

Greater East Texas Community Action Program

ENERGY ASSISTANCE INSTRUCTIONS SHEET

1. Complete the *Greater East Texas Community Action Program Unified Application for Service CSBG/CEAP/WAP* (answer each section completely, if something is left blank, it could delay your request).
2. If anyone in your ***Household is 18*** or older and has no income, you will be required to complete the ***Declaration Income Statement***, list every household member 18 years of age and above on this statement. This form must be notarized and can be notarized at no charge in one of our local offices, please call 1.800.621.5746 for an appointment to complete this request.
3. The **General Authorization For Release Of Information** must be completed by the **ACCOUNT HOLDER** or **AUTHORIZE USER** on the account.
4. Complete ***Budget Counseling/Analysis Worksheet*** (estimate your monthly expenses on each item listed).
5. If you have children under the age of 18 and you are not receiving child support, please sign-off on the ***GETCAP Child Support Referral Form***.
6. If you are Self-Employed, you must complete the ***GETCAP Income Information for the past 30 days*** and submit with Declaration Income Statement Form.
7. Complete the **Needs Assessment Form** by checking yes or no in each section for example: Utility Assistance would be yes, if that is what you are requesting. Please check yes for Energy Saving Tips and keep the copy that attached to this application.
8. Please provide a daytime phone number.
9. If you need additional assistance, you may contact our home office @ **1.800.621.5746**.

***10. Please include a copy of your Photo ID, and ALL Household Members Income for past 30 days from the date you apply. Example: if you apply on 06/02/2016, you would need any income you have received from 05/02/2016 to 06/02/2016. Examples of income: Check Stubs, Social Security Award letter, SSI award letter, Retirement award letter, Child Support, Utility Allowance, and any/all other income not listed, Copy of Bill you are requesting assistance with and all forms must be completed and returned with your application to avoid delay.**

Please return all completed forms by mail, fax, or email

Mail to:
P.O. Box 631938
Nacogdoches, Texas 75963

Fax to:
936.564.0302

Email:
programinfo@get-cap.org

**GREATER EAST TEXAS COMMUNITY ACTION PROGRAM
Unified Application for Service
CSBG/CEAP/WAP**

Part 1. Head of Household Identification

Case #:

Name of Applicant or Head of Household (Last/First/Middle):	
Residential Address:	
Mailing Address:	
Primary Phone Number:	Secondary Phone Number:

Part 2. Household Information (List all members of household)

Family Members:	Sex	Relation	Ethnicity	Date Of Birth	SS#	Monthly Income Amt.	Highest Level Education
	M F	Self					
	M F						
	M F						
	M F						
	M F						
	M F						
	M F						
	M F						
	M F						
	M F						

Ethnicity: W=White; B=Black; H=Hispanic; NA=Native American/Eskimo/Aleut; A=Asian/Pacific Islander; O=Other*

List ALL Disable Household Members:

Name	
1.	4.
2.	5.
3.	6.

Part 3. Household Income Information

Name	Income Source	How Often Paid?	Total Monthly Income
Household Total			

Part 4. Government Benefits

Not for eligibility determination; this is for reporting purposes only.
 Does anyone in the household receive any of the following benefits? (circle all that apply)

TANF/AFDC Utility Reimbursement Food Stamps General Benefits Social Security SSI SSDI

Child Support Retirement Unemployment Benefits VA Benefits Medicaid/Medicare

Does your household have health insurance? **YES or NO**

5. Housing Information

Type of energy used for:

Type of home:

Heating: <input type="checkbox"/> Electric <input type="checkbox"/> Gas	Cooling: <input type="checkbox"/> Electric <input type="checkbox"/> Gas	Brick <input type="checkbox"/>	Wood <input type="checkbox"/>	Mobile <input type="checkbox"/>	Apartment. <input type="checkbox"/>
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What year was your home built?			Mortgage Pmt.
Has your home been weatherized before?	YES	NO	\$
- If YES, by whom? And when?	Who: _____	When: _____	
Is the home rented or owned by the applicant?	Owned	Rented	Rental Pmt.
- If rented, are the utilities included in the rent?	YES	NO	\$

Part 6. Utility Information

Who does the family pay for utilities?	To Landlord	To Utility Company
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If paid to the landlord or included in rent, provide the name, address, and phone number of the landlord:

Name: _____ Address: _____

City: _____, TX Telephone: _____

Part 7. Types of Fuel Used

What types of fuel are used in your home? (circle all that apply)

Natural Gas Electricity Propane Kerosene/Fuel Oil Wood Other: _____

Check all that apply: Is Home Central Air ___ Central Heat ___ Space Heater ___ Window units ___ Other ___

Part 8. Certification

- 1. The information provided is true and correct to the best of my knowledge and belief.**
La informacion proveida en esta forma son verdaderas y correctas segun mi saber, entender y creencia.
- 2. My household income has been annualized, at the time of the application, according to pre-established agency procedures.**
Los ingresos de mi hogar han sido calculados anualmente segun los reglamentos preescritos por la agencia.
- 3. I understand I may request a hearing to appeal a denial of eligibility, amount of assistance received, or a delay of service delivery.**
Comprendo que puedo solicitar una audiencia para apelar decisiones que me afectan, tales como: la eligibilidad al programa, asistencia recibid, o tardanza de asistencia.
- 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 fuel bills, past and future necessary for an eligibility determination.**
Autorizo al "Texas Department of Housing and Community Affairs" y a sus agencias contratadas a comunicarse con cualquier persona o agencia para verificar informacion sobremis cuentas pasadas y futures para luz y gas cuando la informacion se usa para reporter data estadis.
- 5. I AM AWARE THAT I AM SUBJECT TO PROSECUTION FOR PROVIDING FALSE OR FRAUDULANT INFORMATION.**
COMPRENDO QUE ESTOY SUJETO A SER PROCESADO SI LA INFORMACION PROVEIDO ES FALSA O INCORRECTA.

Applicant's Signature/Firma de Solicante

Date/Fecha

**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):

I certify that the above information is true and correct to the best of my knowledge and belief. *(Yo certifico que la información proveida 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 proveido información falsa ó fraudulenta.)*

(Applicant Signature/Firma del Solicitante)

(Date/Fecha)

State of Texas
County of _____

Sworn to and subscribed before me on the ____ day of _____ (month), ____ (year),
by _____ (name of applicant).

(Personalized Seal)

Notary Public's Signature

Date

GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

TO WHOM IT MAY CONCERN:

I am an applicant of Greater East Texas Community Action Program. The information requested is for the purpose of determining my eligibility for assistance and for data collection.

I, _____ do hereby authorize the above named agency
(Print) Applicant Name

(GETCAP) and its funding sources to obtain all requested information and/or income as needed to determine my household eligibility for assistance. I understand that this information will be kept in strict confidence and will be used for program purposes only. Income verification can be from TWC, TDHS, Social Security Administration, current and former employers etc... as deemed necessary. Utility usage and income information for data collection purposes can be requested for up to 90 days.

Electric Utility Company: _____	Account #: _____
Gas Company: _____	Account #: _____
Other: _____	Account #: _____
I authorize the Texas Department of Housing and Community Affairs and its contracted agency to solicit/verify information on my energy billing and consumptions histories, both past and future, to the extent that the information is used only to determine program eligibility and to provide data.	

I understand that a photocopy of this release is as valid as the original.

Applicant Signature

Date

Address

SS# only if requesting info

Authorized GETCAP Staff Signature

Date

Warning: Section 1001 of the U. S. Code makes it a criminal offense to make willful false statements of misrepresentation to any Department or Agency of the U. S. as to any within its jurisdiction.

Release renewed each calendar year

SERVING ANGELINA, CHEROKEE, GREGG, HOUSTON, NACOGDOCHES, POLK, RUSK, SAN JACINTO, SMITH, TRINITY, WALKER, WOOD, CHAMBERS, HARDIN, LIBERTY, JEFFERSON, AND ORANGE COUNTIES

BUDGET COUNSELING/ANALYSIS WORKSHEET

Client Name: _____ **County:** _____

INCOME:

AFDC/TANF	_____
SS/SSI	_____
Salary	_____
Child support	_____
Other	_____
TOTAL	_____

NECESSARY EXPENSES

Savings	_____
Rent/Mortgage	_____
Electricity	_____
Gas/Propane	_____
Water	_____
Telephone	_____
Trash	_____
Food - groceries	_____
Car payment	_____
Bus/Taxi fare	_____
Car insurance	_____
Gasoline	_____
Repairs, license, oil change, etc	_____
Registration/inspection	_____
Clothing, diapers	_____
Laundry, dry cleaning	_____
Household Items	_____
Medical, dental bills (paid monthly)	_____
Medication (monthly)	_____
Hair cuts	_____
Postage	_____
Taxes	_____
Insurance (life/medical/renters)	_____
Child care	_____

OTHER EXPENSES

Church donations	_____
Cable TV	_____
Cigarettes, alcoholic	_____
Beverage, snacks eating out	_____
Long distance telephone	_____
Furniture payment	_____
Entertainment	_____
Charge Cards:	_____
Loan payments::	_____
Other:	_____
Other:	_____

TOTAL INCOME _____

TOTAL EXPENSE _____

AVAILABLE INCOME _____

**GREATER EAST TEXAS COMMUNITY ACTION PROGRAM
CHILD SUPPORT REFERRAL FORM**

Child support referral form to be signed by all households seeking assistance through Greater East Texas Community Action Programs that have children in the household eligible for child support but are not receiving the benefits through the Attorney General.

Web address: www.oag.state.tx.us

LOCAL CHILD SUPPORT OFFICE:

- Angelina, Cherokee, Houston, and Nacogdoches Counties:**
2015 North Stallings Dr.
Nacogdoches, TX 75964 936-560-1718 or 1-800-687-8252

- Gregg and Rusk Counties:**
1650 North Eastman Road
Longview, TX 75601 903-758-9078 or 1-800-687-8251

- Smith County:**
3250 Robertson Rd
Tyler, TX 75702 903-533-0393 or 1-800-687-8257

- San Jacinto, Trinity, and Polk Counties:**
1110 Calder Ave.
Beaumont, TX 77701 409-832-1606 or 1-800-252-8014

- Wood County:**
2625 South Church Street
Paris, TX 75460 903-784-4322 or 1-800-687-8259

- Child Support**
1110 Calder Ave.
Beaumont, Texas 77701 409-835-1606 or 1-800-687-8259

- Attorney General**
2300 FM 365
Nederland, Texas 77627 409-724-1547

I acknowledge that I have been referred to my local Attorney General office for information on child support.

CLIENT SIGNATURE

DATE

**GREATER EAST TEXAS COMMUNITY ACTION PROGRAM
INCOME INFORMATION FOR THE PAST 30 DAYS**

Employee Name: _____

Employee Address: _____

How often paid:

Weekly _____ Bi weekly _____ Twice monthly _____ Monthly _____

ALTERED OR ERASED FORM NOT ACCEPTABLE

List below **gross income** for the past **30 days** starting with most recent.

Date Check Received

Gross Pay

1. _____ \$ _____

2. _____ \$ _____

3. _____ \$ _____

4. _____ \$ _____

5. _____ \$ _____

6. _____ \$ _____

IF THIS PERSON IS NO LONGER EMPLOYED BY YOU:

Date of Separation: _____ **Gross Amount of Final Check:** _____

Date Final Check Received: _____

This information is true and correct to the best of my knowledge and belief.

Signature and Title of Person Verifying Information

Date

Printed Name of Person Verifying Information

Company Name

Employer Address

Employer Phone number

WARNING: Section 101 of Title 18 of the U.S. code makes it a criminal offense to make willful false statements of misrepresentation to any Department of Agency of the United States as to matter within its jurisdiction.

NEEDS ASSESSMENT FORM

CLIENT NAME: _____ **COUNTY:** _____

SERVICE	NEED	COMMENTS
Utility Assistance (Electric, Gas/Propane, Water)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Received Copy of Energy Saving Tips	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Emergency Assistance (Food, Clothing, Shelter, etc.)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Weatherization	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Employment	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Education	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Child Care	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Health Care/Medical Care	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Income (TANF, SS, SSI, Child Support, etc.)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Food Stamps	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Client Signature: _____ **Date:** _____

Energy Saving Tips

You can do something to keep your electric and gas bills at their lowest by following these simple steps.

1. **Thermostat setting:** You can reduce your air-conditioning cooling cost by as much as 14% simply by increasing the thermostat setting 1 degree. For energy conservation, we recommend a 78 degree setting.
2. **Insulation:** Insulation is designed to keep heat out during the summer and to keep heat in during the winter. Adequate insulation can more than pay for itself in just a few years, in money saved on air-conditioning and heating operation.
3. **Let it breathe:** Dirty filters cause unnecessary strain and can lead to equipment breakdowns. Air-conditioning servicemen say about half of their trouble calls are traced to dirty filters. We suggest changing or cleaning your filters at least once a month, preferably every two weeks for best results.
4. **Maintenance:** Have your unit checked and cleaned each year to insure maximum efficiency and long life. Have the coils checked and cleaned if dirty, and check the refrigerant for charge and belts for wear and adjustments.
5. **Efficiency:** If your unit is 10 years old or older a new, properly sized, high efficiency system should be installed.
6. **Don't forget your ducts:** You can save 5% or more on your air-conditioning costs by having your duct system checked for air leaks and for adequate insulation.
7. **Attic ventilation:** Attic temperatures sometimes rise up to 140 degrees during the summer months. Good attic ventilation will lower the temperature and reduce cooling requirements inside the home.
8. **Air leaks:** You can save up to 10% on air-conditioning costs with a well-sealed house. Seal leaks around doors, windows, outlets, switch plates, and plumbing outlets. Weather stripping will make your home more comfortable too.
9. **In the shade:** If your house has a lot of windows, particularly on the east and west sides, you save money by shading the glass with awnings, solar screens or shutters. Trees and shrub that shade your home also help to reduce the air-conditioning workload. Venetian blinds or drapes are helpful as well.
10. **Turn it on:** By using kitchen and bathroom exhaust fans to remove excess heat and moisture, you can save each month on your overall cooling bill.
11. **Lower is better:** You can save money on your water heating bill by setting the temperature control at a moderate 140 degrees, or as low as needed, and still have plenty of hot water.
12. **Up the chimney:** If you close your fireplace damper during the summer and winter, (when not in use), you save on both your cooling and heating bills. Installation of a glass fireplace screen will also help prevent air from going up the chimney.

This is your copy to keep
