



Date Received _____
By: _____

Greater East Texas Community Action Program
PO Box 631938
1716 South Street
Nacogdoches, Tx. 75963

Please check the program (s) you are applying

Energy Asst.
 Water asst.
 RISE Case Mgt.
 Weatherization
 Head Start
 Other

Is anyone in the household an employee, board member, family, friend, or former staff member of Greater East Texas Community Action Program? YES NO If YES, please identify name and county _____.

2023 Renewal

Applicant Last Name	Applicant First Name	Last 4 digits of social security number Head of household/Applicant:	County
Physical Address	City	State	Zip
Mailing Address (if different)	City	State	Zip
Cell Phone	Email	Home Phone	Message Phone

If you have a credit balance on your utility account, please do not complete this renewal until the credit balance has been exhausted. The documents needed, if there has been no change to your household for 2022, is current income for everyone in the household. (Such as, 2023 Award letter (please be sure it is 2023 and not 2022), check stubs for the past 30 days, unemployment, child support print out for the last 30 days, TANF benefit letter, etc.) Gather all documents and fax: 936.564.0302, mail to: Greater East Texas Community Action Program P.O. Box 631938 Nacogdoches, TX 75963 or email to: programinfo@get-cap.org. If any further information is needed, a customer service representative will contact you.

Please list any new members of your household.

Name: Last, First, M.I		Social Security Number	Date of Birth	Race	Ethnicity	Gender
Disabled?	Veteran?	Education Level	Relationship	Health Insurance Source		Age
Name: Last, First, M.I		Social Security Number	Date of Birth	Race	Ethnicity	Gender
Disabled?	Veteran?	Education Level	Relationship	Health Insurance Source		Age

For any new member of your household, please send:

- 1. Proof of income (such as, 2023 Award letter, check stubs for the past 30 days, unemployment, child support print out for the last 30 days, TANF benefit letter, etc.)**
- 2. ID for anyone 18 yrs. or older**
- 3. Social security cards for all household members (if applicable)**
- 4. Birth certificates for all household members if born in the US**
- 5. Proof of Residency for all household members if born outside of the US**

Please let us know if there was someone in your household in 2022 that is no longer in the household.

Name: Last, First, M.I	Social Security Number	Date of Birth	Reason no Longer in Household
Name: Last, First, M.I	Social Security Number	Date of Birth	Reason no Longer in Household

Signature Page

Utility Providers	Account #	Account Holder's Name:
Electric Company:		
Gas Company:		
Propane Company:		
Water Company:		

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.

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.

I understand that a photocopy of this release is as valid as the original.
Release to be renewed only if information changes

Certification

- The information provided is true and correct to the best of my knowledge and belief.
- My household income has been annualized at the time of application according to pre-established procedures.
- I understand I may appeal a denial of eligibility, and amount of assistance received, or a delay in service delivery.
- I authorize the Texas Department of Housing and Community Affairs (TDHCA) and its contracted agencies to solicit or verify information on my utility and/or fuel bills, both past and future to the extent the information is used only to provide data relevant to my application for assistance.
- I am aware that I am subject to prosecution for providing false, misleading, or fraudulent information.

Standard Information Release

I hereby give my permission to Greater East Texas Community Action Program for the following, and do affirm the stated understandings:

- GETCAP may obtain information to complete my application for assistance or services.
- GETCAP may share necessary information with other individuals or organizations to provide case management services and/or secure resources on my behalf. I understand information will only be shared when necessary to meet the requirements of my established service plan.
- GETCAP may use my success story, likeness, recording, both audio and video in public relations efforts, and may share same with other entities with or without personal identifying information when doing so shall be for the good of improving community development.
- I understand GETCAP may use my likeness and/or success story in releasing annual report information to State and Federal entities, and in doing so, will provide every assurance that personal identifying information will be redacted.
- I understand I am not entitled to any compensation for any use of my story or likeness.
- I will continue to provide income information for Case Management reasons for as long as necessary for GETCAP to release me from the Self-Sufficiency Program.

Disability Certification Form

Name of Person with Disability:

Name of Person with Disability:

I hereby certify that I am disabled as defined in one of the following:

- 7(9) of the Rehabilitation Act of 1973
- 1614 (a) (3) (A) or 223 (D) (1) of the Social Security Act
- 102 (7) of the Developmental Disabilities Services and Facilities Construction Act (38 USC Chapter 11 or 15)

- I receive benefits as a result of my disability
- I do not receive benefits as a result of my disability
- I do not receive benefits as a result of my disability, but I have applied for benefits

Under penalty of perjury, I have provided truthful information in this certification. In Texas, under Sec. 37.101 of the PENAL CODE, it is a felony of the third degree to falsify this document.

Applicant Signature	Date:

For Office Use ONLY

Eligible?	Yes	No	If no, has applicant requested an appeal?	Yes	No
Income denial?	Yes	No	If yes, what is the annualized income?		
Is there a priority member in the household?	Elderly	Elderly/Disabled	Documented crisis	Disabled	
	Child Under 6	Cutoff notice			
Recommended Utility Assistance Component:	<input type="checkbox"/> HCC <input type="checkbox"/> UA <input type="checkbox"/> LIWAP <input type="checkbox"/> EA <input type="checkbox"/> Donated Funds <input type="checkbox"/> Other				

Customer Service Representative:	Date: