

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

# 2021 Application for Services

## Eviction Assistance Program

COVID Community Action Relief Effort

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.



# Part 1. Household Information

## A. Enter Applicant Contact Information

First Name		Last Name		Apartment or Unit Number	
Street address:			City	State <b>TEXAS</b>	Zip Code
Email Address		Mobile phone no.: ( )		Home phone no.: ( )	
<input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth	Age	<input type="checkbox"/> Yes, Hispan/Latin <input type="checkbox"/> NOT Hispan/Latin	

## B. Enter ALL Household Member Details

Name (First and Last Name)	Gender	Birthdate Month/Day/Yr	Age	Ethnicity	SS# (Optional)
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	-- --
7.	<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 Renting an Apartment
<input type="checkbox"/> I am Renting a Home

## E. Eviction and Lease Agreement Details

Case Docket No. \_\_\_\_\_

Lease Start Date \_\_\_\_\_ to Lease End Date \_\_\_\_\_

Check Box if you are on a Month-to-Month

Tenant, you are required to submit a current, complete and signed Lease Agreement

## 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. Income for Adult Household Members

(List ALL income of household members, except for the earned income from employment by persons under the age of 18)

Identify income from any source for the 30 days prior to the date of application:	Head of Household					Total
1. Salary #1 <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$	\$
2. Salary #2 <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$	\$
3. Overtime Pay <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$	\$
4. Commissions/Fees <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$	\$
5. Tips and Bonuses <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$	\$
6. Temporary Income <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$	\$
7. Income from Military <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$	\$
8. Interest/Dividends <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$	\$
9. Net Business Income <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$	\$
10. Net Rental Income <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$	\$
11. Social Security <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$	\$
12. Supplemental Security Income <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$	\$
13. Pension <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$	\$
14. Retirement Income <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$	\$
15. Familial Support or Recurring Gifts <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$	\$
16. Unemployment Benefits <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$	\$
17. Worker's Compensation <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$	\$
18. Alimony <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$	\$
19. Child Support <input type="checkbox"/> No <input type="checkbox"/> Yes Circle Type: Court Awarded Voluntary Anticipated	\$	\$	\$	\$	\$	\$
20. AFDC/TANF <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$	\$
21. Other Income <input type="checkbox"/> No <input type="checkbox"/> Yes Describe:	\$	\$	\$	\$	\$	\$
				<b>Total Annual Income:</b>		\$

Submit all documentation for each income the Household receives, as indicated above.

### Part 4. COVID Impact to Household

I/we have been impacted by the COVID-19 Pandemic. (Please select any/all conditions that apply to your household since March 13, 2020):

- A.  Household has had a loss of household income due to the COVID-19 pandemic.
- B.  Household has had increased household costs due to school closures or medical expenses associated with the COVID-19 pandemic.

(Please describe your loss of income due to the Coronavirus pandemic including circumstance(s) resulting in loss of income or increased expenses.

## **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)

**The GCCSA Eviction Assistance Program  
is NOT associated or affiliated  
with the TEDP Program.**