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 incomereceived 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

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

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

Greater East Texas Community Action Program Application for Services ALLFIELDS MUST BE COMPLETE Date: Received by:						d						
Name of applicant or Head of H	ousehold:				Last	4 digits	of Soc	ial Secu	rity Number:			
Address			City	'				unty		Zip		
Mailing Address if Different				E	mail A	ddress						
Primary Phone	Secondary /	or Alternate Phone	Referre	d By								
Is anyone in the hour Texas Community Accounty								nembe	r of Greate	er East	f	
	Please check	the program yo	ou are app	olying fo	r Pro	gram	Year	2025:				
Energy Assistance	RISE (Case	Management)	Weath	nerization	ı 🔲 F	lead S	tart [HV	'AC	Othe	er	
_												
Please use thi	s legend to comp	o <mark>lete Health Ca</mark>	re, Work S	Status, E	duca	tion, l	Race	, & Eth	nicity Qu	estion	s Be	low
Health Insu	Irance: (more than o	one may be chosen)			<u>E</u>	ducat	ion:					
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B. Med		Ingurance (CUI	3 \					Grade	Craduata	~# CEF		
	e Children's Health e Health Insurance		-)	C. High School Graduate or GED D. Some College								
	ary HealthCare	, ioi Addito								duate		
	ct Purchased			E. 2- or 4-year College Graduate F. Graduate of other								
	oloyment Based						Post-	Second	ary Schoo	l		
H. No n	1e											
Work Status: Race:												
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B. Part							Hisp					
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2												
3												
4												
5												
6												

Does your family receive any of the following benefits? (Check all that applies below)					
Social Security RetirementPensionTANFChild Support					
SSDIEITCSnapAlimony/Spousal Support					
Unemployment InsurancePrivate Disability InsuranceWorker			nsation		
Disability PensionVA Service-Connected Disability PensionC VA Non-Service Connected	Juier				
<u></u> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Does your family receive any of the following benefits? (Check all that appl	<mark>ies b</mark>	<u>elow</u>	<u>)</u>		
WIC Childcare Voucher Public Housing HUD-VASH Permanent Supportive Housing Housing Choice Voucher Affordable Car	ra Act				
	e Aci				
Has this residence ever received services from the Weatherization Program?	en? _		_		
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: \$					
If RENTED, type of housing? Private Home Mobile Home (Single or Double Wide)	A	partmo	ent		
Subsidized Housing Are utilities included in rent? Yes, No Monthly Rent	: \$				
Landlord Name: Address: City: State: Pho	ne#:_				
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 Elect	ric)				
Electric Heater How many? Stove Gas Wall Furnace					
Electric ricates riow many : Grove Gas Wan	rurna	ice			
Wood Wood	rurna	ice			
	rurna	ice			
Wood			ng?		
Wood If any, what appliances use gas or propane: Is your roof Yes No If YES, how long has it been leaking? In how many roon	ns is i		ng? No		
If any, what appliances use gas or propane: Is your roof leaking? Are there holes in your floors? Yes No Does your home have good foundation	ms is i	t leaki Yes			
Wood Wood Wood Wood Wood If any, what appliances use gas or propane: Is your roof leaking? In how many room leaking?	ns is i	Yes			
If any, what appliances use gas or propane: Is your roof leaking? Are there holes in your floors? Yes No Does your home have good foundation	ms is i	t leaki Yes			
Is your roof leaking?	ens is i	Yes			
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Is your roof leaking? Are there holes in your floors? 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 have specific goals that you would like to achieve in employment or education? Do you need assistance locating your local child support office Would you like a representative to contact you about Weatherization?	ens is i	YesN			
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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 (Bornor Naturalized)	Qualified		
	or U.S. National	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 (Ingreso Bruto Recibido) \$	Last Day of Employment:
Name (Nombre)	GrossIncome Received (Ingreso Bruto Recibido) \$	Last Day of Employment:
Name (Nombre)	Gross Income Received (Ingreso Bruto Recibido) \$	Last Day of Employment:
Name (Nombre)	GrossIncome Received (Ingreso Bruto Recibido) \$	Last Day of Employment:
Name (Nombre)	GrossIncome Received (Ingreso Bruto Recibido) \$	Last Day of Employment:
Name (Nombre)	GrossIncome 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	Accoun	Account Holder's Name:				
Providers	#					
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.	criminal offense to ma	ake willful false statements of misrepresentation to any Department or				
Agency of the U. S. as to any within its jurisdiction.	criminal offense to me	the white false statements of misrepresentation to any separation of				
lunderstand	that a photocopy of thi	s release is as valid as the original.				
<u>Re</u>	lease to be renewed on	ly if information changes				
	Certif	fication				
The information provided is true and correct						
My household income has been annualized a I understand I may appeal a denial of eligibility Lauthorize the Tayas Department of House	y, and amount of assist					
information on my utility and/or fuel bills, b		he extent the information is used only to provide data relevant to my				
application for assistance. • I am aware that I am subject to prosecution f		eading, or fraudulent information.				
I hereby give my permission to Greater Ea						
following, and do affirm the stated • GETCAP may obtain information to complete my		ar services				
The state of the s	• •	or organizations to provide case management services and/or secure				
-		hen necessary to meet the requirements of my established service plan.				
	<u> </u>	video in public relations efforts, and may share same with other entities e for the good of improving community development.				
 I understand GETCAP may use my likeness an 	d/or success story in rele	asing annual report information to State and Federal entities, and in doing				
so, will provide every assurance that personal • Iunderstand I am not entitled to any compensation	dentifying information v n for any use of my story o	vill be redacted. r likeness.				
Sufficiency Program.	ioi Case Management 16	easons for as long as necessary for GETCAP to release me from the Self-				
D	isability Cer	tification Form				
Name of Person with Disability:	•					
Name of Person with Disability:						
I hereby certify that I am disabled as define	ed in one of the followin	g:				
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 disabili	tv.					
☐ I do not receive benefits because of my disability.						
I do not receive benefits because of my disability, but I have applied for benefits.						
	ormation in this certific	ation. 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				
		, , , ====				
	r off:	ze Use ONLY				
Flischlad No. March has the configurations						
Eligible? No If not, has the applicant req	uested an YES	NO				
income denial: N IT yes, what is the annual	ızea ıncome?					
Is there a priority member in the		Documented Crisis Disabled				
Is there a priority member in the Elderly/Disabled Documented Crisis Disabled household? Elderly						
Cutoff notice Child 5 and under						
	<u>—</u>	Ш				
Recommended Utility Assistance Component:	ICC 🗆 UA 🗆 EA 🗆 Dona	ited Funds Other				
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.

- 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.