



**Greater East Texas Community Action Program**

638A N. University Dr. #212, N A C O G D O C H E S , TX 75961  
PHONE: (936) 585-7224 FAX: (936) 4657-4304 [WWW.GET-CAP.ORG](http://WWW.GET-CAP.ORG)  
(800) 621-5746 [WXPROGRAMINFO@GET-CAP.ORG](mailto:WXPROGRAMINFO@GET-CAP.ORG)

Call 936-585-7224 or go to [www.get-cap.org](http://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 for most projects.**

- 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 deferred.
- Any missed appointment for an assessment with no prior notice will cause your application to be deferred. You are allowed to reschedule 1 (one) time. Any Subsequent attempts to reschedule an assessment will cause the application to be deferred.
- 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**

# Greater East Texas Community Action Program

## Application for Services

ALL FIELDS MUST BE COMPLETE

**2024**

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	ACTIVE MILITARY	VETERAN	DISABLED	HEALTH INSURANCE	WORK STATUS (18 years or older)	EDUCATION	RACE	ETHNICITY Hispanic or Non-
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.**

--	--

Applicant's Signature

Date

--	--	--

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.**

# Greater East Texas Community Action Program

## Weatherization Department Return Instructions

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

**(Include Case number on every document once it is given at processing for Weatherization)**

- Physical Address: 204 Mimms Ave., Nacogdoches, TX 75961
- Mailing Address:
  - GETCAP Weatherization Department
  - 638A N. University Dr. #212
  - Nacogdoches, TX 75961

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

- Email Address: [wxprograminfo@get-cap.org](mailto:wxprograminfo@get-cap.org)
- Fax Number: 936-657-4304
- Phone Number: 936-585-7224

Processing time takes up to 90 days from the date application is received.

Please include the following information **AT THE SAME TIME** your application is submitted! A delay in processing will occur if you fail to do so.

\*\*\*\*\*

- Proof of any income earned/received in the last thirty (30) days for all household members 18 years and older
- Current Utility Bills from the last thirty (30) days (Electric, Gas, & Propane)

\*\*\*\*\*



## 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.**



## WAP Complaint Procedure

### Policy Statement and Procedure

Greater East Texas Community Action Program (GETCAP) respects the rights of our customers, community members, contractors, and staff. This procedure will ensure that all complaints are adhered to and resolved properly. All complaints are kept confidential and are dealt with as a matter of importance. When a complaint is received by the agency, the following steps should be taken.

- Discuss concerns with the initial staff member or contractor with whom they have the complaint.
- If your concerns remain unresolved, please call, or email the WAP (Weatherization Assistance Program). A supervisor and/or WAP Director from the WAP department will address the complaint to the staff member or contractor and notify the customer or community member to reassure them that the complaint is being addressed.
- If the complaint remains unresolved, the customer or community member may submit a written request that the complaint be reviewed by a joint meeting of the WAP Committee and the Executive Director within ten days of receipt of the request. Written responses will be mailed or emailed within three working days following the meeting.

#### Written procedure:

A complaint can be made by telephone; in writing; by email; or in person. All responses will be followed up via telephone; in writing; by email; or in person.

#### Complaints can be made in writing to:

Greater East Texas Community Action Program – Weatherization Department

638A N. University Drive, #212

Nacogdoches, TX 75961

Telephone: 936.585.7224

Email: wxprograminf@get-cap.org