



Free, Confidential  
Peer to Peer Support

**Bring Everyone In The Zone, Inc. (BEITZ)**  
**204 Priest Drive, Killeen, TX 76541**  
**Financial Assistance Application**  
**254-423-7632**  
**[www.bringeveryoneinthezone.org](http://www.bringeveryoneinthezone.org)**

OK	N/A	Required Documents	<b>NOTE: We do not accept incomplete application packets.</b>
		DD214 (Copy must show nature of discharge), Certificate of Honorary Discharge, ebenefits, VA Eligibility Letter or VCard (or other form of verification recognized by the TVC, FVA)	
		Identification: Driver's License, Photo ID (Military, Passport, etc)	
		Social Security Cards for household members; Marriage License or Dependent ID, Birth certificates, certificate of adoption	
		Proof of Residence Address and mailing address, if different	
		Proof of earned income or wages (check Stub, copy of check, LES Statement, etc, covering 30 day period)	
		Proof of unearned income: TANF, Food Stamp Print Out from DHS (not a letter), Social Security, SSI, (Award letter for current year) VA Benefits, Unemployment, Pension Award letters etc., copy of Bank Statement showing auto deposit to bank account)	
		Copy of Current Lease with landlord name, address and phone number or copy of current mortgage statement and your signature	
		Original Copies of Bills you are seeking assistance in paying - a copy of a disconnection notice is not sufficient – need the full recent 30 day bill	
		Last 90 days banking transaction history all accounts	
		Verification about what has happened to you in past 60 days which caused an emergency or crisis for you	
		Completed Financial Assistance Crisis Intervention Screening Form/Application (attached)	
		If applying for Santa Pal, we are not responsible for injury to a child from a donated toy. We pass on donated toys and Parents/Guardians are fully responsible to supervisor their children's use.	



\*Our Military Support Program is partially supported by grants from Hill Country Community Action, Bell County Commissioner's Court, the City of **Killeen Community Development Block Grant** Program with funding from the U.S. Department of Housing & Urban Development, and the **Texas Veterans' Commission, Fund for Veterans Assistance**. "This program is supported by a grant from the Texas Veterans Commission Fund for Veterans' Assistance. The Fund for Veterans' Assistance provides grants to organizations serving veterans and their families." [www.TVC.Texas.gov](http://www.TVC.Texas.gov)  
**Grants – Texas Veterans Commission**

Bring Everyone In The Zone, Inc. has my permission to share my application and financial information with any other provider in an effort to assist me with resources, and/or services. I acknowledge that submitting an application does not guarantee that I will receive assistance and that assistance is only provided once a year. I am required to complete assigned tasks and write a thank you note to the Bring Everyone In The Zone, Inc. organization and its benefactors Texas Veterans Commission Fund for Veterans Assistance and the City of Killeen Community Development Grant and complete an evaluation of the organization. With my signature below I pre-authorize disclosure of my information if I am at risk of harming myself or someone else.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Partially funded through  
 United Way of Greater Fort  
 Hood Area Grant and  
 Central Counties Services  
 Military Veteran Peer  
 Network Veteran Mental  
 Health Grant



***"If you think you can, or you think you can't, you're right." Henry Ford***



Fres, Confidential  
Peer to Peer Support

# INTAKE APPLICATION

Head of Household Information

<b>First Name:</b>	<b>Middle Initial:</b>	<b>Last Name:</b>	
<b>Relationship to Head of Household:</b>	<b>Date of Birth:</b>	<b>Social Security #:</b>	<b>Gender:</b> Male      Female
<b>Address:</b>	<b>City:</b>	<b>Zip Code:</b>	<b>Phone:</b>

## Head of Household Personal Information

<b>Education</b>	0-8 <sup>th</sup> grade	9-12 <sup>th</sup> grade	HS Graduate	GED	12+ secondary	2-4 college grad	
<b>Disabled</b>	Yes	No	<b>Hispanic</b>			Yes	No
<b>Race</b>	Black/African American	White	Asian	Hawaiian/Pc Isl.	Native American	Bi-racial Multi-racial	Other
<b>Work Status</b>	Employed FT	Employed PT	Migrant	Retired	Unemployed 6 months or longer	Unemployed	Student
<b>Not working AND Not in school:</b> YES/NO Reason:							
<b>Health Insurance</b>	NONE	Direct Purchase	Military	Medicare			
<b>Medicaid</b>	State Children CHIP	State-Adult	Employment Based				
<b>Marital Status</b>	Single	Married	Divorced	Separated	Widowed	Domestic Partner	

<b>Veteran</b>	Yes	No	<b>Eligible Veteran Spouse</b>				YES	NO
<b>Veteran</b>	Service start date	Service End Date	Service Connected Disability	Yes	No	% Disabled		

## Household and Residence Information

<b>Family Type</b>	Extended Family	Multigenerational	Other	Single Parent Female	
Single Parent Male	Single Person	2 adults no Children	2 Parent Household		
<b>Housing</b>	Own	Rent	Temporary Quarters	Homeless	If Owned Year House was Built
<b>Residence Type</b>	Apt Rented		Mobile Home Rented		Single Family Home Rented
Mobile Home Owned	Single Family Home Owned		Temporary Quarters		Homeless

## Household Needs

Employment Assistance	Housing	Medical-Insurance
Employment Resume	Utility Assistance	Medical-Pregnancy
Family	Weatherization	Training -ESL
Food Stamps -WIC	Legal Referral	Training-GED
Food-Emergency Food	Medical Prescriptions	Training-Voc. Ed

Complete all Sections

EMAIL ADDRESS (IMPORTANT: Please print so we can read it): \_\_\_\_\_

## Household Income

Type of Income	Person Receiving Income	Amount Per Month
Employment		
Employment		
Social Security		
Social Security		
Social Security Disability		
Social Security Disability		
Food Stamps		
Child Support/TANF		
VA Disability		
Pension		
Unemployment Compensation		

## Describe Emergency Situation

Please complete and attach a letter fully describing your situation.

## Spouse or Other Household Member

<b>First Name:</b>	<b>Middle Initial:</b>	<b>Last Name:</b>	
<b>Relationship to Head of Household:</b>	<b>Date of Birth:</b>	<b>Social Security #:</b>	<b>Gender:</b> Male      Female

## Spouse or Other Household Member Personal Information

<b>Education</b>	0-8 <sup>th</sup> grade	9-12 <sup>th</sup> grade	HS Graduate	GED	12+ secondary	2-4 college grad
<b>Disabled</b>	Yes	No	<b>Hispanic</b>			Yes      No
<b>Race</b>	Black/African American	White	Asian	Hawaiian/Pc Isl.	Native American	Bi-racial Multi-racial      Other
<b>Work Status</b>	Employed FT	Employed PT	Migrant	Retired	Unemployed 6 months or longer	Unemployed      Student
<b>Not working. Not a student. YES/NO Reason:</b>						
<b>Health Insurance</b>	NONE	Direct Purchase	Military	Medicare		
<b>Medicaid</b>	State Children CHIP	State-Adult	Employment Based			
<b>Marital Status</b>	Single	Married	Divorced	Separated	Widowed	Domestic Partner

<b>Veteran</b>	Yes	No	<b>Eligible Veteran Spouse</b>				YES	NO
<b>Veteran</b>	Service start date	Service End Date	Service Connected Disability	Yes	No	% Disabled		

### Certification Statement

I certify that the above information is true and accurate. I also understand that during verification should any part be false, participation may be terminated. I also understand that the information contained will be held in confidence and be used to determine eligibility and program planning. I understand that this information will be shared with Federal, State and local agencies as necessary.

Applicant Name

Client Name

Date

Staff Signature

Date



Child or Other Household Member			
First Name:		Middle Initial:	Last Name:
Relationship to Head of Household:		Date of Birth:	Social Security #: Gender: Male Female

Education	0-8 <sup>th</sup> grade	9-12 <sup>th</sup> grade	HS Graduate	GED	12+ secondary	2-4 college grad	
Disabled	Yes	No	Hispanic			Yes	No
Race	Black/African American	White	Asian	Hawaiian/Pc Isl.	Native American	Bi-racial Multi-racial	Other
Work Status	Employed FT	Employed PT	Migrant	Retired	Unemployed 6 months or longer	Unemployed	Student
Not working. Not a student. YES/NO Reason:							
Health Insurance	NONE	Direct Purchase	Military	Medicare			
Medicaid	State Children CHIP	State-Adult	Employment Based				
Marital Status	Single	Married	Divorced	Separated	Widowed	Domestic Partner	

Veteran	Yes	No	Eligible Veteran Spouse				YES	NO
Veteran	Service start date	Service End Date	Service Connected Disability	Yes	No	% Disabled		

Child or Other Household Member			
First Name:		Middle Initial:	Last Name:
Relationship to Head of Household:		Date of Birth:	Social Security #: Gender: Male Female

Education	0-8 <sup>th</sup> grade	9-12 <sup>th</sup> grade	HS Graduate	GED	12+ secondary	2-4 college grad	
Disabled	Yes	No	Hispanic			Yes	No
Race	Black/African American	White	Asian	Hawaiian/Pc Isl.	Native American	Bi-racial Multi-racial	Other
Work Status	Employed FT	Employed PT	Migrant	Retired	Unemployed 6 months or longer	Unemployed	Student
Not working. Not a student. YES/NO Reason:							
Health Insurance	NONE	Direct Purchase	Military	Medicare			
Medicaid	State Children CHIP	State-Adult	Employment Based				
Marital Status	Single	Married	Divorced	Separated	Widowed	Domestic Partner	

Veteran	Yes	No	Eligible Veteran Spouse				YES	NO
Veteran	Service start date	Service End Date	Service Connected Disability	Yes	No	% Disabled		

Please reprint this page if you have more dependents

Budget Category		Monthly Amount			Monthly Amount
CAR				Internet and Cable	
	Insurance			Loan #1	
	Loan			Loan #2	
	Payment			Loan #3	
	Repair			Medical/Dental #1	
Child Care				Medical/Dental #2	
Church Tithes				Memberships	
Clothing				Miscellaneous	
Credit Card #1				Other	
Credit Card #2				Other	
Credit Card #3				Other	
Eating Out				Phone	
Entertainment				Savings	
Food				Supplies	
Furniture				Utilities	
Gasoline				Electric	
Gifts				Natural Gas	
Home-Mortgage or Rent				Water	
	Insurance			Vacations	
	Payment			Veterinarian	
	Repair			<b>Total Expenses</b>	
	Taxes				
<b>Income</b>		Monthly Amount		Budget and Bank Statements Reviewed and discussed with customer by	
Employment #1					
Employment #2					
VA Disability					
Social Security (SSI)					
Social Security (SSDI)					
Retirement/Pension					
Child Support					
TANIF					
Food Stamps					
Other Income					
<b>Total Income</b>					
		Income		Expenses	
<b>Cash Flow</b>			minus		

**Please explain below why you are currently in need of financial assistance.**


CERTIFICATION AND CONSENT STATEMENT (initial each below)

- ☐ I certify that the above information is true and accurate.
- ☐ I acknowledge that this application is for financial assistance that will require a Financial Action Plan (FAP) or Financial Independency Plan (FIP) if assistance is provided.
- ☐ I understand that failure to comply or complete the FAP or FIP will result in forfeiture of any unused funds or future assistance.
- ☐ I understand that providing false information will result in a denial of the application or removal from program with a forfeiture of any unspent funds and a bar to future assistance.
- ☐ I understand that the information contained will be held in confidence and will be used to determine eligibility and program planning.
- ☐ I consent to this information being shared with Federal, State, local, and Nonprofit agencies, as necessary.
- ☐ I understand this is not emergency financial assistance and there is no guarantee on approval or when payments will be received by Vendor and any fees associated with any payment made will be my responsibility.

## PERSON CENTERED PLAN (ACTION PLAN)

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

You are here because you are unable to take care of your personal financial obligations. What are you going to do to help yourself so that you are not in this situation again in the future.

GOAL

This is why you need to accomplish your goal.

OBJECTIVES

How are you going to accomplish this goal? What are you going to do to make sure you are not in this situation again? If you change nothing, you will be in the same situation very quickly.

STRATEGIES

This is what will happen if you do what you plan above and accomplish the goal.

OUTCOME

**SELF-CERTIFICATION STATEMENT OF ANNUAL FAMILY INCOME**

for Federally funded programs

**Client Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_ **Address:** \_\_\_\_\_ **City, State, Zip Code:** \_\_\_\_\_

Client and Family Member Information:					Ethnicity – mark Y or N		MONTHLY FAMILY INCOME					
CLIENT FAMILY MEMBERS Miembros de la familia	AGE edad	Gender Male Female	DATE OF BIRTH Fecha de nacimiento MM/YYYY	RELATION TO CLIENT Relacion con el paciente	if you are of Hispanic, Latino, Spanish origin.  Race – mark the number that identifies your Race  ETHNICITY RACE		Enter the MONTHLY DOLLAR AMOUNT for each category of income listed;  If none then enter zero "0"					
(LIST EACH FAMILY MEMBER) Listar a cada miembro de la familia							Employment empleo	TANF	Social Security seguidad social	SSI / Disability SSI / discapa- ciudad	Pension/ Retirement Pension / jubi- lacion	All Other Income Todos los demas ingresos
1.												
2.												
3.												
4.												
5.												
6.												
7.												
8.												
9.												
10.												
<b>Agency Calculate Total Monthly income all sources \$</b>												

**Family Member Ethnicity and Race**

The Federal Government <u>requires</u> this collection of the following information from individuals, families, and households assisted through Community Development Block Grant funded programs.		
ETHNICITY	RACE - Select one (1) category as applicable to each person in the family and write that number next to the name in the space above.	
<p>–Write a “Y” in the space above for each person in the household that self-identifies as being of Hispanic, Latino, or other Spanish origin as described below.</p> <p>A person that self-identifies as being Hispanic, Latino, or of Spanish origin is considered as Hispanic if that person is of Mexican, Mexican American, Chicano, Puerto Rican, Cuban or another Origin such as Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, etc.</p>	<p><b>11 WHITE</b> – A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.</p>	<p><b>16 AMERICAN INDIAN/ALASKA NATIVE &amp; WHITE</b> – A person having these multiple race heritages as defined above.</p>
	<p><b>12 BLACK/AFRICAN AMERICAN</b> – A person having origins in any of the black racial groups of Africa</p>	<p><b>17 ASIAN &amp; WHITE</b> – A person having these multiple race heritages as defined above.</p>
	<p><b>13 ASIAN</b> – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, The Philippine Islands, Thailand and Vietnam.</p>	<p><b>18 BLACK/AFRICAN AMERICAN &amp; WHITE</b> – A person having these multiple race heritages as defined above.</p>
	<p><b>14 AMERICAN INDIAN/ALASKA NATIVE</b> – A person having origins in any of the original peoples of North and South America (including Central America) and who maintains affiliation or community attachment.</p>	<p><b>19 AMERICAN INDIAN/ALASKA NATIVE &amp; BLACK/AFRICAN AMERICAN</b> - A person having these multiple race heritages as defined above.</p>
	<p><b>15 NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER</b> – A person having origins in any of the original people of Hawaii, Guam, Samoa or other Pacific Islands.</p>	<p><b>20 OTHER MULTI RACIAL</b> – Other multi racial heritages not defined and included in any of the other categories listed above.</p>

I certify that all of the above information is true and correct and that all family income is reported. I understand that this information is given so that this agency can receive Federal funds from the U.S. Department of Housing and Urban Development (HUD). I understand that the information I have provided can be verified by any granting entity and/or Federal agency and the deliberate misrepresentation of this information may subject me to prosecution under applicable state and Federal Law.

Nombre impreso del cliente \_\_\_\_\_ firma de cliente \_\_\_\_\_ ingrese la fecha de hoy \_\_\_\_\_

**Client Printed Name:** \_\_\_\_\_ **CLIENT SIGNATURE** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Agency use only:** HUD Income Limits Date \_\_\_\_\_ REV 2022

**Quarter Assisted:** ☐ 1<sup>st</sup> ☐ 2<sup>nd</sup> ☐ 3<sup>rd</sup> ☐ 4<sup>th</sup> **Total Annual Household Income: \$** \_\_\_\_\_ **Client Median Income:** ☐ ≤30% ☐ ≤50% ☐ ≤80% ☐ OVER 80% AMI



**Instructions for Completing the Killeen Community Development Department Self Certification of Annual Family Income**

Read the instructions for each item carefully before completing the form. The assisted client must complete and sign this certification form.

Please fill in the following:

**Client Name, Phone #, Address, City, State, Zip:** Write your name, Telephone Number, Residence Number and Street Address, City, State, Zip Code.

**Client and Family Member Information:**

Begin on line 1

In box #1 - Write your Name, Indicate your current age, Indicate your associated gender as either Male or Female, enter your date of birth, indicate your relationship to the client. *(example – if Joe is the Client listed on the top of the form, Joe will be listed on line 1 and the relationship will be “self”)*

Box #2 through #6 - For each family member that lives with you - Write your family member's Name, Age, Indicate whether the person identifies as a Male or Female, enter their date of birth, indicate the relationship to you (Spouse, Son, Daughter, Mother, Father, Sister, Brother, Cousin, etc.)

**Family Member Ethnicity and Race:**

**Ethnicity** - For each family member, including the client – Indicate whether the family members are of Hispanic or Latino origins as described in the information box - Write Y for yes or N for no for the answer.

**Race** – For each family member, including the client – Write the number that indicates each person's race as described from the available list in the information box.

(Example – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, The Philippine Islands, Thailand or Vietnam would indicate their Race as Asian - #13.)

**Monthly Family Income:**

For each family member that lives in the client household, including the client – Write that family member's monthly income in the space provided according to the income type. If the income is received from another source other than those listed, place the total monthly amount in the space indicated at “Other Income”. If income is not received for a particular category, enter a zero “-0-” or write “NONE”.

**Certification** – Read this information carefully and understand the certification statement.

**Print Client Name** - Write/Print the client name on the line provided.

**Client Signature** - Client is to sign their name on the line provided. (In the event that the “Client” is a minor child [under the age of 18 years] the Parent or Legal Guardian must complete and sign for the client)

**Date** – Write the date the form is signed by the client.

**Agency Use Only**

- Agency to Calculate Total Monthly Income all sources- Agency Staff to calculate the total monthly household income and enter it on the line.
- Quarter Assisted - Place an “X” or a “Check Mark” in the box indicating the quarter the client was first assisted in the fiscal year.
- Total Annual Household Income – Calculate the total annual household income by multiplying the “Total Monthly Income all sources” for the family and enter the annual amount in the space provided.
- HUD Income Limits Date – Write the Month, and Year of the applicable the income limits.
- Client Median Income – Check the appropriate income level after comparing the annual household income and family size to the applicable HUD Income Limits Chart.