Requirements for 2025

Are you eligible to renew your services?

- Applied since 2019 and you are currently at the same address.
- If your address has not changed since 2024.

If you are renewing your services for 2025.

- INCOME (2025 AWARD LETTER EX: SS, SSDI, SSI).
- Customers should receive their award letter from the Social Security Administration Office in the month of November or December (please keep this copy).
- SNAP Award Letter (If applicable)
- HOUSING LETTER (If applicable)
- Any other income the household receives such as (check stubs for the past 30 days from the date you sign the application, child support, housing reimbursement).

Need to complete a 2025 Regular Application:

If you have never received assistance or have moved to another address since 2024, you must complete the renewal.

- Birth certificates (needed for all the individuals in the home).
- SS cards or legal document (needed for all the individuals in the home).
- DL or ID (needed for everyone in the home over the age of 18). Make sure the DL or ID is not expired/valid.
- Any income received by the household such as (SSI, SS, SSDI, CHECKSTUB from the past 30days days from the date the customer put on application, child support, housing reimbursement).
- Snap letter (If applicable).
- Housing Letter (If applicable).

Disclaimer: there may be more documents required at the time you apply.

Note: If you have a credit or a zero balance on your account, you cannot reapply until your credit is exhausted and you have a bill to pay.

Application statuses are updated weekly not daily.

❖ Text for Status Update: 936.553.0318

- **❖** 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 set up an F2F appointment: 936.720.7474

❖ Website: www.get-cap.org

WEATHERIZATION

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

- Assessments are scheduled by our staff by phone and/or home visits. After 2 (two) attempts to reach out with no response, your application will be denied.
- ❖ Any missed appointments 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 for our staff or contractors will be subject to further review at GETCAP'S discretion.
 - **❖** Landlord permission form-RENTERS ONLY (see our website to request a copy.

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

<u>PLEASE INCLUDE PROPER POSTAGE-MAIL WITH INSUFFICIENT FUNDS</u>
<u>WILL BE RETURNED</u>

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

Greater East Texas Community Action Program Application for Services ALLFIELDSMUST BECOMPLETE						Date: Received by:	Received					
Name of applicant or Head of Household:					Las	t 4 digits	s of Social Security Number:					
Address			City	County				Zip				
Mailing Address if Different					Email A	ddress						
Primary Phone	Secondary /	or Alternate Phone	Referre	ed By								
Is anyone in the house Community Action I county			-				f mer	nber o	f Greater E	ast Te	exas	
	Please check t	the program yo	u are app	olying fo	or Pro	gram	Year	· 2025:				
Energy Assistance	RISE (Case	Management)	Weath	nerizatior	n	lead S	tart [HV	/AC	Oth	er	
Please use this	s legend to comp	olete Health Ca	re, Work S	Status, I	Educa	tion,	Race	, & Eth	nicity Qu	estior	<mark>ıs Be</mark>	elow
Health Insu	rance: (more than	one may be chosen)			<u>E</u>	duca	tion:					
A. Medicaid B. Medicare C. State Children's Health Insurance (CHD. State Health Insurance for Adults E. Military Health Care F. Direct Purchased G. Employment Based H. None			P)	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 Statu	IS:				<u> </u>	Race:						
A. FullTime B. PartTime C. Migrant, Seasonal Farm Worker D. Unemployed (6 months or less) E. Unemployed (more than 6 months) F. Unemployed (not in Labor Force) G. Retired					_	A.I B1 B2 C./ D.	Black .Hisp .Whit Ameri Asiar	anic e can Inc 1 race (2	can Ameri lian or Alas or more)		ative	
ALLFIELDSMUST BE	COMPLETEDFOR	EACH HOUSEH	OLDMEM	BER	Y	<mark>′es oı</mark>	^r No		e Legend al			
FIRST &LAST NAME	RELATIONSHIP TO YOU	Social Security#	Date of Birtl	en C	ACTIVE MILITARY	VETERAN	DISABLED	HEALTH INSURANCE	WORK STATUS (18years or older	z		ETHNICITY Hispanicor Non-
1	SELF											
2												
3												
4												
5												
6												
7												

Social Security Retirement	Does your family receive any of the following benefits? (Check all that applies below)						
Unemployment Insurance							
Disability Pension	SSDIEITCSnapAlimony/Spousal Support						
WIC Childcare Voucher Public Housing HUDVASH							
WIC Childcare Voucher Public Housing HUDVASH	Does your family receive any of the following benefits? (Check all that applies below)						
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 (Gas or Electric) Electric Heater How many? Stove Gas Wall Furnace Wood Fany, what appliances use gas or propane: 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 good foundation? Yes No Iacknowledge I have received Energy Saving Tips 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) Do you have specific goals that you would like to achieve in employment or education? Yes No Would you like a representative to contact you about Weatherization? Yes No Do you need assistance locating your local child support office Would you like for a representative to contact you about Weatherization? Yes No Wouldy oul like for a representative to contact you about Westherization? Yes No Wouldy oul like for a representative to contact you about RISE (Reaching Independence through Yes) Please explain what has happened in the past 30 days that has caused you to seek our assistance and/or	WIC Childcare Voucher Public Housing HUD-VASH						
What year was your home built? Do you OWN or RENT your residence? IfOWNED, type of housing? Private Home Mobile Home (Single or Double Wide) Monthly Mortgage: \$	Permanent Supportive Housing Housing Choice Voucher Affordable Care Act						
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 (Gas or Electric) Electric Heater How many? Stove Gas Wall Furnace Wood I any, what appliances use gas or propane: Is your roof leaking? In how many rooms is it leaking? In how many rooms is it leaking? Arethere holes in your floors? Yes No Does your home have good foundation? Yes No I acknowledge I have received Energy Saving Tips 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) Do you need assistance locating your local child support office Wouldyou like a representative to contact you about Weatherization? Wouldyou like for a representative to contact you about RISE (Reaching Independence through Y N Supportive Elevation) Please explain what has happened in the past 30 days that has caused you to seek our assistance and/or	Has this residence ever received services from the Weatherization Program? Yes No When?						
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Supportive Elevation) Please explain what has happened in the past 30 days that has caused you to seek our assistance and/or	Do you need assistance locating your local Workforce Solution office? Y N						

TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS

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.

	U.S. Citizen (Born or Naturalized) or U.S. National	Qualified Alien	Documentatio	n Provided for:
Household Member Name	(Yes/No)	(Yes/No)	Citizenship/Qualified Alien Identification	
	, , , ,	, , , ,	• • • •	

To add additional household members, use another copy of this form.

HSV Form: Updated 12/2019 Previous Versions Obsolete

*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)	GrossIncome Received (IngresoBruto Recibido) \$	Last Day of Employment:
Name (Nombre)	GrossIncome Received (IngresoBruto Recibido) \$	Last Day of Employment:
Name (Nombre)	Gross Income Received (Ingreso Bruto Recibido) \$	Last Day of Employment:
Name (Nombre)	GrossIncome Received (IngresoBruto Recibido) \$	Last Day of Employment:
Name (Nombre)	GrossIncome Received (IngresoBruto Recibido) \$	Last Day of Employment:
Name (Nombre)	GrossIncome Received (IngresoBruto 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 billing and consumptions histories, both past and future, to the to provide data.					
Warning: Section 1001 of the U. S. Code makes it a criminal offe	ense to make willful false stateme	nts of misrepresentation to any Department			
or Agency of the U. S. as to any within its jurisdiction.	af this valence is accustid as the	. autotical			
·	opy of this release is as valid as the ewed only if information changes	e originai.			
nelease to be rem	ewed only it information changes				
C	ertification				
 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. 					
	dard Information Release				
I hereby give my permission to Greater East Texas Comm following, and do affirm the stated understan					
GETCAP may obtain information to complete my application to complete my application of the state of the					
 GETCAP may share necessary information with other in resources on my behalf. I understand information will only 		9			
plan.		·			
 GETCAP may use my success story, likeness, recording, be entities with or without personal identifying information 					
I understand GETCAP may use my likeness and/or succes					
in doing so, will provide every assurance that personal ide		ed.			
 I understand I am not entitled to any compensation for any I will continue to provide income information for Case Ma 		assamy for CETCAD to valous a ma from the			
Self-Sufficiency Program.	magement reasons for as long as nec	essary for GETCAT to release the from the			
Disability	Certification For	m			
Name of Person with Disability:					
Name of Person with Disability:					
I hereby certify that I am disabled as defined in one	e 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 because of my disability ☐ I do not receive benefits because of my disability ☐ I do not receive benefits because 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: / /2025				
For Office Use ONLY					
Eligible? Yes No If not, has the 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: \Box HCC \Box L	JA 🗆 LIWAP 🗆 EA 🗆 Donated Fu	nds □ Other			
Customer Service Representative:		Date:			

7 THINGS YOU NEED TO KNOW AFTER YOUR APPOINTMENT

- 1. ONCE YOU ARE APPROVED FOR THE ASSISTANCE, GREATER EAST TEXAS COMMUNITY ACTION PROGRAM (GETCAP) WILL MAKE A <u>PLEDGE ON YOUR ACCOUNT</u>; A PLEDGE IS A DOCUMENTED <u>PROMISE</u> TO PAY YOUR BILL WITHIN <u>45 BUSINESS DAYS</u>. WE HAVE A CONTRACT WITH EACH UTILITY PROVIDER THAT WE DO BUSINESS WITH, THIS CONTRACT ALLOW US UP TO <u>45 BUSINESS DAYS</u> TO GET A CHECK TO THE UTILITY PROVIDER.
- 2. IF YOU HAVE A QUESTION ABOUT A GETCAP PLEDGE AFTER YOUR APPOINTMENT, CALL YOUR UTILITY COMPANY CUSTOMER SERVICE, TO MAKE SURE THE **PLEDGE** IS ON THE ACCOUNT.
- 3. WRITE DOWN THE NAME OF THE PERSON YOU SPOKE WITH REGARDING YOUR PLEDGE, SO THAT YOU WILL BE ABLE TO GIVE THAT INFORMATION TO YOUR CASE MANAGER IF NEEDED.
- 4. WHEN TALKING TO YOUR UTILITY COMPANY ALWAYS REFER TO GETCAP PAYMENT AS A "PLEDGE".
- 5. ONCE YOU HAVE VERIFED THERE IS A PLEDGE ON YOUR ACCOUNT, YOUR ACCOUNT IS PROTECTED FOR THE NEXT 45 DAYS **BASED ON GETCAP PLEDGE ONLY**, HOWEVER IF YOUR UTILITY COMPANY CANNOT VERIFY GETCAP PLEDGE, **YOU SHOULD CALL OUR OFFICE IMMEDIATELY** ASK FOR YOUR CASE MANGER.
- 6. REMEMBER GETCAP HAVE UP TO 45 BUSINESS DAYS TO GET THE CHECK TO YOUR UTILITY COMPANY.
- 7. WHEN YOU GET YOUR NEXT BILL, IT IS POSSIBLE THAT THE AMOUNT WE PLEDGE ON YOUR ACCOUNT, WILL STILL SHOW AS OWED, SUBTRACT THE AMOUNT OF GETCAP PLEDGE FROM THE TOTAL AMOUNT SHOWING AS DUE ON YOUR NEW BILL AND THAT WILL BE THE AMOUNT YOU ARE RESPONSIBLE TO PAY AFTER YOUR INITIAL PAYMENT ONLY.

Applicant's Signature:	Date:	
Community Service Representative:	Date:	

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 by 1 degree. For energy conservation, we recommend a 78-degree setting.
- 2. <u>Insulation:</u> Insulation is designed to keep heat out during the summer and to keep heat m during the winter. Adequate insulation can more than pay for itself in just a few years, with money saved on air- conditioning and heating operation.
 - 3. Let it breathe: Dirty filters cause unnecessary strain and can lead to equipment breakdowns. Airconditioning 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 ensure maximum efficiency and long life. Have the coils checked and cleaned to see if they are 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.
- Don't forget your ducts: You can save 5% or more on your atrconditioning 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 window 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.
- 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.