

Greater East Texas Community Action Program

PO Drawer 631938 Nacogdoches Tx. 75963

800-621-5746 or 936-564-2491

REQUIRED DOCUMENTATION FOR ALL NEW HOUSEHOLD MEMBERS: NO EXCEPTION

Proof of Citizenship by one of the following items:

- US Passport
- Certified Vital Record Birth Certificate or Certificate of Birth Abroad (FS-240, DS-1350 OR FS-545)
- US American Indian or Alaska Native Tribal Card with photo
- Certificate of US Citizenship (N-550, n-561)
- Permanent Resident Card or Resident Alien card (I-551)

Proof of identification: two of the following MAY be required:

- Driver's License or photo ID
- US Military ID
- School Records
- Government Employee ID
- Student ID
- Immunization Record
- Social Security Card

If you do not have any of the items listed for proof of Citizenship or Identification, please contact GETCAP for other options.

Proof of ALL income earned/received in the last 30 days from the date the application is dated.

The Current Year's award letter for Social Security, SSI, VA, SSDI, RSDI, TANF, Utility Reimbursement

We cannot accept bank statements or W2 tax forms for proof of income

Additional information that may be asked for: Proof of SNAP, Child Support, Housing Letter, Utility Bills

WEATHERIZATION

- Assessments are scheduled by our staff by phone 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 how to get to your home.

You can hand deliver your application to the location listed below:

ANGELINA COUNTY	GREGG COUNTY	NACOGDOCHES COUNTY	POLK COUNTY	SMITH COUNTY	JEFFERSON COUNTY
Located in: Lufkin Tx.	Located in: Longview Tx	Located in: Nacogdoches Tx	Located In: Livingston Tx.	Located in: Tyler Tx.	Located in: Beaumont Tx.
Physical: 303 E Denman Ave Suite A Lufkin 75901	Physical: 1121 Judson Rd Suite 145 Longview 75601	Physical: 206 Mimms Ave Nacogdoches 75961	Physical: 410 E Church St Suite D Livingston 77351	Physical: 1010 W SW Loo 323 Tyler 75701	Physical: 1110 Calder Ave Beaumont 77701
Phone: 936.899.7238	Phone: 903.758.5674	Phone: 936.585.7219	Phone: 936.327.3077	Phone: 903.962.2670	Phone: 409.247.6270

Text for Status Update: 963-553-0318

Text for an application to be mailed: 936-221-8695

Text for a Call Back: 936-244-6947

Text for an application to be emailed to: 936-221-8707

Call the automated system for an appointment 936-720-7474 or go to our website for more information www.get-cap.org Email applications and required documents together to programinfo@get-cap.org

It can take up to 60 days for processing. Assistance may vary depending on available funding.

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



2026 RENEWAL

Please check the program (s) you are applying for 2026

<input type="checkbox"/> Energy Asst.	<input type="checkbox"/> HVAC	<input type="checkbox"/> RISE Case Mgt.	<input type="checkbox"/> Weatherization	<input type="checkbox"/> Head Start	<input type="checkbox"/> Other
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Is anyone in the household an employee, board member, family, friend, former staff member of Greater East Texas Community Action Program? ☐ YES ☐ NO If YES, please identify name and county _____

HEAD OF HOUSEHOLD			
Applicant name:		Last 4 digits of social security number:	
Physical Address:	City:	Zip:	County:
Mailing Address:	City:	Zip:	State:
Cell phone:	2 nd phone		Email:

NEW MEMBERS IN HOUSEHOLD						
Name:		Last 4 of SS #	Date of Birth	Race	Ethnicity	Gender
Disabled?	Veteran?	Education level	Relationship	Type of Health Ins.		Age:
Name:		Last 4 of SS #	Date of Birth	Race	Ethnicity	Gender
Disabled?	Veteran?	Education level	Relationship	Type of Health Ins.		Age:

****All new members are required to show proof of citizenship and identification****

MEMBERS THAT ARE NO LONGER IN THE HOME		
Name:	Last 4 SS #	Date of Birth
Name:	Last 4 SS #	Date of Birth

Updated: 2026

UTILITY SERVICE INFORMATION**ELECTRIC PROVIDER**

NAME OF THE VENDOR:	ACCOUNT NUMBER:	NAME ON THE ACCOUNT:
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GAS PROVIDER

NAME OF THE VENDOR:	ACCOUNT NUMBER:	NAME ON THE ACCOUNT:
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IF YOU HAVE MOVED FROM PREVIOUS ADDRESS ON FILE:

Housing Type (house, MH ,Apartment.)	Housing Status: (own/rent)	What appliance to heat home:	Is it gas or elec?
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What appliance to cool home?	Does Roof leak? How long?	Are there holes in the floor?	Is there a good foundation?
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Is there another residence or building using the same meter? Y or N

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 to 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 as long as necessary for GETCAP to release me from the Self-Sufficiency Program

WHAT TO EXPECT NEXT

1. Once your application (including all required documents) has been accepted as complete, you will enter the queue for eligibility review based on your priority score and the date/time your application was received.
****NOTE****If your application is not complete or is missing required forms, you will have 7 days to make corrections or submit additional information. Once that information is received, your application will enter the queue based on the date/time the application was considered complete. If the information required is not received in 7 days' time the application will be closed.
2. Once your application is considered complete and placed in queue, it can take up to 60 to 90 days to process the application. Do not contact us about the status of your application if it is still inside of the above timeframes. It is essential you continue to pay your bills until you have heard from us. **A disconnection notice does not move you ahead of other applications already in the queue.**
3. You will receive a call and a letter from your case manager after your application has been processed that will detail the payments made on your behalf.
4. To ensure your application is processed as quickly as possible, please ensure you have completely filled out the application, signed and dated, and attached all the required documents.

APPLICANT SIGNATURE**DATE:** ____/____/2026

CSR SIGNATURE:

RECEIVED APP: ____/____/2026

COMPLETED APP: ____/____/2026



**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 subvisor**

The program for which you are applying requires verification that you are a U.S. citizen, a non-citizen national
legal resident of the United States. Documentation of your status is required. This agency uses the Systema
Alien Verification for Entitlements (SAVE) System to verify the status of non-citizens.

Household Member Name	U.S. Citizen (Born or Naturalized) or U.S. National (Yes/No)	Qualified Alien Yes/No	Documentation Provided for:	
			Citizenship Birth Certificate	Identification Driver License
Example: John Doe	Yes	No		

To add additional household members, use another copy of this form.
I AM AWARE THAT I AM SUBJECT TO PROSECUTION FOR PROVIDING FALSE OR FRAUDULENT INFORMATION.

Applicant's Signature		
		Date
Signature of agency staff certifying they verified the above documents		Print Staff Name
		Date

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

State the gross income for household members, 18 years and older, who have no documentation o the income received in the 30 day period prior to the date of the application for assistance: *(Declarar el ingreso recibido por los miembros de su hogar, que tienen 18 anos de edad o mas, y que no tienen documentatcion de ingresos por los 30 dias antes del aplicar para asistencia)*

NAME (Nombre)	Gross Income in last 30 days (Ingreso bruto Recibido) \$
NAME (Nombre)	Gross Income in last 30 days (Ingreso bruto Recibido) \$
NAME (Nombre)	Gross Income in last 30 days (Ingreso bruto Recibido) \$
NAME (Nombre)	Gross Income in last 30 days (Ingreso bruto Recibido) \$
NAME (Nombre)	Gross Income in last 30 days (Ingreso bruto Recibido) \$

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)

I certify that the above information is true and correct to the best of my knowledge and belief. (Yo certifico que la informacion proveida de los ingresos es verdadera y correcta según mi saber y creencia.)
I understand that the information will be verified to the extent possible; and that I may be subject to prosecution for providing false or fraudulent information. (Comprendo que la informacion sera verificada hasta donde sea posible y que puedo ser enjuiciado por haber proveido información falsa o fraudulenta.)

Applicant Signature/Firma del Solicitante

Date/Fecha



CLIENT SATISFACTION SURVEY

How Are We Doing?

Greater East Texas Community Action Program (GETCAP) staff are committed to monitoring the products and services we provide, as part of an on-going quality improvement process. We would appreciate your feedback on our performance. All submissions are confidential and will not affect benefits and services received.

1. What County do you live in?

- | | | |
|---------------------------------|-----------------------------------|-----------------------------------|
| <input type="radio"/> Anderson | <input type="radio"/> Houston | <input type="radio"/> Rusk |
| <input type="radio"/> Angelina | <input type="radio"/> Jefferson | <input type="radio"/> San Jacinto |
| <input type="radio"/> Chambers | <input type="radio"/> Kaufman | <input type="radio"/> Smith |
| <input type="radio"/> Cherokee | <input type="radio"/> Liberty | <input type="radio"/> Trinity |
| <input type="radio"/> Gregg | <input type="radio"/> Nacogdoches | <input type="radio"/> Van Zandt |
| <input type="radio"/> Hardin | <input type="radio"/> Orange | <input type="radio"/> Wood |
| <input type="radio"/> Henderson | <input type="radio"/> Polk | |

2. What was the purpose of your visit/call?

- | | |
|--|---|
| <input type="radio"/> Utility Assistance | <input type="radio"/> Head Start |
| <input type="radio"/> Emergency Assistance | <input type="radio"/> Our Case Management Program |
| <input type="radio"/> Weatherization | |

3. Was the office easy to find?

- | | |
|---------------------------|---|
| <input type="radio"/> Yes | <input type="radio"/> Didn't go to an outreach office |
| <input type="radio"/> No | |

4. Was our office clean, tidy and comfortable?

- | | |
|---------------------------|---|
| <input type="radio"/> Yes | <input type="radio"/> Didn't go to an outreach office |
| <input type="radio"/> No | |

5. I was helped in a timely manner.

- | | |
|---------------------------|--------------------------|
| <input type="radio"/> Yes | <input type="radio"/> No |
|---------------------------|--------------------------|

6. Are staff courteous, respectful, friendly, and sensitive to your needs?

- | | |
|---------------------------|--------------------------|
| <input type="radio"/> Yes | <input type="radio"/> No |
|---------------------------|--------------------------|

7. Staff offered information about other services available (gave referrals)?

- | | |
|---------------------------|--------------------------|
| <input type="radio"/> Yes | <input type="radio"/> No |
|---------------------------|--------------------------|

8. If you answered "YES" to any of the above questions, please answer here with N/A. If you answered "NO", please explain your experience.

9. Have you had any recent issues contacting us by phone?

- | | |
|---------------------------|--------------------------|
| <input type="radio"/> Yes | <input type="radio"/> No |
|---------------------------|--------------------------|

10. If you answered "yes" to the above question, please explain your experience. This will help improve our communication services. If you answered NO, please type N/A.

11. Overall, how do you rate the quality of services we provide?

- | | |
|---------------------------------|------------------------------------|
| <input type="radio"/> Excellent | <input type="radio"/> Poor |
| <input type="radio"/> Good | <input type="radio"/> Unacceptable |
| <input type="radio"/> Adequate | |

12. Would you be interested in sharing your story with others?

- | |
|---------------------------|
| <input type="radio"/> Yes |
| <input type="radio"/> No |

If yes, Name:	Contact #:	Email Address:
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What do you see as the top 5 needs in your county that are needed by households?

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | |

You can mail to PO Box 631938 Nacogdoches, Tx. 75963 or
hand deliver to any Outreach Office

ENERGY SAVING TIPS
ATTENTION: THIS IS YOUR COPY TO KEEP

You can do something to keep your utilities down

COOLING ENERGY SAVING TIPS

TEMPERATURE SETTINGS

- Set the thermostat at 78°F or higher. Each degree below 78°F equals an 8% increase in our cooling cost, which means more energy use and a higher air conditioning bill.
- For energy savings set the fan switch on a central system or room air conditioner on “automatic” instead of “on” or “continuous”

FANS

- Ceiling fans will create a breeze over your body. This spreads the cold air more evenly and will make you feel more comfortable.
- The ceiling fan direction should be DOWN for summers and UP for winters.
- Portable fans can also help you feel comfortable at higher thermostat settings.
- Turn fans off when leaving the room

WINDOWS AND DOORS

- Make sure the weather stripping around doors and windows is in good condition. Replace if necessary
- Weather strip and caulk around windows and doors to prevent drafts.
- Keep the sun out. Keep blinds, shades or draperies closed on sunny days to help keep heat out. This is especially important on any windows or glass doors receiving direct sunlight. Sunlight can increase demand for your air conditioner by almost 30%
- Use solar screens or reflective film on south, west and east windows to reduce air conditioning cost.
- Keep doors closed or at least try to minimize the number of times that doors outside are opened and closed. Each time you open the door hot air enters the house.

SYSTEM CHECKS

- Have your cooling system checked and tuned up once or twice per year, especially older units. Losses from a poorly maintained system accumulate over time.
- Check filters monthly and clean or replace if dirty
- If the cooling unit is more than 10 years old and needs major repairs, it is usually more cost-effective to replace with a new unit than to repair the old one.

THERMOSTAT

- Check the accuracy of the thermostat by placing a thermometer next to the thermostat and comparing the readings for room temperature.
- A programmable thermostat lets you easily raise the thermostat during periods when no one is home.

AIR DUCTS

- Leaks develop in all air ducts over time. Sealing these leaks in ducts can reduce cooling cost by up to 20% with reductions of 10% extremely common.

VENTS

- If a room air conditioner has an outside fresh air intake, or exhaust vent, keep the vent closed.
- Closing the cooling vents in an unoccupied room can save up to 5 to 10% on your cooling cost.

INSULATION

- Make sure that your wall and attic are properly insulated. Adding fiberglass insulation in your attic is one of the most cost-effective saving measures.
- Electric outlets can let hot air into the house. Remove the outlet covers and insert special foam insulation underneath.

LIGHTING ENERGY SAVING TIPS

LIGHTS

- Turn lights off when leaving a room. Use daylight whenever possible.
- Use florescent lights when possible. This can save over \$30 per year in electricity costs.
- Use timers, photocells, dimmers, three-way lights and occupancy sensors when possible.

APPLIANCE ENERGY SAVING TIPS

REFRIGERATOR

- Refrigerators and freezers operate most efficiently when full. Keep your freezer at a temperature between 0–5-degree F.
- Allow leftovers to cool before putting them in the refrigerator.
- Vacuum behind your refrigerator at least once a year. Keep the dust off the coils.

CLOTHES DRYER/WASHER

- Your washer uses the same amount of energy regardless of how much clothing is being washed. Washing 2 small loads uses twice as much energy as combining them into one full load.
- Don't overload the dryer.
- Clean the filter after every load.
- Dry clothes early in the morning or in the afternoon, keeping the house cooler.

COOKING

- Use microwave or outdoor grills to cook when possible
- Thaw food completely before cooking.
- Full size ovens are not very efficient when cooking smaller quantities of food.
- If you have a gas range, make sure that you are getting a bluish flame. A yellow flame indicates that the gas might not be burning efficiently.