility for obtaining the necessary information belongs to the applicant;
- 6) Receive certain materials from their files or agency policies (subject to payment of reasonable copying fees). Request must be in writing and will be reviewed by the Program Coordinator and may be reviewed by the District Superintendent or Assistant Director
- 7) Refuse services;
- 8) Review/Appeal decisions made regarding their application.
  - a) Informal review is available if the applicant was denied assistance or disputes the amount of assistance provided. This review will be provided by the Program Coordinator, District Superintendent or Assistant Director; the request may be verbal or written.
  - b) Formal review is available if the applicant was denied assistance or disputes the amount of assistance provided when requested in writing within ten (10) days of receiving the notice of adverse action. The Program Coordinator will arrange for a panel hearing of the appeal. The panel will consist of the Program Coordinator (non-voting) and three (3) persons chosen from the following:
    - (1) The Assistant Director or District Superintendent
    - (2) A member of the Community Action Partners Council
    - (3) An Administrative Staff person
    - (4) A Center Coordinator
    - (5) A Case Worker

The applicant may have another party present at the hearing to provide information and/or advocacy.

### Applicants have a responsibility to:

- 1) Provide required information to verify eligibility for assistance whenever the case is opened or reopened;
- 2) Cooperate in deciding and implementing the plan of action. It represents what the applicant is expected to do to help themselves;
- 3) Report any changes in the household – income, number of people in home, etc. which may affect eligibility;
- 4) Report any change in utility provider when receiving utility assistance; If a change occurs and is not reported to CAP, assistance will be interrupted until notification occurs.
- 5) Provide truthful statements regarding financial, social or personal data. Fraud is a reason for denial or termination of services. Clients may be required to repay any benefits received as a result of providing untrue information. All information is subject to verification with employers, landlords, and medical professionals among others;
- 6) Appear for the appointment on time. Applicants who are more than 15 minutes late will be instructed to call the appointment phone number to reschedule. Applicants who miss three (3) appointments will not be able to reschedule for 30 days.
- 7) Treat agency staff with respect: abusive language, threats, violent acts, use of alcohol, drugs or other intoxicants will not be tolerated. Violators will be asked to leave; police/security will be called if applicant refuses to leave. Repeat offenses may lead to denial of assistance for a period of time.



\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date



\_\_\_\_\_  
CAP Staff Signature

\_\_\_\_\_  
Date

## DECLARATION OF INCOME STATEMENT (DECLARACION DE INGRESOS)

Applicant Name (Nombre del Solicitante)	Applicant Last Name (Apellido)	Suffix (Sufijo)
Address (Dirección)	City (Ciudad)	Zip Code (Código Postal)

State the gross income for household members, 18 years and older, who have no documentation of the income received in the **30 day period** prior to the date of application for assistance: *(Declarar el ingreso recibido por los miembros de su hogar, que tienen 18 años de edad ó mas, y que no tienen documentación de ingresos por los 30 días antes del aplicar para asistencia)*

Name (Nombre)	Gross Income Received (Ingreso Bruto Recibido)
Name (Nombre)	Gross Income Received (Ingreso Bruto Recibido)
Name (Nombre)	Gross Income Received (Ingreso Bruto Recibido)
Name (Nombre)	Gross Income Received (Ingreso Bruto Recibido)

My household has no documented proof of income due to the following situation *(Mi hogar no tiene prueba para documentar los ingresos por medio de tal razones):*

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I certify that the above information is true and correct to the best of my knowledge and belief. *(Yo certifico que la información proveída de los ingresos es verdadera y correcta según mi saber y creencia.)*

I understand that the information will be verified to the extent possible; and that I may be subject to prosecution for providing false or fraudulent information. *(Comprendo que la información será verificada hasta donde sea posible y que puedo ser enjuiciado por haber proveído información falsa ó fraudulenta.)*



\_\_\_\_\_  
 (Applicant Signature/*Firma del Solicitante*)

\_\_\_\_\_  
 (Date/*Fecha*)



**Systematic Alien Verification for Entitlements (SAVE) System and US Citizenship/US National  
Applicant Certification Form for CEAP, DOE-WAP, LIHEAP-WAP Subrecipients, and SHTF, ESG, HHSP, EH (political subdivision only)**

The program for which you are applying requires verification that you are a U.S. citizen, a non-citizen national, or a legal resident of the United States. Documentation of your status is required. This agency uses the Systematic Alien Verification for Entitlements (SAVE) System to verify the status of non-citizens.

Household Member Name	U.S. Citizen (Born or Naturalized) or U.S. National (Yes/No)	Qualified Alien (Yes/No)	Documentation Provided for:	
			Citizenship/Qualified Alien	Identification

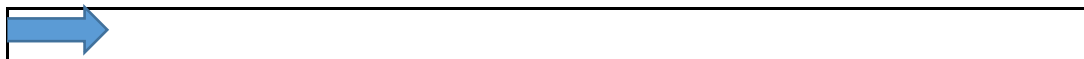
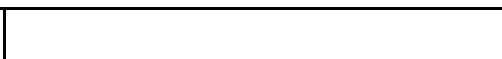
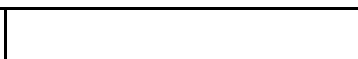
To add additional household members, use another copy of this form.

**I AM AWARE THAT I AM SUBJECT TO PROSECUTION FOR PROVIDING FALSE OR FRAUDULANT INFORMATION.**

	
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Applicant's Signature

Date

		
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Signature of agency staff certifying they verified the above documents

Print Staff Name

Date





## Client Consent and Release of Information

MAACLink is a computer system that is used locally as a Homeless Management Information System (HMIS). Use of an HMIS is required by the US Department of Housing and Urban Development (HUD) for agencies that receive HUD funding. MAACLink is not electronically connected to HUD and is only used by authorized agencies. All MAACLink users have received confidentiality training and have signed strict agreements to protect clients' personal information and limit its use appropriately.

A Privacy Notice is available at participating agencies. It provides details on how member agencies and their employees handle client information and data sharing.

I give permission to \_\_\_\_\_ (Agency Name) to collect, access, and enter my personal and household information into the MAACLink computer system.

I understand that the MAACLink system is shared with and used by authorized agencies in my community for the purposes of:

1. Assessing the needs of low-income, homeless or other people with special needs in order to give better assistance and to improve their current or future situations.
2. Improving the quality of care and service for people in need.
3. Tracking the effectiveness of community efforts to meet the needs of people who have received assistance.
4. Reporting data on an aggregate level that does not identify specific people or their personal information.

I understand that:

- All agencies that use MAACLink will treat my information in a professional and confidential manner.
- Signing this release form does not guarantee that I will receive assistance.
- My information may be shared with a third party (utility provider, landlord, etc) in order to process the service I have requested.
- I have the right to a printed copy of my MAACLink file.

(Optional) Check this box to give consent for your photo to be uploaded to MAACLink.

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Client Name (Printed)

Client Signature

Date

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Agency Representative Name (Printed)

Agency Representative Signature

Date

Agency Representative:

Check this box if you were unable to obtain the client's signature and verbal consent was given in its place.

*Each MAACLink agency will ask you to sign this form at least annually. If after you give consent you decide you no longer would like your information entered into MAACLink, please complete the Client Revocation Form. If you do not revoke this authorization, it will automatically expire on 12/31/2021 or one year from the date you sign and date this form.*



## Community Action Partners

Serving all of Tarrant County

### RELEASE OF INFORMATION

You have requested financial assistance from Community Action Partners (CAP) which requires that CAP obtain additional information. By signing this agreement you are authorizing CAP to release and/or obtain information necessary to determine eligibility. CAP may request any non-medical information CAP or responding businesses and agencies may have in their possession including, but not limited to, names, account information, addresses, payment history, income, social security numbers, household members, employment and educational status.

You agree to release, indemnify defend and hold CAP, its agents, employees, officers and affiliates harmless from all claims, liabilities and expenses, including attorney's fees from claims relating to or arising under the programs administered by CAP.

This information is to be used **only** for the purposes of determining eligibility and coordinating services and includes information released and stored electronically.

This Agreement will terminate 12/31/2021 unless revoked in writing by either party.

This Agreement shall be construed in accordance with the laws of the State of Texas. All disputes arising from the use of the Agreement shall be resolved in a court located in Tarrant County, Texas without reference to conflict of laws or choice of laws statute.

### PERMISO PARA OBTENER INFORMACION DEL CLIENTE

*Usted a solicitado asistencia financiera de la Community Action Partners (CAP), que exige que CAP obtener información adicional. Con la firma de esta forma se le autoriza a la CAP a la liberación y / o obtener la información necesaria para determinar su elegibilidad. CAP puede solicitar información, pero no médica, o responder a las empresas y los agencias que tenemos, incluyendo, pero no limitado a, su nombre, información de cuenta, direcciones, historia de pagos, ingresos, número de seguridad social, los miembros de la familia, el empleo y nivel educativo.*

*Usted está de acuerdo en liberar, indemnizar y mantener la defensa de la CAP, sus agentes, empleados, funcionarios y afiliados de todas las reclamaciones, obligaciones y gastos, incluidos los honorarios del abogado de las reclamaciones relativas a los derivados o bajo los programas administrados por el CAP.*

*Esta información se utilizará **únicamente** para los fines de determinar la elegibilidad y la coordinación de servicios, incluida la libertad de información y se almacena electrónicamente.*

*Este Contrato se resolverá el 12/31/2021 a menos que revocado por escrito por cualquiera de las partes.*

*El presente Acuerdo se interpretará de conformidad con las leyes del Estado de Texas. Todos los conflictos derivados de la utilización del Acuerdo será resuelta en un tribunal situado en el Condado de Tarrant, Texas, sin referencia al conflicto de leyes o la elección de las leyes de estatuto.*

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**Client Name Printed/Imprimir Nombre del Cliente**



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**Client Signature/Firma del Cliente**

**Date/Fecha**

**CITY OF FORT WORTH - COMMUNITY ACTION PARTNERS  
2021 HOUSEHOLD CRISIS COMPONENT PROGRAM APPLICATION**

The Household Crisis Program can service, repair, or replace heating, ventilation, and air conditioning systems for households that include members of vulnerable populations or during times of extreme temperatures.

<b>Client Last Name</b>		<b>First Name</b>		<b>M.I.</b>	
<b>Address</b>		<b>City</b>		<b>Zip</b>	
<b>Phone Number (Must have phone for vendor to contact)</b>			<b>Work/Message #</b>		
<b>How many people live in the home?</b>		<b>Home Owner:</b>		<input type="checkbox"/> Buyer	<input type="checkbox"/> Renter
<input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Is your home?</b>		<input type="checkbox"/> Total Electric	<input type="checkbox"/> Electric
<b>Are any of the residents age 60 or older?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Natural Gas	
<b>Are any of the residents disabled?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Is your home under foreclosure?</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
<b>Are any of the residents age 5 or under?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>What is the main way you cool your home?</b>					
<input type="checkbox"/> Central Unit					
<input type="checkbox"/> A/C Window Unit	<b>How many in home?</b>		<b>How many nonworking window units?</b>		
<input type="checkbox"/> Evaporative Cooler #	<b>How Many?</b>				
<input type="checkbox"/> Fans					
<input type="checkbox"/> Other					
<b>What is the main way you heat your home?</b>					
<input type="checkbox"/> Central Unit	<b>Is it a total Electric System?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Does central unit have a Gas Furnace?</b>	
<input type="checkbox"/> Gas Space Heater	<b>How many in the home?</b>		<b>How many don't work?</b>		
<input type="checkbox"/> Wall Furnace	<b>How many in the home?</b>				
<input type="checkbox"/> Propane		<input type="checkbox"/> Wood		<input type="checkbox"/> Other	
<b>Does the unit need servicing?</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Does the unit need repair?</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Has someone looked at the unit?</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Can you describe the problem?</b>					
<b>Have you noticed an increase in energy consumption?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No					

<b>FOR STAFF USE ONLY</b>			
<b>Client ID Number</b>		<b>Case Worker</b>	
<b>Priority Rating</b>		<b>Center</b>	

**CITY OF FORT WORTH - COMMUNITY ACTION PARTNERS  
2021 HOUSEHOLD CRISIS COMPONENT PROGRAM WAIVER & RELEASE**

<b>Client Last Name</b>	<b>First Name</b>	<b>M.I.</b>
<b>Address:</b>	<b>City:</b>	<b>Zip:</b>
<b>Phone:#</b>	<b>Work/Message: #</b>	

**Client comments about services requested:**

**Property Owner Name:**

**REPAIR/REPLACEMENT OF APPLIANCES**

I \_\_\_\_\_, **Owner** or legal representative of the above property, hereby grants permission for the City of Fort Worth's contractor(s) to enter the premises to assess or repair the following appliances: A/C Window Units or Service/Repair on A/C Central Unit. I agree to remove any non-affixed appliance/unit located at the above property that I own that the City determines is not repairable no later than 5 days after the new appliance is installed. If any appliance(s) or unit(s) are not removed by the above date, I understand that the City's contractor will enter the premises, remove and dispose of said appliance(s) or units(s) according to State and Federal laws. I also authorize the City of Fort Worth contractor(s) to assess any appliance or unit that is affixed to the property, including any window ac units for energy efficiency. I agree not to remove from the property location any affixed appliance or unit (window ac units), replaced by the City regardless of whether the above tenant vacates the premises. I understand that any replacement of non-affixed appliances or units shall become the personal property of the Tenant. **If the owner resides at said property, the owner also agrees to attend an energy conservation workshop as a condition for receiving this assistance.**

I \_\_\_\_\_, **Tenant** of the above property, hereby grant permission for the City of Fort Worth's contractor(s) to enter the premises to assess or repair the following appliances: A/C Window units or Service/Repair on AC Central Unit. I understand that replacement of any appliance(s) or unit(s) belonging to me that is not affixed to the property, such as an a/c window unit, provided to me under this program, shall become my personal property. **As a prerequisite and condition of receiving this assistance I agree to attend an energy conservation workshop.**



**WAIVER OF DAMAGE CLAIMS**

***OWNER AND/OR TENANT AGREE TO DEFEND, INDEMNIFY AND HOLD THE CITY, ITS OFFICERS, AGENTS, SERVANTS AND EMPLOYEES, HARMLESS AGAINST ANY AND ALL CLAIMS, LAWSUITS, ACTIONS, COST AND EXPENSES OF ANY KIND, INCLUDING, BUT NOT LIMITED TO, THOSE FOR PROPERTY DAMAGE OR LOSS AND/OR PERSONAL INJURY, INCLUDING DEATH, THAT MAY RELATE TO, ARISE OUT OF, OR BE OCCASIONED BY FROM THIS PROGRAM OR WORK PERFORMED UNDER THIS PROGRAM.***

**RESPONSIBILITY**

It is the responsibility of the owner and tenant to take the appropriate actions to maintain any appliance or unit installed or repaired. If any mechanical problems should arise during the warranty period, owner and/or Tenant will contact the City of Fort Worth at (817) 392-5788.

By affixing my signature to this release, I hereby fully understand and agree with the requirements within.

<b>Property Owner/ Representative Signature</b>	<b>Date</b>
	
<b>Tenant Signature</b>	<b>Date</b>
	

**FOR STAFF USE ONLY**

<b>Client ID Number</b>	<b>Case Worker</b>
<b>Referral Date</b>	<b>Center</b>