# **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).
- 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).

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

#### Application statuses are updated weekly not daily.

- \* Text for Status Update: 903.405.8299
- ❖ Text to request an application by email: 936.205.0777
- ❖ Text to request an application by mail: 903.405.8299
- Customer can email applications to: wxprograminfo@getcap.org

**❖** 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 to 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>
WILL BE RETURNED

Greater East Texas Community Action Program 638A University Dr. #212 Nacogdoches, TX 75961 Date Received

By:

Greater East Texas Community Action Program PO Box 631938 206 Mimms Ave Nacogdoches, Tx. 75961



yone in the household an employee, board member, family, friend, former staff member of Greater East Texas imunity Action Program? □YES □ NO If YES, please identify name and county.  2025 Renewal  Applicant Last Name   Applicant First Name   Last 4 digits of social security number Head of   County	Energy Asst.	□HVAC		☐RISE Case Mgt.	□Weatheriz	ation	☐ Head Start		Other	
Social Security Number   Date of Birth   Race   Ethnicity   Gender   Gend	Energy Asst.	ППИАС		☐RISE Case Mgt. ☐Weatherization		ation	□ nead Start	□Other		
Applicant Last Name	-						mber of Greater Ea	st Texas		
Nousehold/Applicant:   Zip										
Malling Address (if different)  City  State  Zip  Message Phone  Email  Home Phone  Message Phone  Message Phone  Message Phone  Message Phone  Message Phone  Please list any new members of your household.  Name: Last, First, M.I.  Social Security Number  Date of Birth  Race  Ethnicity  Gender  Disabled?  Veteran?  Education Level  Relationship  Health Insurance Source  Age  Disabled?  Veteran?  Education Level  Relationship  Health Insurance Source  Age  For any new member of your household, please send:  1. Proof of income (such as, 2025 Award letter, check stubs for the past 30 days, unemployment, child support print out for the last 30 days, TANF benefit letter, etc.)  Disabled Social security cards for all household members (if applicable)  Birth certificates for all household members if born in the US  Please let us know if there was someone in your household in 2025 that is no longer in the household.  Name: Last, First, M.I.  Social Security Number  Date of Birth  Reason no Longer in Household	Applicant Last Name Ap		Applican	t First Name					County	
Age    Comparison	Physical Address Ci		City	ity		State			Zip	
Social Security Number   Date of Birth   Race   Ethnicity   Gender	Mailing Address (if different)		City	City		State			Zip	
Please list any new members of your household.  Name: Last, First, M.I Social Security Number Date of Birth Race Ethnicity Gender  Disabled? Veteran? Education Level Relationship Health Insurance Source Age  Name: Last, First, M.I Social Security Number Date of Birth Race Ethnicity Gender  Disabled? Veteran? Education Level Relationship Health Insurance Source Age  For any new member of your household, please send:  1. Proof of income (such as, 2025 Award letter, check stubs for the past 30 days, unemployment, child support print out for the last 30 days. TANF benefit letter, etc.)  2. ID for anyone 18 yrs. or older  3. Social security cards for all household members (if applicable)  4. Birth certificates for all household members if born in the US  5. Proof of Residency for all household members if born outside of the US  Please let us know if there was someone in your household in 2025 that is no longer in the household.  Name: Last, First, M.I Social Security Number Date of Birth Reason no Longer in Household.	Cell Phone Ema			Home Pho		ne	le		Message Phone	
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	he last 30 days, To las	e (such as, 20 TANF benefi 8 yrs. or olde eards for all h s for all hous ncy for all ho	25 Awar t letter, e er nousehold ehold me usehold r	d letter, check stubs etc.) I members (if applica embers if born in the nembers if born outs someone in your h	ble) US ide of the US ousehold in 202	5 that is	no longer in the l	nousehold		
Name: Last First M.I. Social Security Number Date of Birth Reason no Longer in Household										

# 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									
	`autification								
	ertification								
<ul> <li>The information provided is true and correct to the best of my knowledge and belief.</li> <li>My household income has been annualized at the time of application according to pre-established procedures.</li> <li>I understand I may appeal a denial of eligibility, and amount of assistance received, or a delay in service delivery.</li> <li>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.</li> <li>I am aware that I am subject to prosecution for providing false, misleading, or fraudulent information.</li> </ul>									
	dard Information Relea								
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.									
<ul> <li>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.</li> </ul>									
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:									
<ul> <li>7(9) of the Rehabilitation Act of 1973</li> <li>1614 (a) (3) (A) or 223 (D) (1) of the Social Security Act</li> <li>102 (7) of the Developmental Disabilities Services and Facilities Construction Act         (38 USC Chapter 11 or 15)</li> </ul>									
<ul> <li>☐ I receive benefits because of my disability</li> <li>☐ I do not receive benefits because of my disability</li> <li>☐ I do not receive benefits because of my disability, but I have applied for benefits</li> </ul>									
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?									
	Elderly/Disabled Under 6 Cutoff	notice							
Recommended Utility Assistance Component: 🗆 HCC 🗆	UA 🗆 LIWAP 🗆 EA 🗆 D	onated Funds   Other							
Customer Service Representative:		Date:							

### **Energy Saving Tips**

You can do something to keep your summer electric bills at their lowest by following these simple steps.

- I. Thermostat setting: You can reduce your air-conditioning cooling cost by as much as 14% simply by increasing the thermostat setting by I degree. For energy conservation, we recommend a 78-degree setting.
- Insulation: 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. <u>Efficiency:</u> 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 atr-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 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.
- II. 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.