



## BVCAP Instructions for Utility Assistance Application

Dear applicant,

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

Please send copies of the following documents with your application:

1. Proof of income (such as, 2023 Award letter, check stubs for the past 30 days, unemployment, etc.)
2. ID for anyone 18 years 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. Natural gas or Propane bill (if applicable)

Please return the above documents to one of the following:

1. Mail: PO Box 877, Willis, TX 77378
2. Email: [garmato@bvcog.org](mailto:garmato@bvcog.org)
3. Fax: 936-856-7069
4. The physical office is located at 600 Gerald Street, Willis, TX 77378

If you have questions, please call (936)856-7036

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.

Applications will be processed in the order they are received.



## Application Acknowledgment

Name (nombre): \_\_\_\_\_ Date (fecha): \_\_\_\_\_

\_\_\_\_ I acknowledge that I will be notified of support services and referrals in the following areas  
 (Reconozco que estaran notificado de los servicios de apoyo y referencias en las siguientes areas):

<input type="checkbox"/>	Utility Assistance ( <i>asistencia con utilidades</i> )
<input type="checkbox"/>	Crisis Appliance Assistance ( <i>asistencia con electrodomesticos en tiempos de crisis climatica</i> )
<input type="checkbox"/>	Case Management ( <i>manejo de asistencia personal</i> )
<input type="checkbox"/>	Housing ( <i>alojamiento</i> )
<input type="checkbox"/>	Food ( <i>comida</i> )
<input type="checkbox"/>	Medical/Dental ( <i>medico/dental</i> )
<input type="checkbox"/>	Employment ( <i>empleo</i> )
<input type="checkbox"/>	Personal/Family Issues ( <i>problemas personales/familiares</i> )
<input type="checkbox"/>	Counseling Services ( <i>servicios de asesoramiento</i> )
<input type="checkbox"/>	Education ( <i>educacion</i> )
<input type="checkbox"/>	Transportation ( <i>transportacion</i> )
<input type="checkbox"/>	Child Care ( <i>cuidado de los ninos</i> )/Child Support Referral ( <i>informacion de manutencion infantil</i> )
<input type="checkbox"/>	Head Start/Early Head Start
<input type="checkbox"/>	WIC
<input type="checkbox"/>	Financial Services ( <i>servicios financieros</i> )
<input type="checkbox"/>	Weatherization
<input type="checkbox"/>	211

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

- I have received the BVCAP application packet (*He recibido el paquete de aplicacion BVCAP*)
- I understand I am responsible for my bill (*Entiendo que soy responsable de mi factura*)
- I have been given information about 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**

# Energy/Housing Application

Name: \_\_\_\_\_  
 Physical Address \_\_\_\_\_  
 City, Zip \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City, Zip \_\_\_\_\_  
 Email Address: \_\_\_\_\_

County \_\_\_\_\_  
 Phone # \_\_\_\_\_  
 Work/Cell # \_\_\_\_\_  
 Other contact \_\_\_\_\_

Select all that apply to household:

60 and Over	Disabled Member	Child 5 and younger	Other	None
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Household Type <small>(Select One)</small>		Ethnicity								Race				Education				Other	
		Relationship to Head of Household	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

	Household Member Name		Date of Birth		Age	M/F																			
	Social Security Number																								
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

<b>Electric Provider</b>	Name of Company: _____
	Account Number: _____
	Account Name/Relationship: _____

<b>Gas Provider</b>	Name of Company: _____
	Account Number: _____
	Account Name/Relationship: _____
	If Propane what size is tank? _____ Gallons

<b>Water Provider</b>	Name of Company: _____
	Account Number: _____
	Account Name/Relationship: _____

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

**Prior Address:** \_\_\_\_\_ **Prior Electric Provider/Acct#:** \_\_\_\_\_

City, Zip \_\_\_\_\_ **Prior Gas Provider/Acct#:** \_\_\_\_\_

*Circle what applies for your home*

Cooling	Electric Heating	Gas Heating
Central System	Central System	Central System
Window Units	Space Heaters	Space Heaters
None	None	None

OTHER INFORMATION		HOUSING TYPE		HOUSING	
Farmer		Site Built Home		Own/Buying	Renting
Migrant Farmer		Mobile Home		Receive Rent Assistance?	
Seasonal Worker		Apartment/Multi-Family		HUD or Public Housing	
Food Stamps - Amount	\$	Other			

SOURCE - HOUSEHOLD MONTHLY 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 must be completed.

HOUSEHOLD MEMBER	DOCUMENTATION	Avg ck amount	Pay frequency	Multiplier	Annual Pay

FOR OFFICE USE ONLY					
\$	Total household annual income	HH Size			
Household's Percentage of Poverty _____					
Is the household's annualized income at or below the Poverty Income Guidelines?			<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> </table>	Yes	No
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 will be annualized (SEE ATTACHED INCOME SHEET), according to pre-established agency procedures.**  
Los ingresos de mi hogar estaran 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:*

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*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

**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 dias antes del aplicar para asistencia)*

**Monthly/Mensual**

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):*

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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)*

\_\_\_\_\_  
Application Reviewer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
BVCAP Representative Signature

\_\_\_\_\_  
Date



**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