

Applicant Information

Applicant Name *

First Name

Last Name

Home Address *

This address should be the same as on your utility bill service address.

Apt Number

City *

State *

Zip Code *

Home Phone *

Cell Phone *

Cell Phone Provider *

Email Address

example@example.com

Household Members Information

You must enter information for ALL your household members living in the same address, including all adults and children.

Applicant Name *

First Name

Last Name

Applicant Sex *

Applicant Race *

Applicant Birthday *

mm/dd/yyyy

Are you receiving income? *cash, social security, ssi, child support and pension are all considered as income* *

Yes

No

Household Member 2 - Name

Household Member 2 - Sex

Household Member 2 - Race

Household Member 2 - Birthday

mm/dd/yyyy

Household Member 2 receiving income? *cash, social security, ssi, child support and pension are all considered as income*

Yes

No

Household Member 3 - Name

Household Member 3 - Sex

Household Member 3 - Race

Household Member 3 - Birthday

mm/dd/yyyy

Household Member 3 receiving income? *cash, social security, ssi, child support and pension are all considered as income*

Yes

No

Household Member 4 - Name

Household Member 4 - Sex

Household Member 4 - Race

Household Member 4 - Birthday

mm/dd/yyyy

Household Member 4 receiving income? *cash, social security, ssi, child support and pension are all considered as income*

Yes

No

Household Member 5 - Name

Household Member 5 - Sex

Household Member 5 - Race

Household Member 5 - Birthday

mm/dd/yyyy

Household Member 5 receiving income? *cash, social security, ssi, child support and pension are all considered as income*

Yes

No

Household Member 6 - Name

Household Member 6 - Sex

Household Member 6 - Race

Household Member 6 - Birthday

mm/dd/yyyy

Household Member 6 receiving income? *cash, social security, ssi, child support and pension are all considered as income*

Yes

No

Any household member disabled? If "yes", please list the household member name.

Any household member an veteran or in active duty? If "yes", please list the household member name and the status.

Enter 0 if none.

Any household member a seasonal farm worker? If "yes", please list the household member name.

Enter 0 if none.

House & Utility Information

Is the address listed on this application owned or rented by the applicant? *

Own

Rent

Do you Live in? *

House

Apartment

Duplex

Townhouse

Mobile Home

Other

How much is the mortgage or rent per month? *

Enter 0 if you don't need to pay mortgage or rent.

If utility bill is not under applicant's name, explain why.

Electricity Account Holder Name *

Electricity Company Name *

Electricity Account Number *

Gas Account Holder Name

Electricity Company Name

Electricity Account Number

Release of Customer Information

As a Utility Assistance Program/Weatherization Assistance Program participant, I do hereby give permission to obtain and release personal information regarding my case to other agencies as deemed necessary to further assist my household in accessing services and to funding sources for reporting purposes. Information requested / released may include, but is not limited to, the following: 1) Services provided to or requested from the household by Utility Assistance Program/Weatherization Assistance Program agency; 2) Status on utility accounts, payment and consumption histories; 3) Proof of income, residency, and household members; 4) Employment; 5) Education and 6) Proof of identity and citizenship for all household members.

- The information provided is true and correct to the best of my knowledge and belief.
- My household income has been calculated to determine the household yearly income, according to pre-established agency procedures.
- I understand I may request a hearing to appeal a denial of eligibility, amount of assistance received, or a delay of service delivery.
- I authorize the Texas Department of Housing and Community Affairs and its contracted agency, BakerRipley, to solicit/verify information on my utility and/or fuel bill, both past and future, to the extent the information is used only to provide data.
- I hereby authorize the Texas Department of Housing and Community Affairs and BakerRipley, to obtain online access to my utility account information for the purpose of obtaining my 12-month billing history, 12-month payment history, and account balance to be used for the sole purpose of determining my eligibility for benefits in the Utility Assistance Program/Weatherization Assistance Program. I understand that the account information obtained by BakerRipley may contain personal and/or personally-identifying information.
- I understand that BakerRipley will not use my information provided except as needed to review this application to determine eligibility.
- I am aware that I am subject to federal prosecution for providing false or fraudulent information.

- I understand that BakerRipley will use the U.S. Department of Homeland Security (DHS)/ Systematic Alien Verification for Entitlements (SAVE) to verify status of non- U.S. born naturalized household members, citizens or permanent residents who provide the following documentation: Permanent Resident Card, Certificate of Naturalization, Certificate of U.S. Citizenship, Refugee Travel Document, Arrival/Departure Record, or Re-entry Permit.

My signature indicates I have read the Release of Customer Information, Application Required Document List, received a copy of the Customer Acknowledgement and agree to abide by the terms stated.

Applicant Name *

First Name Last Name

Date Signed *

Month Day Year

Declaration of Income Statement

Please enter information for ALL your household members age 18 or above living in the same address.

How many members are your household? *

Applicant Name *

First Name Last Name

Applicant Age *

Applicant Income Resource *

Employer Wages (Pay Stubs)
Social Security, SSI, Retirement or Pension Award Letter
Cash
Unemployed / No Income

Applicant Monthly PRE-TAX Income *

Enter gross income amount before any tax and deductions.

Household Member 2

Household Member 2 - Age

Household Member 2 - Income Resource

Employer Wages (Pay Stubs)
Social Security, SSI, Retirement or Pension Award Letter
Cash
Unemployed / No Income

Household Member 2 - Monthly PRE-TAX Income

Enter gross income amount before any tax and deductions.

Household Member 3

Household Member 3 - Age

Household Member 3 - Income Resource

Employer Wages (Pay Stubs)
Social Security, SSI, Retirement or Pension Award Letter
Cash
Unemployed / No Income

Household Member 3 - Monthly PRE-TAX Income

Enter gross income amount before any tax and deductions.

Household Member 4

Household Member 4 - Age

Household Member 4 - Income Resource

Employer Wages (Pay Stubs)

Social Security, SSI, Retirement or Pension Award Letter

Cash

Unemployed / No Income

Household Member 4 - Monthly PRE-TAX Income

Enter gross income amount before any tax and deductions.

Household Member 5

Household Member 5 - Age

Household Member 5 - Income Resource

Employer Wages (Pay Stubs)

Social Security, SSI, Retirement or Pension Award Letter

Cash

Unemployed / No Income

Household Member 5 - Monthly PRE-TAX Income

Enter gross income amount before any tax and deductions.

Household Member 6

Household Member 6 - Age

Household Member 6 - Income Resource

Employer Wages (Pay Stubs)

Social Security, SSI, Retirement or Pension Award Letter

Cash

Unemployed / No Income

Household Member 6 - Monthly PRE-TAX Income

Enter gross income amount before any tax and deductions.

I certify that the above information is true and correct to the best of my knowledge and belief. I understand that the information will be verified to an extent; and, that I am subject to prosecution for providing false or fraudulent information.

Applicant Name *

First Name Last Name

Date Signed *

Month Day Year

SAVE Verification Form

You must enter information for ALL your household members living in the same address, including all adults and children.

Applicant Name *

First Name Last Name

Are you a U.S Citizen? (U.S Passport or U.S Birth Certificate or Naturalization Cert) *

Are you a Qualified Alien? (Permanent Resident Card or Green Card Holder) *

Household Member 2 - Name

Household Member 2 a U.S Citizen? (U.S Passport or U.S Birth Certificate or Naturalization Cert)

Household Member 2 a Qualified Alien? (Permanent Resident Card or Green Card Holder)

Household Member 3 - Name

Household Member 3 a U.S Citizen? (U.S Passport or U.S Birth Certificate or Naturalization Cert)

Household Member 3 a Qualified Alien? (Permanent Resident Card or Green Card Holder)

Household Member 4 - Name

Household Member 4 a U.S Citizen? (U.S Passport or U.S Birth Certificate or Naturalization Cert)

Household Member 4 a Qualified Alien? (Permanent Resident Card or Green Card Holder)

Household Member 5 - Name

Household Member 5 a U.S Citizen? (U.S Passport or U.S Birth Certificate or Naturalization Cert)

Household Member 5 a Qualified Alien? (Permanent Resident Card or Green Card Holder)

Household Member 6 - Name

Household Member 6 a U.S Citizen? (U.S Passport or U.S Birth Certificate or Naturalization Cert)

Household Member 6 a Qualified Alien? (Permanent Resident Card or Green Card Holder)

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

Date Verified *

Month Day Year

Date Signed *

Month Day Year

Please upload clear photos of the following documents for **ALL** household members, including **ALL** adults and children living in the same address.