

2020 Energy/Housing Application

Name: _____

Physical: _____

Mailing Address: _____

Email Address: _____

County: _____

Phone #: _____

Work/Cell #: _____

Authorized Representative

If yes, see attached form

Select all that apply to household:

60 and Over	Disabled Member	Child 5 and younger	Other	None
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Household Type		Ethnicity										Race					Education				Other	
(Select One)		Relationship to Client:	Marital Status:	Hispanic or Latino	NOT Hispanic or Latino	Black / African American	White / Caucasian	Hispanic	Amer. Indian/Alask Native	Asian	Multi-Race	Other	Grade 0 - 8 (Specify Grade)	Grade 9 - 12 (Non-Grad)	High School Grad / GED	Some Post Secondary	2 Yr / 4 Yr Degree or More	Insurance type or NONE	Disabled	Military Veteran		
Single Parent Female	Single Person																					
Single Parent Male	Two Parent H/H																					
2 Adults/No Children	Other																					

	Household Member Name		Date of Birth		Age	M/F	Relationship to Client:	Marital Status:	Hispanic or Latino	NOT Hispanic or Latino	Black / African American	White / Caucasian	Hispanic	Amer. Indian/Alask Native	Asian	Multi-Race	Other	Grade 0 - 8 (Specify Grade)	Grade 9 - 12 (Non-Grad)	High School Grad / GED	Some Post Secondary	2 Yr / 4 Yr Degree or More	Insurance type or NONE	Disabled	Military Veteran		
	Social Security Number	M/F	M	D																							
1																											
2																											
3																											
4																											
5																											
6																											
7																											
8																											

VETERAN INFORMATION

Veteran Name	M/F	Army	Navy	Air force	Marines	Coast Guard	Reserves	National Guard

Veteran referred to <https://veterans.portal.texas.gov/>

HOUSEHOLD SITUATION

Has there been a weather related crisis recently? No/Yes explain

UTILITY SERVICE INFORMATION

Have you lived here less than 1 year? **YES / NO** If **YES**, how many months? _____

Prior Address: _____ **Prior Electric Provider/Acct#:** _____
 _____ **Prior Gas Provider/Acct#:** _____

Electric Service:

History Requested

Name of Company: _____
Account Number: _____
Account Name/Relation: _____

Gas Service:

History Requested

Name of Company: _____
Account Number: _____
Account Name/Relation: _____

If Propane what size is tank? _____

Cooling	Heating
Central system	Central system
Window Units	Space Heaters
None	None

Gas / Elec
Gas / Elec

HOUSING TYPE	
Site Built Home	
Mobile Home	
Apartment/Multi-Family	
Other	

OTHER INFORMATION			HOUSING	
Farmer	Yes / No		[]Own/Buying	[]Renting
Migrant Farmer	Yes / No		Receive Rent Assistance?	Yes / No
Seasonal Worker	Yes / No		homeless	
Food Stamps - Amount	\$		Family home	

SOURCE - H/H INCOME			
No Income		Unemployment	
TANF		Employment Plus	
SSI		Employment ONLY	
Social Security		Other	
Pension		Child Support - \$/ mo	
VA Benefits		Utility Reimbursement Check	

Below, list all adult household members (age 18 and older), and provide documentation of their income for the 30 days prior to this application. Include income from employment and other types of assistance. If no income has been received in the last 30 days, a declaration of income must be completed.

HOUSEHOLD MEMBER	DOCUMENTATION	Avg ck amount	Pay frequency	Multiplier	Annual Pay

\$ _____ Total household annual income HH Size _____

Household's Percentage of Poverty _____

Is the household's annualized income at or below the Poverty Income Guidelines?	Yes	No
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CERTIFICATION/CERTIFICACION

- 1 **The information provided is true and correct to the best of my knowledge and belief.**
La informacion proveida en esta forma es correcta segun mi mejor entendimiento.

- 2 **My household income has been annualized (SEE ATTACHED INCOME SHEET), at the time of application, according to pre-established agency procedures.**
Los ingresos de mi hogar han sido calculados anualmente segun los reglamentos prescritos por la agencia.

- 3 **I understand I may request a hearing to appeal a denial of eligibility, amount of assistance received, a delay of service delivery.**
Comprendo que puedo solicitar una audiencia para apelar decisiones que me afectan, tales como:
la eligibilidad al programa, asistencia recibida o tardanza de asistencia.

- 4 **I authorize the Texas Department of Housing and Community Affairs and its contracted Agencies to solicit/verify information, both past and future, to the extent the information is used only to provide data or documentation.**
Autorizo al "Texas Department of Housing and Community Affairs" y sus agencias contratadas a solicitar y verificar informacion sobre mis cuentas pasadas y futuras para luz y gas cuando la informacion se usa para reportar data estadistica.

Information Requested: _____

Return Information To: **BVCAP**

- 5 **I am aware this application is for all programs offered by the BVCAP Energy/Housing Services Office.**
Estoy enterado de que esta aplicacion es para todos los programas ofrecidos por la oficina de Energy/Housing Services.

- 6 **I AM AWARE THAT I AM SUBJECT TO PROSECUTION FOR PROVIDING FALSE OR FRAUDULENT INFORMATION.**
COMPRENDO QUE ESTOY SUJETO A SER PROCESADO SI LA INFORMACION ES FALSA O INCORRECTA.

- 7 **I ACKNOWLEDGE THAT AN ASSESSMENT OF MY HOUSEHOLD NEEDS HAS BEEN PERFORMED AT TIME OF APPLICATION AND APPLICABLE RECOMMENDATIONS / REFERRALS OFFERED.**
Reconozco que un estudio de mis necesidades de la casa se ha realizado en esta aplicacion y se han ofrecidos las recomendaciones y referencias aplicables.

Client Signature	Date	Intake Office
FOR OFFICE USE ONLY		
BVCAP Energy/Housing Services Staff	Date Application Approved / Complete	