



Tri-County Community Action Agency, Inc.
A Community Action Agency Providing Services to Children and the Community
 (Serving Harrison, Jasper, Newton, Panola, Sabine, San Augustine, Shelby, Tyler, and Upshur Counties)
See Below Information for Your County Information

THIS IS NOT AN ENTITLEMENT PROGRAM. PLEASE READ THE INSTRUCTIONS & DOCUMENTS REQUIRED VERY CAREFULLY TO ENSURE ALL DOCUMENTS ARE ATTACHED; OTHERWISE, YOU WILL NOT BE ASSISTED AND YOU WILL BE SOLELY RESPONSIBLE FOR YOUR UTILITY PAYMENT(S). Incomplete applications will not be processed and you will lose your place in the processing line.

PLEASE REMEMBER: All applications are processed in the order it is received and by priority rating scale. Until your application is processed, you will be responsible for your utility bill(s) payment and any fees that occur. All assistance is subject to availability and receipt of federal funds.

INSTRUCTIONS & DOCUMENTS REQUIRED BEFORE APPLICATION CAN BE ACCEPTED
(All Information MUST be for the current program year in which services are being rendered)

1. Birth certificate for everyone living in the household to determine U.S. citizenship. (If you've provided this once, you do not have to provide it again)
2. Current Driver's License or Texas Identification card for everyone 18 years of age or older in the household regardless of school status.
3. School records for all children listed on your application.
4. Lease Agreement (ALL pages) if you are seeking rental assistance. **You must be in eviction status mode or a MAJOR household change in circumstance has occurred before rental assistance can be provided.**
5. ALL check stubs received in the last 30 days for everyone 18 years of age or older.
6. 2022 Year Award Letter for Social Security (Regular), Social Security Disability Insurance (SSDI), or Social Security Insurance (SSI), VA, TANF Letter, SNAP Letter, Unemployment Benefit, Retirement, Pension, etc.)
7. Unemployment printout that shows the weekly payment amounts (not the overall benefit amount).
8. Proof of Child Support whether it is being received or not. Court order page that shows the amount to be paid or self-declared letter that is notarized.
9. For self-employed clients, additional forms regarding income will be required.
10. For clients that are receiving cash payments, a letter from your employer with EXACT dates and GROSS dollar amounts paid for the last 30 days on company letterhead with employer's signature is required.
11. Electric, Gas, and Water Bills
12. 12-month Billing History for your electric and gas – if it applies (we still need both billing histories regardless of receiving assistance for only one)
13. If you or any household member(s) over the age of 18 are unable to provide proof of income, you will be required to fill out the Declaration of Income Statement form explaining why proof of income is unavailable.
14. If you are claiming that no income is received, an additional form (support letter form) is required. Please request the additional form PRIOR to submitting the application
15. If you or anyone in the household who is 18 years of age or older is disabled, but not receiving disability benefits, you must complete the self-certification form of disability provided with the application.

(If mailing your application, you must provide copies of the required documents. If ALL required documents are not provided, your application will be placed on a "wait" list until all required documents are submitted. If submitting your application in person, copies of required documents may be made on site)

All applications must be filled out completely and signed where indicated.

PLEASE DELIVER, MAIL, OR FAX YOUR APPLICATION TO THE LOCATION LISTED FOR YOUR COUNTY BELOW		
COUNTY	MAILING ADDRESS	FAX NUMBER
Harrison	505 E. Travis St. Suite 108 / Marshall, TX 75670	903-934-9892 (Work) / 903-934-8570 (Fax)
Jasper, Newton, Tyler	1201 Cardinal St. / Woodville, TX 75979	409-489-283-7867 (Work) / 409-331-9116 (Fax)
Panola	1218 S. Market Street / Carthage, TX 75633 (2 nd Entrance Door)	903-931-2177 (Work) / 903-797-3043 (Fax)
Sabine / Shelby	214 Nacogdoches St./ P.O. Drawer 1748 / Center, TX 75935	936-598-6315, ext. 500 (Work) / 936-598-7377 (Fax)
San Augustine	214 Nacogdoches St./ P.O. Drawer 1748 / Center, TX 75935	936-598-6315, ext. 501 (Work) / 936-598-7377 (Fax)
Upshur	1561 State Hwy 271 N., Suite #A / Gilmer, TX 75644	903-843-0604 (Work) / 903-797-3043 (Fax)

TRI-COUNTY COMMUNITY ACTION AGENCY, INC. INTAKE APPLICATION

Dear Applicant:

The information on this form is needed to determine your household's eligibility. Please complete the entire form and leave no blanks.

CONTACT INFORMATION	
Name:	
Mailing Address:	Apt#:
City/State/Zip:	County:
Physical Address: <i>(if different from above)</i>	Apt#:
City/State/Zip:	County:
Home Phone: ()	Mobile Phone: ()
Email Address:	
Emergency Contact Name:	Emergency Contact Phone: ()

HOUSEHOLD INFORMATION <i>(List the Head Household and all other persons who make up the household)</i>								
Household Member	Relationship to Applicant	Sex Race	Date of Birth (MM/DD/YY)	Social Security Number	Disabled Y or N	Veteran Y or N	Health Insurance Y or N	Highest Grade of completion
1.	SELF		/ /					
2.			/ /					
3.			/ /					
4.			/ /					
5.			/ /					
6.			/ /					
7.			/ /					
8.			/ /					

HOUSING INFORMATION	
Type of Residency: <input type="checkbox"/> Private Home <input type="checkbox"/> Mobile Home <input type="checkbox"/> Apartment <input type="checkbox"/> Duplex <input type="checkbox"/> Subsidized or Public Housing <input type="checkbox"/> Other:	
Housing Status: <input type="checkbox"/> Own <input type="checkbox"/> Purchasing <input type="checkbox"/> Rent	Monthly Payment: \$ Are utilities included in rent? <i>(circle one)</i> Y or N
Landlord's or Apartment's Name:	
Landlord's or Apartment's Address:	City/Zip:
Landlord's or Apartment's Phone#:	

HOUSEHOLD INCOME <i>(Please check all that applies to each household member)</i>	
<input type="checkbox"/> Employed <input type="checkbox"/> Unemployment <input type="checkbox"/> TANF <input type="checkbox"/> Food Stamps <input type="checkbox"/> Child Support <input type="checkbox"/> Regular SS <input type="checkbox"/> SSI <input type="checkbox"/> RSDI <input type="checkbox"/> SSDI <input type="checkbox"/> VA <input type="checkbox"/> Pension <input type="checkbox"/> WIC <input type="checkbox"/> Regular Retirement <input type="checkbox"/> Teacher's Retirement System (TRS) <input type="checkbox"/> Rental Property <input type="checkbox"/> Other:	
Is anyone in the household receiving Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Children <input type="checkbox"/> Grandchildren <input type="checkbox"/> Other
Is anyone in the household receiving Medicare? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Other
If you do not receive Medicaid or Medicare, do you have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	

TRI-COUNTY COMMUNITY ACTION AGENCY, INC. INTAKE APPLICATION

EMPLOYMENT/OCCUPATION INFORMATION							
Head of Household Member's Name		Occupation		Work Phone		Work Fax	
Name of Employer		Street Address of Employer		City		State	Zip Code
Date Hired:	Salary \$ _____	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other:				# of Hours Worked Per Week	
Household Member's Name		Occupation		Work Phone		Work Fax	
Name of Employer		Street Address of Employer		City		State	Name of Employer
Date Hired:	Salary \$ _____	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other:				# of Hours Worked Per Week	
Household Member's Name		Occupation		Work Phone		Work Fax	
Name of Employer		Street Address of Employer		City		State	Name of Employer
Date Hired:	Salary \$ _____	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other:				# of Hours Worked Per Week	

UTILITY INFORMATION			
ELECTRIC VENDOR NAME:		ACCT #:	Used For: <i>(please check one)</i> <input type="checkbox"/> Heating <input type="checkbox"/> Cooling <input type="checkbox"/> Both
NATURAL GAS VENDOR NAME:		ACCT #:	Used For: <i>(please check one)</i> <input type="checkbox"/> Heating <input type="checkbox"/> Cooling <input type="checkbox"/> Both
PROPANE VENDOR NAME:		ACCT #:	Used For: <i>(please check one)</i> <input type="checkbox"/> Heating <input type="checkbox"/> Cooling <input type="checkbox"/> Both
WHAT APPLIANCE IS USED TO COOL THE HOME?		<i>(Please circle all that apply)</i> <input type="checkbox"/> Central Unit <input type="checkbox"/> Window Unit <input type="checkbox"/> Ceiling Fan(s) <input type="checkbox"/> Box Fan(s) <input type="checkbox"/> Attic Fan <input type="checkbox"/> Other:	
WHAT APPLIANCE IS USED TO HEAT THE HOME?		<i>(Please circle all that apply)</i> <input type="checkbox"/> Central Unit <input type="checkbox"/> Window Unit <input type="checkbox"/> Natural Gas Heater <input type="checkbox"/> Propane Heater <input type="checkbox"/> Other:	
WHAT TYPE OF STOVE IS USED? <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane			

CONFLICT OF INTEREST INFORMATION	
1.	Is anyone in the household currently serving or served within the last 12-months as an employee, agent, consultant, an officer, elected or appointed official or board member of Tri-County Community Action Agency, Inc.? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please identify name and role: _____ If YES, is this a current role? <input type="checkbox"/> YES <input type="checkbox"/> NO. If NO, identify the date the role ceased: / /
2.	Is anyone in the household related to anyone currently serving or served within the last 12-months as an employee, agent, consultant, an officer, elected or appointed official or board member of Tri-County Community Action Agency, Inc.? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please identify name and role: _____ If YES, is this a current role? <input type="checkbox"/> YES <input type="checkbox"/> NO. If NO, identify the date the role ceased: / /

TRI-COUNTY COMMUNITY ACTION AGENCY, INC. INTAKE APPLICATION

PRESENTING NEED DOCUMENTATION

Note: Services cannot be provided unless this page is completed

What do you need help with and why? (Check all that apply)

Electric Bill
 Gas Bill
 Water Bill
 Medication
 Rent
 Food
 Clothes
 Weatherization
 Child Care
 GED
 College Classes
 Uniforms/Tools
 Other:

Why do you need assistance from TCCA, Inc. today?
(This information is required or no assistance will be provided)

What is the latest date this household received income and what source provided the income?

Date:	Source:
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Have you or anyone in your household been affected by COVID-19?

If so, how?	<input type="checkbox"/> loss of job <input type="checkbox"/> quarantined <input type="checkbox"/> school closing for child/self <input type="checkbox"/> other
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ACKNOWLEDGEMENT OF APPLICATION & REFERRALS

By signing this application, I acknowledge that this serves as notification of support services and referrals in the areas listed below from TCCA, Inc.

Utility Assistance	Crisis Assistance	Case Management	Housing Assistance
Employment Assistance	Transportation/Gas Cards	TANF/Food Stamps	Education Assistance
Child Support Referral	Head Start/Early Head Start	Weatherization	Financial Savings

Military Service Member Referral: <https://veterans.portal.texas.gov>

**TRI-COUNTY COMMUNITY ACTION AGENCY, INC.
INTAKE APPLICATION**

RELEASE OF INFORMATION AUTHORIZATION

1. The information provided is true and correct.
2. I understand that my **gross household income** cannot exceed the 150% federal poverty guideline for utility assistance through the Comprehensive Energy Assistance Program (CEAP) and is annualized at the time of processing of your application according to pre-established agency rules and procedures in order to receive assistance.
3. I understand that my **gross household income** cannot exceed the 125% federal poverty guideline to include, but not limited to emergency, rental, temporary shelter, educational, assistance through the Community Services Block Grant Program (CSBG) and is annualized at the time of processing of your application according to pre-established agency rules and procedures in order to receive assistance.
4. I understand that I may request a hearing to appeal a denial of eligibility, amount of assistance received, or a delay in service delivery.
5. I authorize the Texas Department of Housing and Community Affairs and Tri-County Community Action Agency, Inc. to solicit/verify information including employment verification needed to provide assistance with any service that I receive including my utilities and/or fuel bills, both past and future.
6. I am an applicant of Tri-County Community Action Agency, Inc. I hereby give my permission to release and verify all information requested and understand that it will be kept in strict confidence to be used for program purposes only. I understand that photocopy of this release is as valid as the original and may be used to obtain employment information or verify other data.
7. I understand **that if I change utility companies I must notify the case worker within 5 business days** of my new utility company and account number with the name on the account. **If I do not notify Tri-County Community Action Agency, Inc. of my new utility company I will lose any payments due. When the information is provided any remaining assistance may be reinstated.**
8. **If you or another member of the household has no income** the Declaration of Income Statement sheet must be completed for all household members over 18 years of age having no income.
9. I certify that the information provided on this application is true and correct. I understand that receipt of assistance through misrepresentation, falsification, or fraud is punishable by fine or imprisonment, and **THAT I AM SUBJECT TO PROSECUTION FOR PROVIDING FALSE OR FRAUDULENT INFORMATION ON THIS APPLICATION.**

Applicant Signature

Date

Staff Signature

Date

**TRI-COUNTY COMMUNITY ACTION AGENCY, INC.
INTAKE APPLICATION**

SELF CERTIFICATION OF DISABILITY <i>(Please complete this portion of the application <u>ONLY</u> if you are certifying yourself or someone else as being disabled. Please Note: You will be responsible if any information is found to be fraudulent)</i>	
Applicant Name:	
Name of Person with a Disability:	
Relationship of Person with Disability to Applicant:	<input type="checkbox"/> SELF <input type="checkbox"/> Spouse/Significant Other <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Sibling <input type="checkbox"/> Child <input type="checkbox"/> Niece/Nephew <input type="checkbox"/> Cousin <input type="checkbox"/> In-Law <input type="checkbox"/> Non-Relative

Persons with Disabilities – Any individual who is:

- ❖ A handicapped individual as defined in §7(9) of the Rehabilitation Act of 1973;
- ❖ Under a disability as defined in §1614(a)(3)(A) or §223(d)(1) of the Social Security Act or in §102(7) of the Development Disabilities Services and Facilities Construction Act; or
- ❖ Receiving benefits under 38 U.S.C. Chapter 11 or 15.

APPLICANT’S AUTHORIZATION TO DECLARE DISABLED STATUS:

I hereby authorize for the purpose of confirming my eligibility as a Person with Disability, in accordance with the above-stated definition of Person with Disability.

Signature of Person with Disability or His/Her Guardian

Date

**TRI-COUNTY COMMUNITY ACTION AGENCY, INC.
INTAKE APPLICATION**

**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)

TRI-COUNTY COMMUNITY ACTION AGENCY, INC.
INTAKE APPLICATION
ENERGY SAVER TIPS
(Please keep for your records)

Every month you pay to power your home. You pay for electricity. You pay for air conditioning. You pay for water. All of those costs add up. You can save money on each of those bills by making your home more energy efficient. Energy efficiency means getting the most use out of each unit of energy you purchase; using energy wisely; and eliminating the ways your home wastes energy. The average family's annual energy bill in southern states was \$1,758 in 2005, according to the U.S. Department of Energy.

LIGHTING

WHAT YOU CAN DO:

- TURN OFF THE LIGHTS. One 100-watt bulb left on overnight costs \$25 per year.
- SWITCH TO COMPACT FLUORESCENT (CLF) BULBS. A typical home can save \$80 per year, according to the U.S. Environmental Protection Agency.
- SHOP FOR SALES. Stores often have sales on CFLs, especially during October, which is Energy Awareness Month.
- GET THE RIGHT BULB. Bulbs with dimmer switches, three-way sockets, and other specialty shapes need specialty CFLs.
- BUY ENERGY STAR LIGHT FIXTURES AND LAMPS. They use one-quarter of the energy traditional fixtures use.
- KEEP LIGHTS CLEAN. Dust can cut a bulb's light output by 25%.
- DISPOSE OF CFLs. Like paint, batteries, and thermostats, CFLs should be disposed of properly. Do not throw them away in your household trash. If possible, deposit at a hazardous waste facility in your community.

WATER

WHAT YOU CAN DO:

- INSTALL LOW-FLOW SHOWERHEADS. They use one-third to one-half the water that regular showerheads use.
- TURN THE WATER HEATER THERMOSTAT DOWN TO 120°F. You will save money and save yourself from scalding accidents.
- BUY A WATER HEATER THAT FITS YOUR NEEDS. If you buy a new water heater that is too big, you will pay to heat up water you don't need. That's a waste of both energy and money.
- TAKE SHORT SHOWERS. They use less hot water than baths.
- FIX LEAKY WATER FAUCETS. 30 drops of water per minute can waste up to 50 gallons of water per month.
- INSTALL LOW-FLOW AERATORS ON FAUCETS. They reduce the amount of water that flows from your faucet, saving both water and energy.

LAUNDRY

WHAT YOU CAN DO:

- WASH WITH COLD WATER INSTEAD OF HOT. Hot water is only necessary for very dirty laundry.
- WASH AND DRY ONLY FULL LOADS. The machines use roughly the same amount of water and energy to wash or dry one item as they do a full load.
- SEPARATE FAST-DRYING CLOTHES FROM SLOW-DRYING ONES. It helps you use the dryer only as long as needed.
- CLEAN THE LINT FILTER. A clogged filter can prevent your dryer from doing its job.
- DRY CLOTHES OUTSIDE IN GOOD WEATHER. Sunlight is FREE!
- CHOOSE ENERGY STAR WASHING MACHINES. They use less than half the water and energy of standard machines.
- USE THE HIGH-SPEED SPIN CYCLE IN YOUR WASHER. They extract more water, so your laundry won't need to dry as long.
- BUY A DRYER WITH AUTOMATIC SHUTOFF. The dryer will sense when your clothes are dry and automatically turn itself off, saving energy.

KITCHEN

WHAT YOU CAN DO:

- USE THE DISHWASHER. You can save 5,000 gallons of water each year and \$40 in utility costs using a dishwasher instead of washing dishes by hand, according to Energy Star.
- WASH ONLY FULL LOADS OF DISHES. It costs exactly the same to wash one dish as it does to wash a full load of dishes.
- CHECK YOUR REFRIGERATOR'S TEMPERATURE. You lose money if you keep it too cold. To check, put one thermometer in a glass of water in the center of the refrigerator and another between packages in the freezer. Read them after 24 hours. The temperature should be between 36°F and 38°F in the refrigerator and 0°F and 5°F in the freezer.
- USE THE AIR-DRY OPTION ON YOUR DISHWASHER. It saves energy and keeps the machine from using a heating element to bake your dishes dry.
- SCRAPE DISHES INSTEAD OF PRE-RINSING THEM. Dishwashers made in the past 5-10 years can clean even heavily soiled dishes without pre-rinsing.
- USE MICROWAVES AND CROCKPOTS TO COOK SMALL MEALS. They use less energy than the stove or oven.
- KEEP THE INSIDE OF YOUR MICROWAVE CLEAN. It improves the efficiency of your microwave.
- USE LIDS. When cooking, lids keep steam in and help food cook more quickly, which saves energy.

TRI-COUNTY COMMUNITY ACTION AGENCY, INC.

INTAKE APPLICATION

APPLIANCES

WHAT YOU CAN DO:

- ALWAYS BUY ENERGY STAR APPLIANCES. They are more efficient than other appliances, so they will cost less to operate.
- LOOK AT THE ENERGYGUIDE LABEL WHEN BUYING APPLIANCES. It will show the appliances' second price tag; it's operating costs. It will also give comparisons to similar machines.
- DON'T JUST LOOK AT ONE APPLIANCE. It's better to compare the efficiencies of different machines than to look at one option.
- GET THE RIGHT SIZE. Oversized appliances waste energy. Choose an extra-large dishwasher or fridge only if you have a large family that needs it.
- LOOK FOR HIGH-EFFICIENCY FEATURES. Things like soil-sensing detectors on dishwashers and automatic shutoffs on clothes dryers save energy and money.
- RECYCLE OLD APPLIANCES. It reduces waste. Refrigerators and other appliances can be used for scrap metal or other uses. If possible, find a real recycling program, not one that resells inefficient second-hand machines.

LIVING ROOM

WHAT YOU CAN DO:

- TURN OFF THE TV WHEN NO ONE IS WATCHING. It's the easiest way to save.
- USE THE SLEEP FUNCTION. An average household can cut 60% of the energy their electronics use by using the sleep mode.
- UNPLUG POWER ADAPTERS AND CHARGERS. When cell phones, digital cameras, or laptops are done charging, the charger still draws energy unless you unplug it.
- CHECK YOUR AIR VENTS AND REGISTERS. If they're blocked by furniture or drapes, the air you pay to warm up or cool down won't reach the rest of the room.
- CONSIDER YOUR WINDOW COVERINGS. They should be closed during the day in summer to keep the heat out and open during the day in winter to let sunlight warm your home.
- SHUT THE FLUE ON YOUR FIREPLACE. An open flue lets air escape from your home, wasting energy. If you never use the fireplace, have it sealed up permanently.
- WEATHER-STRIP WINDOWS. Windows are a common location for air leaks. Seal them up with weather-stripping or caulk for a more efficient home.

COOLING

WHAT YOU CAN DO:

- CLEAN FILTERS MONTHLY. Dirty or clogged filters block airflow and reduce efficiency.
- USE A FAN FIRST. Ceiling fans create a wind chill effect by moving air through your home. Fans can help cool your home during moderate temperatures without the use of an air conditioner. If you use fans along with an AC, you can raise the temperature on your thermostat by 4°F without decreasing the comfort level.
- INSTALL ROOM AIR CONDITIONERS CORRECTLY. If the unit is not installed tightly, cooled air will escape from your home.
- PLACE YOUR ROOM AIR CONDITIONER PROPERLY. If the thermostat of your unit is near electronics or appliances that produce heat, it will read higher than it should. Put the unit in a shaded window where it will not be heated by sunlight.
- SET THE THERMOSTAT TO 78°F IN SUMMER. The smaller the difference between the inside and outside temperatures, the lower your cooling bill will be.

WINDOWS

WHAT YOU CAN DO:

- INSTALL AWNINGS OUTSIDE YOUR WINDOWS. Overhangs can be used to block summer sun from entering south-facing windows, while allowing lower winter sun angles to warm the inside of your house.
- USE WINDOW COVERINGS INSIDE YOUR HOME. Blinds, drapes, and shutters allow you to control how much sun enters your home from the inside. Draw them closed on warm days so the AC doesn't have to work as hard.
- USE CAULK AROUND YOUR WINDOW AND DOOR FRAMES. Caulking small cracks, gaps and joints is a good way to seal air leaks around window frames, doorframes, and other leaky parts of your home. Putting caulk in cracks and gaps is a key step in sealing your home to prevent infiltration, which is the unwanted leaking of air through openings in your home's envelope.
- INSTALL WATHERSTRIPPING IN YOUR WINDOWS. Weather-stripping creates an insulating cushion between the window and its frame to prevent air from leaking into your home.

I hereby acknowledge that I have been provided and received these energy conservation education tips, as well as how to become more energy efficient.

Client Signature

Date

TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS

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.

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

HSV Form: Updated 12/2019 (Previous Versions Obsolete)