



TO COMPLETE THE ENERGY ASSISTANCE APPLICATION PLEASE READ

For 2024, applications must be filled out completely with **THE REQUIRED DOCUMENTS**. If your application is received incomplete or missing any supporting documents, there will be no attempt from GETCAP to contact your household and your application will be closed. Applications submitted is with the understanding that the customer understands that they **MUST attach supporting documents with application (i.e.) check stubs, award letter, snap letter, & utility bills which is the bare minimum!**

Employment Ex: (Income received biweekly) If you received your biweekly deposit from employment on Nov.2, 2024 and your application is dated for Nov 3,2024. Customer would need to provide all income received from Oct 3, 2024 to Nov 3, 2024

Monthly Income Ex: (Income received 1 monthly) If you receive your income once a month for example: Social Security or Supplemental Security Income(SSD). You would need to provide your 2024 award letter.

If you do not receive a confirmation within 30 business days from a Community Service Representative, your application was received incomplete and closed. Therefore, you must resubmit a new application with all supporting documents.

For updates on your application, please allow up to 60 business days once you have submitted your application.

Application statuses are updated weekly not daily.

Ex: Customer calls on a Tuesday to check the status of their application. They would need to call back the following Tuesday to check for any changes to the status of the application.

- ❖ Text for Status Update: 936.585.0318
- ❖ Text to request an application by email: 936.221.8707
- ❖ Text to request an application by mail: 936.221.8695
- ❖ Customer can email applications to: programinfo@get-cap.org
- ❖ To setup a F2F appointment: 936.720.7474
- ❖ Website: www.get-cap.org

Greater East Texas Community Action Program
PO Box 631938
Nacogdoches, Texas 75963



Greater East Texas Community Action Program

PO BOX 631938 N A C O G D O C H E S , TX 75963

PHONE: (936) 564-2491

(800) 621-5746

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, Housing Letter

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 OF ANY AMOUNT ON YOUR UTILITY ACCOUNT, PLEASE DO NOT COMPLETE THIS APPLICATION UNTIL THE BALANCE IS EXHAUSTED.

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 <input type="checkbox"/>
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

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

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

***DECLARATION OF INCOME STATEMENT
(DECLARACION DE INGRESOS)**

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):**

Signature Page

Utility Providers	Account #	Account Holder's Name:
Electric Company:		
Gas Company:		
Propane 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: / / 2024

For Office Use ONLY

Eligible? Yes No If no, has applicant requested an appeal? Yes No

Income denial? Yes N 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: HCC UA LIWAP EA Donated Funds
 Other

Customer Service Representative: _____ Date: _____

Energy Assistance Department

Applications and all supporting documents may be returned in person, by mail, email, or completed online through FASTRACK.

Mailing address:

P.O. Box 631938, Nacogdoches, TX 75963

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

Options listed below may be utilized for the following:

- ❖ **Text for Status Update:** 936.585.0318 **(Application statuses are updated weekly; not daily)**
- ❖ **Text to request an application by email:** 936.221.8707
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- ❖ **To setup a F2F appointment:** 936.720.7474
- ❖ **Website:** www.get-cap.org

Spanish Version

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

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

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.