

# **BVCAP**

# **Instructions for Utility Assistance Application**

Dear applicant,

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

Provide copies of the following documents with your application:

- 1. Proof of income (such as, 2024 Award Letter, Check stubs for past 30 days, Unemployment statements, etc.)
- 2. ID for member 18 and older
- 3. Social security cards for all members (if applicable)
- 4. Birth certificates for members born in U.S. / OR documents showing legal status in U.S.
- 5. Electric bill
- 6. Natural Gas or Propane bill (if applicable)

## DO NOT SEND ORIGINALS

Send the application and documentation as one document, to one of the following:

- 1. Mail: PO Box 877, Willis, TX 77378
- 2. Email: Diana.Solis@bvcog.org
- 3. Fax: 936-856-7069
- 4. Office address is: 600 Gerald Street, Willis, TX 77378

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

Before sending, check documents to make sure your application is complete. Sending information separately will delay processing your application.

Applications will be processed in the order they are received.

Incomplete applications will be held for 30 days and then Denied.

# BVCAP / BVCOG

# Energy/Housing Application

Name:																					
Physical Address:								_		Со	unt	<b>/</b> :									
										Ph	one	#:									
Mailing Address;								-		Wc	ork/I	Cell	#:								
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Email Address:							,				·										
Select all that apply to household:																					, 
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Household Type		ļ									a			(g)				2 Yr / 4 Yr Degree or More			
(Select One)							Ĺ	Black / African American			Amer. Indian/Alask Native			Gra	rad)	员	2	Νο	N.		
Single Parent Female Single Perso Single Parent Male Two Parent				Client:			atin	mer	E		쳁			ξ	ပြင်	d/C	nda	Ö Q	Ñ		
2 Adults/No Children Other	·			Ö e	1.6	Hispanic or Latino	NOT Hispanic or Latino	an A	Sasi		Age Age			Spe	Ž	Sa	Sego	egre	Insurance type or NONE		E
		į		Relationship to	Marital Status:	orL	paní	Afric	Saŭ	,	diar	g		8	- 12	100	ost	간	ce ty	75	Military Veteran
Household Member Name (including head of household)	Date of			fions	tal S	anic	His	×	te /	Sanie	뉴  뉴	Multi-Race	<u>اه</u>	de 0	de 9	SS	Б Р	4	lran(	Disabled	a a
Social Security Number			M/F	Rela	Mari	Hisp	TON	Blac	₩.	Hispanic	Amer.	Σ	Other	Q Q	Q	Ξġ	Son	2 Y <sub>1</sub>	Isu	Diss	Milit
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UTILITY SERVICE	E INFO	RMATION						· · · · · · · · · · · · · · · · · · ·
Electric Provider	n de	ame of Comp						
Prepaid Account	A	ccount Num	ber:					
Yes No	Accou	nt Name/Rel	ationship	<u> </u>				·
Print Advisor								
Gas Provider	. N	ame of Com	рау:	<del></del>	··· · · · · · · · · · · · · · · · · ·			
Heat source		Account Nur	mber:					· · · · · · · · · · · · · · · · · · ·
Yes No	Acco	unt Name/Re	elationship	<del></del>				
If Propane what size is tank?								
Water Provider Name of Company:								
Account Number:								
	Acco	unt Name/Re	elationship					,
Have you lived here less than 1 year? YES / NO If YES, how many months?								
·	less th	an 1 year?	YES / NO		If YES,	how many	/ months?_	<del></del>
Prior Address:		·				_		
·		·		Prior Electr	ic Provide	er/Acct#:		***************************************
·				Prior Electr	ic Provide	er/Acct#:	***************************************	***************************************
Prior Address:				_Prior Electr _Prior Gas F	ic Provide Provider/A	er/Acct#:	***************************************	***************************************
Prior Address:				Prior Electr Prior Gas F	ic Provide Provider/A	er/Acct#: cct#: HeatIng	***************************************	***************************************
Prior Address: Circle what applie			Electric H	_ Prior Electr _ Prior Gas F eating stem	ic Provide Provider/A	er/Acct#: cct#: Heating	***************************************	***************************************
Prior Address:  Circle what applie  Gooling  Central system			Electric H Central sy	_ Prior Electr _ Prior Gas F eating stem	ic Provide Provider/A Gas Central s	er/Acct#: cct#: Heating	***************************************	***************************************
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Prior Address:  Circle what applie  Gooling  Central system  Window Units  None	es for yo	our home	Electric H Central sy Space Hea	_ Prior Electr _ Prior Gas F eating stem	Provider/A  Gas  Central s  Space H  None	er/Acct#: cct#: Heating system eaters	***************************************	

Veterans please refer to <a href="https://veterans.portal.texas.gov/">https://veterans.portal.texas.gov/</a> for possible additional assistance.

OTHER INFORMAT	ION	HOUSING TY	'PE	HOUSING PIN				
Farmer	Yes / No	Site Built Home		[ ]Own/Bu	ying [ ]Renting			
Migrant Farmer	Yes / No	Mobile Home						
Seasonal Worker	Yes / No	Apartment/Multi-Family		HUD or Publi	c Housing			
Food Stamps - Amount	\$	Other						
	N	MARK ALL SOURCES	OF H/H INCO	ME				
No Incom	е		Unemp	loyment				
TANF			Employn	nent Plus				
SSI			Employm	ent ONLY				
Social Security			Oti	her				
Pension			Child Supp	oort - \$/ mo				
VA Benefi	ts		Utility Reimbu	rsment Check				

# **DECLARATION OF INCOME STATEMENT**

List ALL members 18 and older, and provide documentation of their income for the 30 days prior to this application. If NO income state WHY.

Household member name	Amount of gross income for past 30 days	Type of income.	If NONE why?
		·	Y
_,,			

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 bajo ingresos es verdadera y correcta segun mi saber y creencia.)

I understand that the information will be verified to 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 enjuicidado por haber proveido informacion falsa o fraudulenta.)

# **CERTIFICATION/CERTIFICACION**

	Client Signature Date Intake Office  FOR OFFICE USE ONLY
	Weatherization Other
5	I understand that I am responsible for my bill and this application is no guarantee of assistance  Comprendo que yo soy responsible de pagar mi factura y esta aplicacion no garantiza asistencia.  I am in need of help with
4	I understand I may request a hearing to appeal a denial of eligibility or the amount of assistance received Comprendo que puedo solicitar una audiencia para apelar decisiones que me afectan, tales como: la eligiblidad al programa o asistencia recibida.
3	I am aware this application is for <u>all programs</u> 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.
2	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.
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.  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.

BVCAP Energy/Housing Services Staff

Date Application Approved / Complete

# TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS Household Status Verification Form

# Applicant Certification Form for CEAP, DOE-WAP, LIHEAP-WAP Subrecipients, and SHTF, ESG, HHSP, EH (political subdivision only) Systematic Alien Verification for Entitlements (SAVE) System and US Citizenship/US National



of your status is required. This agency uses the Systematic Alien Verification for Entitlements (SAVE) System to verify the status of non-citizens. 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

	ATION.	NT INFORM	G FALSE OR FRAUDULA	I AM AWARE THAT I AM SUBJECT TO PROSECUTION FOR PROVIDING FALSE OR FRAUDULANT INFORMATION.
				To add additional household members, use another copy of this form.
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Identification	Citizenship/Qualified Alien	(Yes/No)	(Yes/No)	Household Member Name
Provided for:	Documentation Provided for:	Alien	or U.S. National	
		Qualified	(Born or Naturalized)	
			U.S. Citizen	

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Signature of agency staff certifying they verified the above documents

Print Staff Name

Date

Date