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 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>
<u>WILL BE RETURNED</u>

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

Date Received
Ву:

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



	Pl	lease ch	eck the program	(s) you are appl	ying fo	or 2025			
Energy Asst.	□HVAC		☐RISE Case Mgt. ☐Weatheriza		tion	☐Head Start		□Other	
=	-	-	ooard member, family O If YES, please ide	ntify name and co		nber of Greater Eas	st Texas	<u> </u>	
Applicant Last Name Applic			at First Name		Last 4 digits of social security number Head of household/Applicant:			County	
Physical Address City				State				Zip	
Mailing Address (if different)		City		State	State			Zip	
Cell Phone Email			Home Phone				Message Phone		
Name: Last, First, M.I			Social Security Number	Date of Birth			hnicity Gende		
las GETCAP j	previously		<mark>d your household</mark> e list any new me	, -			name:		
Disabled? Veteran?	Education L	evel	Relationship	Health Insurar	Health Insurance Source			Age	
Name: Last, First, M.I			Social Security Number	Date of Birth	Race	Ethnicity	Ethnicity		
Disabled? Veteran?	d? Veteran? Education Level		Relationship	Health Insurar	Health Insurance Source			Age	
the last 30 days, 7 2. ID for anyone 1 3. Social security of 4. Birth certificate 5. Proof of Reside	e (such as, 20 FANF benefi 8 yrs. or olde cards for all he es for all hous ncy for all ho	25 Awar t letter, o er nousehold sehold m usehold i	d letter, check stubs	able) US side of the US	that is		nousehold		
Name: Last, First, M.I	rst. M.I		Social Security Number	Date of Birth		Reason no Longer in Hous	sehold		

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									
nelease to be reflewed only it 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.									
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.	magement reasons for as long as nece	ssary 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 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									
	Jnder 6 Cutoff notice	_							
Recommended Utility Assistance Component: HCC U	JA 🗆 LIWAP 🗆 EA 🗆 Donated Fui	nds 🗆 Other							
Customer Service Representative:		Date:							

Filling out the form electronically

Download the application from your browser to adobe reader

a. To download Adobe Acrobat Reader, please go to https://get.adobe.com/reader/ it's a free PDF viewer

Open the application on adobe reader to fill it out

After completing your application, press save then email the application with your documents, to programinfo@get-cap.org from your email address.

Energy Saving Tips

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

- I. <u>Thermostat setting</u>: 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.
- 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. <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 atronditioning 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 I40 degrees, or as low as needed, and still have plenty of hot water.
- 12. <u>Up the chimney:</u> 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

vour records.