



In order to process your application in a timely manner, please complete ALL sections of the attached application and submitted requested documentation. Failure to provide ALL requested information will delay the processing of your utility assistance application.

We need the following documentation to determine your eligibility:

- ☐ **Certified** copy of Birth Certificate(s) for ALL family members in the household or:
 - U.S. Passport (can be expired)
 - Certificate OF Naturalization (N-550, N-570, Certificate of US Citizenship (N-560, N-561 or Permanent Resident Card or Resident Alien card (1-551)
 - Certificate Birth Abroad (FS-240, DS-130, or FS-545)
- ☐ Picture Identification for ALL family members 18 and older (can be expired up to 2 years).
- ☐ School Identification, School Record or Medical/Immunization Record showing name of child, address and parent's name for ALL family members under 18 years of age.
- ☐ Proof of Income earned or received:
 - Paystubs: Paid Weekly- last 5, Bi-Weekly – last 3 or Semi Monthly – last 2
 - Current Year Award Letter for SS, SSI, SSDI payments, Retirement/Pensions, TANF or VA Benefit Payments
 - Unemployment Benefits, HUD Utility Checks, Worker's Comp or Annuity Payments
- ☐ **If No Income or Self Employed:**
 - Complete the Declaration of Income Statement for all household members 18 years of age and older. (enclosed with this application)
- ☐ Proof of Child Support
 - Year to Date printout (oag.state.tx.us). If you do not receive through Attorney General, please submit a letter from payee or complete the Declaration of Income Statement
- ☐ **Current** Electric, Gas or Propane Bill.

EACGC will not pay for Deposits, Disconnect, Reconnect or Late Fees.

Applications may be submitted:

Appointment: 979-245-6901
Office: 904 Whitson Street, Bay City
Online: eac-energy@sbcglobal.net
Mail: EAC, Post Office Box 1685, Bay City, Texas 77404
Fax: 979-245-5699

Questions: Please contact Utility Services at 979-245-6901.



EACGC Policy – Please Read Carefully

- ☐ 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 and that services available vary by 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 DEPOSIT, LATE, DISCONNECT 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

Signature _____ Date _____

PLEASE SIGN AND KEEP A COPY FOR YOUR RECORDS



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 |
| <u>Relationship to Applicant?</u> | Health Insurance Check ALL that apply | | Currently Receiving Other Income? Check ALL that apply | | Receives Non-Case Benefits Check ALL that apply |
| <u>Veteran?</u> | 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 Non-Service Disability VA Service 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 |
| <u>Disabled?</u> | | | | | |
| | | | | | |

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> |
| <u>Relationship to Applicant?</u> | Health Insurance Check ALL that apply | | Currently Receiving Other Income? Check ALL that apply | | Receives Non-Case Benefits Check ALL 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 Non-Service Disability VA Service 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> |
| <u>Relationship to Applicant?</u> | Health Insurance Check ALL that apply | | Currently Receiving Other Income? Check ALL that apply | | Receives Non-Case Benefits Check ALL 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 Non-Service Disability VA Service 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> | Health Insurance Check ALL that apply | | Currently Receiving Other Income? Check ALL that apply | | Receives Non-Case Benefits Check ALL 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 Non-Service Disability VA Service 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> | Health Insurance Check ALL that apply | | Currently Receiving Other Income? Check ALL that apply | | Receives Non-Case Benefits Check ALL 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 Non-Service Disability VA Service Disability Workers Compensation Child Support Private Disability TANF None | | WIC None |
| | | | | | |

6. Household Member Name _____ SS# _____

| Please select your answers below | | | | | |
|-----------------------------------|--|------|--|-----------|--|
| Date of Birth | Gender | Race | Hispanic? | Education | Seasonal Worker |
| Relationship to Applicant? | Health Insurance Check ALL that apply | | Currently Receiving Other Income? Check ALL that apply | | Receives Non-Case Benefits Check ALL that apply |
| Veteran? | 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 Non-Service Disability VA Service 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 |
| Disabled? | | | | | |
| | | | | | |

| | | |
|---|-----------------|----------------------------|
| Housing Information: | | |
| Type: Private Mobile Apartment Other # Bedrooms | | |
| Subsidized/Public Housing? | Own: | Monthly Mortgage \$ |
| Rent: | Monthly Rent \$ | Utilities Included in Rent |
| Prior Weatherization Assistance? | Date Completed? | House built date: |

| | | | | |
|--|----------------------|--|-----------------------|--------------|
| Utility Information | | | | |
| 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 Fireplace | Gas Space Heater Stove | Electric Space Heater | Wall Furnace |
| Is you A/C or Heater working Properly? | | Are you in need of A/C or Heater Repair? | | |

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



Disability Self Certification

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? Own Rent Public Housing Section 8 Other

Type of dwelling? Private Mobile Apartment Other

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? YES or NO

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? YES or NO

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):*

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)

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 |
| | | | | |
| | | | | |
| | | | | |
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| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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



Please complete ONLY if you are able and available to work.

Name _____ Telephone # _____

How long have you been unemployed _____ Reason _____

Why do you believe you haven't found employment? _____

Would you like assistance finding a new job? _____ Do you have an up-to-date Resume? _____

Are you receiving Unemployment Benefits? _____

Are you a Veteran? _____ Branch of Military _____ Receiving Veterans Benefits? _____

Do you have a High School Diploma or GED? _____ Some College _____ College Degree? _____

Are you interested in furthering your education? _____ Occupation Interest: _____

Are there Young Adults between 18- 24 years of age living in your household? _____ Are they working, out of high school or in college? _____

Are you disabled and require services to prepare for, obtain, retain or advance in employment? _____

What else can Economic Action Committee of the Gulf Coast do for you?

"We have a lot to offer! Whether you are seeking employment for the first time or changing careers, the Economic Action Committee can help you at every crucial step of the way."

A Case Worker will contact you to discuss your employment/career goals



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.

