



Greater East Texas Community Action Program

PO BOX 630938 N A C O G D O C H E S , TX 75963
PHONE: (936) 564-2491 FAX: (936) 564-0302 WWW.GET-CAP.ORG
(800) 621-5746 PROGRAMINFO@GET-CAP.ORG

Call the automated system for an appointment 936-720-7474 or go to www.get-cap.org

REQUIRED DOCUMENTATION FOR ALL HOUSEHOLD MEMBERS: NO EXCEPTIONS

Proof of Citizenship by one of the following items:

- U.S. Passport:
- Certified Vital Record Birth Certificate or Certificate of Birth Abroad) FS-240, DS-1350, or FS-545)
- U.S. American Indian or Alaska Native Tribal Card with photo
- Certificate of U.S. Citizenship (N-550, N-561)
- Permanent Resident Card or Resident Alien Card(I-551)

**PROOF OF IDENTIFICATION FOR 18 AND OLDER
one of the following items:**

- Driver’s Licenses or a photo ID card.
- Government Employee ID
- U.S. Military or military dependent ID

PROOF FOR 17 AND YOUNGER (2 ITEMS)

1. Social Security Card
2. Student ID
3. School Records
4. Immunization Record

Proof of **ALL** income earned/received in the last 30 days from the date the application is dated

This Year’s award letter for Social Security, SSI, VA, SSDI, RSDI, TANF, Utility Reimbursement

We cannot accept bank statements or W2 tax forms

Additional information if receive: Proof of Food Stamps, Child Support, Earned Income Tax Credit

The General Authorization for Release of Information must be completed by the **ACCOUNT HOLDER or AUTHORIZED USER** on the account

If you do not have any of the items listed for proof of Citizenship or Identification, please contact GETCAP for other options.

Application is not a guarantee of services, you must qualify for programs.

Do not submit the application until you have all the information required and the application is filled out and signed completely.

WEATHERIZATION

Weatherization DOES NOT include windows, doors, flooring, roofing, wiring, or plumbing.

- Assessments are scheduled by our staff by phone call or home visits. After 2 (two) attempts to reach out with no response, your application will be denied.
- Any missed appointment for an assessment with no prior notice will cause your application to be denied. You are allowed to reschedule 1 (one) time. Any Subsequent attempts to reschedule an assessment will cause the application to be denied.
- Any home that is considered a health and safety risk to our staff or contractors will be subject to further review at GETCAP’s discretion.
- Landlord Permission Form-RENTERS ONLY (see our website or request a copy)

You must include a map or brief description of your home on page 3 of your application

PLEASE INCLUDE PROPER POSTAGE - MAIL WITH INSUFFICIENT FUNDS WILL BE RETURNED

IF YOU HAVE A CREDIT BLANCE ON YOUR UTILITY ACCOUNT, PLEASE DO NOT COMPLETE THIS APPLICATION UNTIL THE BALANCE IS EXHAUSTED.

Greater East Texas Community Action Program

Application for Services

ALL FIELDS MUST BE COMPLETE

Date:
Received
by:

Name of Applicant or Head of Household		Last four digits of Social Security Number		
Address	City	County	Zip	
Mailing Address if Different		Primary Phone #	Secondary or Alternate Phone#	
Email Address		Referred By		
<p><i>Is anyone in the household an employee, board member, family, friend, or former staff member of Greater East Texas Community Action Program?</i> <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If Yes, please identify name and county</i> _____</p>				

Please check the program you are applying

- Energy Assistance
 RISE (Case Management)
 Weatherization
 Head Start
 Water Assistance
 Other

Please use this legend to complete Health Care, Work Status, Education, Race, & Ethnicity Questions Below

Health Insurance: (more than one may be chosen)

- A. Medicaid
- B. Medicare
- C. State Children's Health Insurance (CHIP)
- D. State Health Insurance for Adults
- E. Military Health Care
- F. Direct Purchased
- G. Employment Based
- H. None

Education:

- A. 0 – 8 Grade
- B. 9 – 12 Grade
- C. High School Graduate or GED
- D. Some College
- E. 2- or 4-year College Graduate
- F. Graduate of other Post-Secondary School

Work Status:

- A. Full Time
- B. Part Time
- C. Migrant, Seasonal or Farm Worker
- D. Unemployed (6 months or less)
- E. Unemployed (more than 6 months)
- F. Unemployed (not in Labor Force)
- G. Retired

Race:

- A. Black or African American
- B1. Hispanic
- B2. White
- C. American Indian or Alaskan Native
- D. Asian
- E. Multi-race (2 or more)
- F. Other

ALL FIELDS MUST BE COMPLETED FOR EACH HOUSEHOLD MEMBER

Yes or No

Use Legend above to complete this section

FIRST & LAST NAME	RELATIONSHIP TO YOU	Social Security #	Date of Birth	Sex Male Female	Yes or No			HEALTH INSURANCE	WORK STATUS (18 years or older)	EDUCATION	RACE	ETHNICITY Hispanic or Non-
					ACTIVE MILITARY	VETERAN	DISABLED					
1	SELF											
2												
3												
4												
5												
6												
7												

List additional members on back or separate page

Does your family receive any of the following benefits? (Check)

Social Security Retirement <input type="checkbox"/>	SSI <input type="checkbox"/>	TANF <input type="checkbox"/>	VA-Services – Connected Disability Compensation <input type="checkbox"/>	Other: Please Explain
Child Support <input type="checkbox"/>	SSDI <input type="checkbox"/>	EITC <input type="checkbox"/>	Worker's Compensation <input type="checkbox"/>	Alimony or other Spousal Support
Disability Pension <input type="checkbox"/>	SNAP <input type="checkbox"/>	Pension <input type="checkbox"/>	Unemployment Insurance <input type="checkbox"/>	Private Disability Insurance <input type="checkbox"/>
				VA Non-Service Connected <input type="checkbox"/>

Does your family receive any of the following benefits? (Check)

WIC
 Childcare Voucher
 Public Housing
 HUD-VASH
 Permanent Supportive Housing
 Housing Choice Voucher
 Affordable Care Act Subsidy

Has this residence ever received services from the Weatherization Program? Yes No When? _____

What year was your home built? _____ Do you OWN or RENT your residence? _____

If **OWNED**, type of housing? Private Home Mobile Home (Single or Double Wide) Monthly Mortgage: \$ _____

If **RENTED**, type of housing? Private Home Mobile Home (Single or Double Wide) Apartment

Subsidized Housing Are utilities included in rent? Yes No Monthly Rent: \$ _____

Landlord Name: _____ Address: _____ City: _____ State: _____ Phone#: _____

Type of **Air Conditioner** Used: Window Unit Central Unit Evaporative Cooler None

Type of **Heater** Used: Gas Space Heater ---- How many? _____ Central Unit or Wall Furnace
 Electric Heater --- How many? _____ Stove --- Gas or Wood

Is your roof leaking? Yes No If YES, how long has it been leaking? _____ In how many rooms is it leaking? _____

Are there holes in your floors? Yes No Does your home have a good foundation? Yes No

Please explain what has happened in the past 30 days that has caused you to seek our assistance and/or a reduction in income:

I authorize the Texas Department of Housing and Community Affairs and its contracted agency to solicit/verify information on my energy billing and consumption 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 a valid as the original

PART EIGHT-CERTIFICATION/CERTIFICACION

1. The information provided is true and correct to the best of my knowledge and belief.
La información proveida en esta forma es correcta según mi mayor entendimiento.
2. My household income has been annualized, at the time of application, according to pre-establishing agency procedures.
Los ingresos de mi hogar sido calculados anualmente según 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 elegibilidad al programa, asistencia recibida o tardanza de asistencia.
4. I authorize the Texas Department of Housing and Community Affairs and it's contracted agencies to solicit/verify information on my utility and/ or fuel bills, both past and future, to the extent the information is used only to provide data.
Autorizo al "Texas Department of Housing and Community Affairs" y sus agencias contratadas a solicitar y verificar información sobre mis cuentas pasadas y futuras para luz y gas cuando la información se usa para reporter data estadística.
5. I AM AWARE THAT I AM SUBJECT TO PROSECUTION FOR PROVIDING FALSE OR FRAUDULENT INFORMATION.
COMPRENDO QUE ESTOY SUJETO A SER PROCESADO SI LA INFORMACION ES FALSA O INCORRECTEA.

PART NINE-ELIGIBILITY DETERMINATION (OFFICE USE ONLY) **DO NOT WRITE BELOW THIS LINE**

Does the household meet the income requirements? Yes No

If not, has the applicant requested a hearing/appeal? Yes No

Does any member of the household fit into the following priority groups:

Elderly Disabled Elderly Disabled Children 5 or under

Recommended Component:

Utility 6 Vulnerable Crisis Weatherization

Signature of Authorized Agency Staff _____
Date

*****CASE MANAGEMENT WILL DETERMINE (ON A SEPARATE AGENCY DEVELOPED FORM):**

- Appropriate CEAP Component (Utility 6, Vulnerable, Crisis)
- Benefit Level Determination/Calculations
- Crisis Description/Resolution
- Vendors Paid and Amounts

Referrals/Coordination of Services

I acknowledge I have received Energy Saving Tips	Y	N
Do you have small children who are not in school? If so, would you like information about our Head Start Program? (Locations: Nacogdoches, San Jacinto, Smith, Houston and Walker County)	Y	N
Do you have specific goals that you would like to achieve in employment or education?	Y	N
Do you need assistance locating your local child support office?	Y	N
Would you like for a representative to contact you about RISE (Reaching Independence through Supportive Elevation)	Y	N
Would you like a representative to contact you about Weatherization?	Y	N

Applicant Signature: _____ Date: _____

Customer Service Rep: _____ Date: _____

Household Status Verification Form



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

***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 dias antes del aplicar para asistencia)*

Name (Nombre)	Gross Income Received (Ingreso Bruto Recibido) \$	Last Day of Employment:
Name (Nombre)	Gross Income Received (Ingreso Bruto Recibido) \$	Last Day of Employment:
Name (Nombre)	Gross Income Received (Ingreso Bruto Recibido) \$	Last Day of Employment:
Name (Nombre)	Gross Income Received (Ingreso Bruto Recibido) \$	Last Day of Employment:
Name (Nombre)	Gross Income Received (Ingreso Bruto Recibido) \$	Last Day of Employment:
Name (Nombre)	Gross Income Received (Ingreso Bruto Recibido) \$	Last Day of Employment:

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)

GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

TO WHOM IT MAY CONCERN:

I am an applicant of the 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, and 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 Company:	Account Number	Account Holder's Name
Gas Company:		
Propane Company:		
Other:		

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.

Note: This release must be signed by the account holder or authorized user.

By checking this box, I acknowledge that I am the account holder or authorized user.

By checking this box, I acknowledge that I have received a copy of Energy Conservation.

Applicant Signature

Date

Address (House # & Street #)

SS# only if requesting info

City, State, & Zip Code (Required Information)

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.

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

Release to be renewed each calendar year

Now serving 30 counties between Energy Assistance and Weatherization

Energy Assistance Department

Please Mail, Fax, or Email using the following methods

Applications and all supporting documents may be returned in person, by mail or email, or by fax.

Mailing address:

P.O. Box 631938, Nacogdoches, TX 75963

(Please include proper postage – mail with insufficient funds will be returned)

Email address: programinfo@get-cap.org

Fax number: 936.564.0302

For updates on your application status please email us at statusupdate@get-cap.org

Spanish Version

Las solicitudes y todos los documentos de respaldo se pueden devolver en persona, por correo postal o electrónico, o por fax.

- ❖ *Direccion de Envio: P.O. Box 631938, Nacogdoches, TX 75963 (Please include proper postage – mail with insufficient funds will be returned)*
Direccion de Correo Electronico: programinfo@get-cap.org

- ❖ *Numero de fax: [936-564-0302](tel:936-564-0302)*

*****IF YOU ARE APPLYING FOR ENERGY ASSISTANCE PLEASE READ *****

1. You may receive a letter in the mail with information about the lump sum payment GETCAP will provide for your household.
2. Once all credits have been exhausted GETCAP will not award payments for the remaining months, and you are solely responsible for your bill.
3. You must pay your entire utility bill each month, even if you are receiving a pledge through GETCAP
4. All customers are responsible for their utility bills
5. Lump sum payments are not guaranteed based upon funding availability.
6. It can take up to 45 days for our pledge to post to your account as payment.
7. If you are an Entergy customer, no pledge will be made to your account for the months stated and you are solely responsible for your bill until payment is received from GETCAP to Entergy.

Energy Saving Tips

You can do something to keep your summer electric 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 the 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 to see 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 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 shrubs 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.

Attention: This is your copy, keep for your records.