



**Complete ALL pages of this application. Required Documentation for all household members:**

**1. Identification:**

- **Section 1:** *If you have **ONE** of these documents, disregard sections 2 and 3*
  - U.S. Passport (can be expired)
  - Certificate of Naturalization (N-550, N-570), Certificate of U.S. Citizenship (N-560, N-561), Permanent Resident Card or Resident Alien Card (I-551)

**OR**

- **Section 2:** Must have **ONE** of these documents
  - **Certified Birth Certificate** or Certificate of Birth Abroad (FS-240, DS-1350, or FS-545)

**AND**

- **Section 3:** Must have **ONE** of these documents
  - **Texas DL or Photo ID (ALL household members 18 years and older** – can be expired up to 2 years)
  - Government Employee ID (city, county, state or federal)
  - U.S. Military or Military Dependent ID
  - **School Photo ID, School Record or Medical/Immunization Record** showing name of child, address and parent's name. (For **CHILDREN** in household **under 18 years of age**)

NOTE: Please call the office if you do not have the above documentation as other documents may be acceptable

**2. Proof of Income**

- Earned or received in the last thirty (30) days for all household members 18 years and older: i.e. Paystubs, Current Year Award Letters from Social Security (SS, SSI, SSDI), Pensions, TANF, VA Benefits,
- Unemployment Benefits, HUD Utility Checks, etc.
- If no income has been earned/received for household members 18 years and older, complete a Declaration of Income Statement

**3. Proof of Child Support:**

- Current YTD printout - If not received through the Attorney General, we will need a letter from the payee or a Declaration of Income form

**4. Current Electric, Gas or Propane Bill. WE DO NOT PAY FROM DISCONNECT NOTICE**



To ensure proper formatting of the application, you **MUST** download and save to your device and/or **OPEN** with Adobe

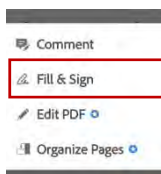



To digitally sign where signatures are required, follow the three steps below:

- Step 1: Choose this icon to digitally sign



- Step 2: Choose Fill and Sign



- Step 3: Choose  at the bottom of the screen then place your finger on the signature line.



## BEFORE SUBMITTING YOUR APPLICATION

- VERIFY THAT **ALL** APPLICATION SECTIONS ARE FILLED OUT **COMPLETELY**.
  - IF A QUESTION IS LEFT BLANK OR UNANSWERED, THE APPLICATION IS INCOMPLETE AND **WILL NOT** BE ACCEPTED OR PROCESSED
- VERIFY THAT **ALL** REQUIRED DOCUMENTATION IS ATTACHED.
  - IF ALL REQUIRED DOCUMENTATION IS NOT PROVIDED, THE APPLICATION IS INCOMPLETE AND **WILL NOT** BE ACCEPTED OR PROCESSED.

Applications and required documentation can be submitted  
as follows:

1. Email: [eac-energy@sbcglobal.net](mailto:eac-energy@sbcglobal.net)
2. Fax: 979-245-5699
3. Mail: EACGC, PO Box 1685, Bay City, Texas 77404
4. In Person: 904 Whitson, Bay City, Texas 77414



Please contact EACGC at 979-245-6901 with any questions.



## Client Application for Services

**You **MUST** answer each question **COMPLETELY** for every Household Member**

Last Name:	First Name:	Middle Initial:
Physical Address:		Apt #:
City	State	Zip
		County
Home Phone:	Work Phone:	Cell Phone:
Mailing Address(if different):		Apt #:
City, State, Zip:		County
Email Address:		

What service is being requested?

What is the cause of the need for assistance?

Has your household been negatively impacted by COVID? If so, how?

1. Head of Household Name \_\_\_\_\_ SS# \_\_\_\_\_

Please select you answers below					
Date of Birth	Gender	Race	Hispanic?	Education	Seasonal Worker
<b>Relationship to Applicant?</b>	<b>Health Insurance</b> Check <b>ALL</b> that apply		<b>Currently Receiving Other Income?</b> Check <b>ALL</b> that apply		<b>Receives Non-Case Benefits</b> Check <b>ALL</b> that apply
<b>Veteran?</b>	Direct Purchase Employment Based Medicaid Medicare Military Health Care CHIP State Health for Adults None		Alimony/Spousal Support Pension SS Disability SSI SS Retirement Unemployment VA <b>Non-Service</b> Disability VA <b>Service</b> Disability Workers Compensation Child Support Private Disability TANF None		Affordable Care Act Child Care Voucher Housing Choice Voucher HUD-VASH Public Housing SNAP WIC None
<b>Disabled?</b>					

2. Household Member Name \_\_\_\_\_ SS# \_\_\_\_\_

Please select you answers below					
<u>Date of Birth</u>	<u>Gender</u>	<u>Race</u>	<u>Hispanic?</u>	<u>Education</u>	<u>Seasonal Worker</u>
<b><u>Relationship to Applicant?</u></b>	<b>Health Insurance</b> Check <b>ALL</b> that apply		<b>Currently Receiving Other Income?</b> Check <b>ALL</b> that apply		<b>Receives Non-Case Benefits</b> Check <b>ALL</b> that apply
	Direct Purchase Employment Based Medicaid		Alimony/Spousal Support Pension SS Disability		Affordable Care Act Child Care Voucher Housing Choice Voucher
	<b><u>Veteran?</u></b>	Medicare Military Health Care CHIP	SSI SS Retirement Unemployment		HUD-VASH Public Housing SNAP
	<b><u>Disabled?</u></b>	State Health for Adults None	VA <b>Non-Service</b> Disability VA <b>Service</b> Disability Workers Compensation Child Support Private Disability TANF None		WIC None

3. Household Member Name \_\_\_\_\_ SS# \_\_\_\_\_

Please select you answers below					
<u>Date of Birth</u>	<u>Gender</u>	<u>Race</u>	<u>Hispanic?</u>	<u>Education</u>	<u>Seasonal Worker</u>
<b><u>Relationship to Applicant?</u></b>	<b>Health Insurance</b> Check <b>ALL</b> that apply		<b>Currently Receiving Other Income?</b> Check <b>ALL</b> that apply		<b>Receives Non-Case Benefits</b> Check <b>ALL</b> that apply
	Direct Purchase Employment Based Medicaid		Alimony/Spousal Support Pension SS Disability		Affordable Care Act Child Care Voucher Housing Choice Voucher
	<b><u>Veteran?</u></b>	Medicare Military Health Care CHIP	SSI SS Retirement Unemployment		HUD-VASH Public Housing SNAP
	<b><u>Disabled?</u></b>	State Health for Adults None	VA <b>Non-Service</b> Disability VA <b>Service</b> Disability Workers Compensation Child Support Private Disability TANF None		WIC None

4. Household Member Name \_\_\_\_\_ SS# \_\_\_\_\_

Please select you answers below					
<u>Date of Birth</u>	<u>Gender</u>	<u>Race</u>	<u>Hispanic?</u>	<u>Education</u>	<u>Seasonal Worker</u>
<u>Relationship to Applicant?</u>	<b>Health Insurance</b> Check <b>ALL</b> that apply		<b>Currently Receiving Other Income?</b> Check <b>ALL</b> that apply		<b>Receives Non-Case Benefits</b> Check <b>ALL</b> that apply
	Direct Purchase Employment Based Medicaid		Alimony/Spousal Support Pension SS Disability		Affordable Care Act Child Care Voucher Housing Choice Voucher
	<u>Veteran?</u>	Medicare Military Health Care CHIP	SSI SS Retirement Unemployment		HUD-VASH Public Housing SNAP
	<u>Disabled?</u>	State Health for Adults None	VA <b>Non-Service</b> Disability VA <b>Service</b> Disability Workers Compensation Child Support Private Disability TANF None		WIC None

5. Household Member Name \_\_\_\_\_ SS# \_\_\_\_\_

Please select you answers below					
<u>Date of Birth</u>	<u>Gender</u>	<u>Race</u>	<u>Hispanic?</u>	<u>Education</u>	<u>Seasonal Worker</u>
<u>Relationship to Applicant?</u>	<b>Health Insurance</b> Check <b>ALL</b> that apply		<b>Currently Receiving Other Income?</b> Check <b>ALL</b> that apply		<b>Receives Non-Case Benefits</b> Check <b>ALL</b> that apply
	Direct Purchase Employment Based Medicaid		Alimony/Spousal Support Pension SS Disability		Affordable Care Act Child Care Voucher Housing Choice Voucher
	<u>Veteran?</u>	Medicare Military Health Care CHIP	SSI SS Retirement Unemployment		HUD-VASH Public Housing SNAP
	<u>Disabled?</u>	State Health for Adults None	VA <b>Non-Service</b> Disability VA <b>Service</b> Disability Workers Compensation Child Support Private Disability TANF None		WIC None

6. Household Member Name \_\_\_\_\_ SS# \_\_\_\_\_

Please select you answers below					
Date of Birth	Gender	Race	Hispanic?	Education	Seasonal Worker
<b>Relationship to Applicant?</b>	<b>Health Insurance</b> Check ALL that apply		<b>Currently Receiving Other Income?</b> Check ALL that apply		<b>Receives Non-Case Benefits</b> Check ALL that apply
	Direct Purchase		Alimony/Spousal Support		Affordable Care Act
	Employment Based		Pension		Child Care Voucher
	Medicaid		SS Disability		Housing Choice Voucher
<b>Veteran?</b>	Medicare	SSI		HUD-VASH	
<b>Disabled?</b>	Military Health Care	SS Retirement		Public Housing	
	CHIP	Unemployment		SNAP	
	State Health for Adults	VA <b>Non-Service</b> Disability		WIC	
	None	VA <b>Service</b> Disability		None	
		Workers Compensation			
		Child Support			
		Private Disability			
		TANF			
		None			

<b>Housing Information:</b>		
Type:	# Bedrooms	
Subsidized/Public Housing?	Own:	Monthly Mortgage \$
Rent:	Monthly Rent \$	Utilities Included in Rent
Prior Weatherization Assistance?	Date Completed?	House built date:

<b>Utility Information</b>					
Is the utility bill under a different name? Who:					
Electric Company:	Account #:	Heating	Cooling	Both	
Natural Gas Company:	Account #:	Heating	Cooling	Both	
Propane Company:	Account #:	Heating	Cooling	Both	
Water Company:	Account #:				
Type of A/C:	Central	Evaporative Cooler	Window Unit	None	
Type of Heater:	Central	Gas Space Heater	Electric Space Heater	Wall Furnace	
	Fireplace	Stove	None		
<b>Is you A/C or Heater working Properly?</b>			<b>Are you in need of A/C or Heater Repair?</b>		

***I certify that the information on this application is true and correct. I also understand that receipt of assistance through misrepresentation or fraud is punishable by fine or imprisonment.***

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**



<h2>Disability Self Certification</h2>
Name of Applicant:
Name of Individual with Disability:
Relationship of Disabled Individual to Applicant:

Person with a Disability--Any individual who is:

- An individual described in 29 U.S.C. §701 or has a disability under 42 U.S.C. §§12131 - 12134;
- Disabled as defined in 42 U.S.C. 1382(a)(3)(A), 42 U.S.C. §423, or in 42 U.S.C. §15001;
- Receiving benefits under 38 U.S.C. Chapter 11 or 15; or
- An individual with a disability as defined in §1.202(4).

I hereby certify that the above information is true and correct to the best of my knowledge and belief and in accordance with the above state definition of Person with a Disability.

\_\_\_\_\_  
Signature of Disabled Individual or Guardian

\_\_\_\_\_  
Date



# Heating and Cooling Survey

Name:

Phone#

Address:

City:

TX Zip:

Housing Type?

Type of dwelling?

How many people live in the home?

How many Elderly?

How many Disabled?

How many children under 6 yrs?

How old is your home?

What type of fuel is used to heat your home?

How old is your Hot Water Heater?

How old is your refrigerator?

Type of fuel is used for cooking?

Type of fuel used for Water Heater?

What type of unit is used to heat your home?

How old is the unit?

Does it heat properly?

If not, when did it stop working?

What type of unit is used to cool you home?

How old is the unit?

Does it cool properly?

If not, when did it stop working?

Do you have a shower?

Leaky Faucets?

Where?

Low flow restricter?

How many?

Do you leave lights on for 4 hours or more daily?

Does roof leak?

Holes in wall or floor?

Water Saving Device

Broken window panes?

How many?

House Weatherized?

When?

Roof Structure:

House Insulated?

Location:

Type of Roofing?

Type of siding?

Do you have an Attic?

Entrance to Attic

How much did you pay for energy last month? Electricity

Gas

Are you on an equal payment plan?

Do the doors close and latch properly?

Do the doors have weatherstripping?

Did Case Worker refer client to Weatherization Program? Yes/No If yes, date: \_\_\_\_\_

If no, state reason \_\_\_\_\_ Staff Initials: \_\_\_\_\_





## Conflict of Interest Information

1. Is anyone in the household currently serving as an employee, agent, consultant, officer or elected or appointed official of Economic Action Committee of the Gulf Coast?

If Yes, identify who and role

2. Is anyone in the household related to anyone currently serving as an employee, agent, consultant, officer or elected or appointed official of Economic Action Committee of the Gulf Coast?

If Yes, identify who and role

### Authorization and Release of Information:

1. The information provided is true and correct to the best of my knowledge and belief.
2. I am an applicant of EAC of the Gulf Coast. 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.
3. I understand that a photocopy of this release is as valid as the original and may be used to obtain employment information or verify other data.
4. I authorize the EAC of the Gulf Coast to solicit/verify information including employment verification needed to provide assistance with my utilities and/or fuel bills, both past and future.
5. I understand that my gross household income is annualized at the time of application according to pre-established agency rules and procedures in order to receive assistance.
6. If I or another household member has no income, the Declaration of No Income form must be completed for all household members over 18 years of age having no income.
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 EAC of the Gulf Coast of my new utility company, I will lose any payments due. When the information is provided, any remaining assistance may be reinstated.
8. I understand that I may request a hearing to appeal a denial of eligibility, amount of assistance received, or a delay in receiving services from EAC of the Gulf Coast.
9. I UNDERSTAND THAT I AM SUBJECT TO PROSECUTION FOR PROVIDING FALSE OR FRAUDULENT INFORMATION ON THIS APPLICATION.

X

Client Signature Required

X

Executive Director or Staff Signature

**FOR OFFICE USE ONLY:** *If there is a Conflict of Interest, this application requires the Executive Director's approval and signature.*

*Warning: Section 1001 of Title 18 of the U.S. code makes it a criminal offense to make willful false statements of misrepresentation to any Department or Agency of the U.S. as to any matter within this jurisdiction.*

**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):*

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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)*



**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



# Energy Efficiency Tips

**This list is designed to assist you with tips on how to reduce your energy use and energy costs.**

Change your HVAC filters at least once every three months and more often during the winter and summer.

Clean window unit filters regularly.

Set air-conditioner on 78 in summer and 68 in winter.

Use ceiling fans in the summer to help cool and during the winter to help draw down the heat that has risen to the ceiling.

Seal any air leaks and insulate when possible.

Put weather-stripping around all doors and windows as needed.

Use window coverings or blinds.

Ensure air intakes and vents are clear of items that could block air flow.

Replace old shower heads with newer low-flow models.

Lower your water heater temperature to 120 degrees.

Use natural lighting whenever possible.

Replace old incandescent light bulbs with CFL or LED bulbs.

Use table lamps, floor lamps or track lighting instead of ceiling lights to control and concentrate lighting.

Turn off lights when leaving a room.

Keep your refrigerator temperature set between 37-40 degrees and your freezer temperature at 5 degrees.

Inspect and clean your refrigerator seal regularly to ensure proper seal.

Clean your refrigerator coils monthly – you can gently remove dust build up with a broom or vacuum.

Limit how long and frequently you open the refrigerator.

Avoid opening oven while cooking.

Use dishwasher only when you have a full load.

Wash clothes in cold or warm water.

Use your dryer's moisture sensor if available to reduce unnecessary use.

Check your dryer vent regularly and clean your lint filter after every load.

Unplug items when not in use.





## **PLEASE READ – KEEP THIS PAGE FOR YOUR RECORDS.**

- I understand that I am an applicant of Economic Action Committee of the Gulf Coast (EACGC).
- I understand that I am applying for the Comprehensive Energy Assistance Program (CEAP), Community Service Block Grant (CSBG), and/or another similar program.
- I understand that receiving assistance is based on income-eligibility and funding availability.
- I understand that I am required to apply each year, beginning January 1, for assistance. Assistance will not carry over into the next calendar year.
- I understand that my application will not be processed until it is filled out in its entirety and all required documentation is provided.
- I understand that incomplete applications WILL NOT be processed and is the responsibility of the applicant to remedy.
- I understand that submitting an application DOES NOT guarantee assistance.
- I understand that no assistance or pledge will be posted on my account until eligibility has been determined.
- I understand that my household must meet Federal Income Guidelines and live in Matagorda or Wharton County.
- I understand that I am responsible for paying my utility bill before, during and after the application and eligibility process.
- I understand that I am responsible for paying my utility company all remaining balances that are not covered by EACGC. Non-payment of the remaining balance may result in disconnection.
- I understand that EACGC will not pay any late fees, deposits or reconnect fees and that I am responsible for these charges.
- If my application is approved, I will receive a Notice of Eligibility (NOE) indicating the programs that I qualify for and benefit amounts.
- If my application is denied, I will receive a Notice of Denial (NOD) with the reasons indicated. An appeal process will be outlined in the letter.
- I understand that it is my responsibility to notify EACGC IMMEDIATELY of changes that could affect payment to my utility account, including:
  - Change in utility provider
  - Change in account number
  - Change of address, telephone or email