

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	
(Select One)	
Single Parent Female	Single Person
Single Parent Male	Two Parent H/H
2 Adults/No Children	Other

Ethnicity		Race		Education		Other	
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					

	Household Member Name	Social Security Number	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
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	Gas / Elec
Window Units	Space Heaters	Gas / Elec
None	None	

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			
OFFICE USE ONLY					
<p>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.</p>					
HOUSEHOLD MEMBER	DOCUMENTATION	Avg ck amount	Pay frequency	Multiplier	Annual Pay
\$_____ Total household annual income HH Size_____					
Household's Percentage of Poverty _____					
<i>Is the household's annualized income at or below the Poverty Income Guidelines?</i>				Yes	No

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

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.

Household Member Name	U.S. Citizen (Born or Naturalized) or U.S. National (Yes/No)	Qualified Alien (Yes/No)	Documentation Provided for:	
			Citizenship/Qualified Alien	Identification

To add additional household members, use another copy of this form.

I AM AWARE THAT I AM SUBJECT TO PROSECUTION FOR PROVIDING FALSE OR FRAUDULANT INFORMATION.

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Applicant's Signature

Date

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Signature of agency staff certifying they verified the above documents

Print Staff Name

Date



COVID-19 Questionnaire

Client Name: _____ Date: _____

Has COVID-19 affected your home? YES NO (circle one)

If yes, how? (check one or more if applicable)

___ Lay off ___ School Closure ___ Quarantine

___ Other (please explain)

****Please provide documentation showing proof (ex. lay off: letter from employer/unemployment documentation, school closure: letter from school/website screen shot)**

Household Needs:

___ Utility Assistance ___ Clothing ___ Education ___ Employment ___ Food

___ Hygiene/Cleaning Essentials ___ Infant Care Products ___ Medical Supplies (Prescriptions)

___ Rental Assistance ___ Transportation ___ Child Care

___ Other (please explain) _____

Client Signature

Date



PO Drawer 4128

Bryan, TX 77805

(979)595-2850

Dear applicant,

Please fill in all information for each page of the application, including signature pages. Any missing required documentation could delay your application up to 45 days.

Please send copies of the following documents with your application:

- 1. Proof of income (such as, 2020 Award letter, check stubs for the past 30 days, unemployment, 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**
- 6. Electric bill**
- 7. Propane or Natural gas bill (if applicable)**

Please return the above documents to one of the following:

- 1. Mail: PO Drawer 4128, Bryan, TX 77805**
- 2. Email: aupchurch@capbv.org, CaresRelief@bvcog.org**
- 3. Fax: 979-595-2851**

If you have questions, please call (979)595-2850

Please check your documents to make sure your application is complete.

If your application is incomplete, we will mail you a letter explaining what else is needed.

After receiving your complete application, this process can take up to 30-45 days for completion.

July 7, 2020



Application Acknowledgment

Name (nombre): _____

Date (fecha): _____

_____ I acknowledge that I have been notified of support services and referrals in the following areas (Reconozco que he sido notificado de los servicios de apoyo y referencias en las siguientes areas):

- ☐ Utility Assistance (asistencia con utilidades) ☐ Crisis Appliance Assistance (asistencia con electrodomesticos en tiempos de crisis climatica) ☐ Case Management (manejo de asistencia personal) ☐ Housing (alojamiento) ☐ Food (comida)
- ☐ Lite-Up Texas program (Programa Lite-Up Texas) ☐ Medical/Dental (medico/dental) ☐ Employment (empleo) ☐ Personal/Family Issues (problemas personales/familiares) ☐ Counseling Services (servicios de asesoramiento) ☐ Education (educacion) ☐ Transportation (transportacion) ☐ Child Support Referral (informacion de manutencion infantil) ☐ Head Start/Early Head Start ☐ Child Care (cuidado de los ninos)
- ☐ WIC ☐ Financial Services (servicios financieros) ☐ WAP ☐ 211

Client Confirmation of Receipt and Understanding of Information Packet (el cliente confirma que recibio el paquete de informacion)

I understand that by signing this form, I am confirming (entiendo que al firmar este formulario, estoy confirmando):

- **I have received the BVCAP information packet (He recibido el paquete de informacion BVCAP)**
- **My responsibilities were explained to me (mi responsabilidades me fueron explicadas)**
- **I understand my client responsibilities in the BVCAP Comprehensive Energy Assistance Program (entiendo las responsabilidades como cliente en el Programa Integral de Asistencia Energetica de BVCAP)**
- **I have been given information informing me of program parameters of the CEAP bill pay system. (Me han entregado informacion sobre los parametros del programa de ayuda de pago de facturas CEAP)**
- **Former Military Service Members received referral to (ex miembros del servicio militar recibieron referencias a) <https://veterans.portal.texas.gov/>**

Client Signature

Date

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

Applicant Name (Nombre del Solicitante)	Applicant Last Name (Apellido)	Suffix (Sufijo)
Address (Dirección)	City (Ciudad)	Zip Code (Código Postal)

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 días antes del aplicar para asistencia)*

Name (Nombre)	Gross Income Received (Ingreso Bruto Recibido)
Name (Nombre)	Gross Income Received (Ingreso Bruto Recibido)
Name (Nombre)	Gross Income Received (Ingreso Bruto Recibido)
Name (Nombre)	Gross Income Received (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 información 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 información será verificada hasta donde sea posible y que puedo ser enjuiciado por haber proveido información falsa ó fraudulenta.)*

(Applicant Signature/Firma del Solicitante)

(Date/Fecha)

Advocate Signature

Date

Subrecipient Representative Signature and Title

Date