



NOTICE TO ALL 2024 APPLICANTS

Applications will **ONLY** be accepted during the following dates:

1/18/24 – 1/26/24

Applications received or postmarked **prior to** 8am on 1/18/24 **WILL NOT** be accepted.

Applications received or postmarked **after** 5pm on 1/26/24 **WILL NOT** be accepted.

Pending funding availability, EAC will open additional application acceptance windows on the following dates:

2/5/24 – 2/13/24

3/4/24 – 3/12/24

**Faxed or emailed applications received outside of the acceptance window will be discarded.*

**Mailed applications postmarked outside of the acceptance window will not be accepted and marked return to sender.*

***Applications will be processed in the order they are received.**

***Your application is a screening tool and NOT a guarantee of service.**

***All services are dependent on available funding and client eligibility.**

***You are still responsible for paying your bill until your application is processed and you are notified of the outcome.**



⚠️ PLEASE NOTE: Incomplete applications WILL NOT be processed!

- Applications will be accepted during **SCHEDULED DATES ONLY** via email, fax, mail, or drop-off and will be processed according to the date received.
- **PLEASE NOTE that it can take anywhere from 2-4 weeks to process completed applications and in some cases, it may take longer depending on the time of the year and the number of applications already in progress.**
- **You are still responsible for paying your bill until your application is processed and you are notified of the outcome.**
- This application is for screening purposes only and **does not guarantee your eligibility to receive services.**

**INSTRUCTIONS & DOCUMENTS REQUIRED BEFORE APPLICATION CAN BE ACCEPTED
(All information MUST be for the CURRENT PROGRAM YEAR in which services are provided.)**

1. Completed application with ALL required documents.
 2. Driver's License, Texas ID, or Federal ID w/photo.
 3. Social Security cards for ALL household members.
 4. School records for all children listed on your application currently enrolled in school.
 5. **Proof of ALL income FOR THE PAST 30 DAYS for every household member 18 years or older** who works or receives assistance. (This includes check stubs, Current Year Award Letter for Social Security (Regular), Social Security Disability Insurance (SSDI), or Social Security Insurance (SSI), VA, TANF Letter, Retirement, Pension, Unemployment printout that shows the weekly payment amounts (not the overall benefit amount), **BANK STATEMENTS ARE NOT ACCEPTED as income.**
 6. Proof of Child Support.
 7. For self-employed clients or clients without income for the past 30 days, you must complete the Declaration of Income Statement declaring the amount of income received for the past 30 days.
 8. If you or anyone in the household is disabled, you must complete the self-certification form of disability provided with the application.
 9. Most recent utility bills.
- **Complete ENTIRE application, answer ALL questions, and sign ALL pages where required. Incomplete applications WILL NOT be processed and will be RETURNED.**
 - **If ALL required documents are not provided, your application WILL NOT be processed. You will be contacted once by email, phone, or mail to inform you of what is needed. You will have 7 business days to provide the information. After which, your application will be denied, and no services will be provided.**

If you are **mailing** your application, you must provide copies of the required documents. Any documents you provide will be kept in your case file and will not be returned to you.

PLEASE HAND DELIVER, MAIL, EMAIL OR FAX YOUR APPLICATION TO THE LOCATION LISTED BELOW:

Mailing Address	Physical Address (Mail will NOT be delivered to this address)	Fax Number	Email
P.O. Box 1685 Bay City, Texas 77404	904 Whitson Bay City, Texas 77414	(979) 245-5699	eac-energy@sbcglobal.net

If you have any questions, please contact our office at 979-245-6901.

For Office Use Only	
Date Received:	____/____/2024
Time:	_____
Rec. By:	_____
Via:	_____



904 Whitson · Bay City, TX 77414
P.O. Box 1685 · Bay City, TX 77404
979-245-6901 · 979-245-5699 fax
www.eacofthegulfcoast.com · eac-energy@sbcglobal.net

**Complete ENTIRE application, answer ALL questions, and sign ALL pages where required.
Incomplete applications WILL NOT be processed and will be RETURNED.**

HAVE YOU EVER RECEIVED ASSISTANCE FROM EACGC IN THE PREVIOUS YEARS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Head of Household Information	
Name:	
Mailing Address:	
City/State/Zip:	County:
Physical Address: (if different from above)	
City/State/Zip:	County:
Phone #: (We MUST be able to contact you)	Type: <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home
Email:	

EACGC will ONLY communicate with Head of Household listed above regarding this application/services. Would you like to authorize EACGC to communicate with anyone else regarding your application?		
Authorized Person Name:	Relationship to Applicant:	Authorized Person Phone #:
By Signing this, I authorize EACGC to communicate with the person listed above regarding services requested on this application. I understand that I can revoke authorization at anytime by contacting EACGC.		
Applicant Signature: _____		Date: _____

Household Type		
Number of people in household: _____		
<input type="checkbox"/> Single Parent Female	<input type="checkbox"/> 2 Adults, No Children	<input type="checkbox"/> Two Parent HH
<input type="checkbox"/> Single Parent Male	<input type="checkbox"/> Single Person	<input type="checkbox"/> Multi-Generational
<input type="checkbox"/> Non-Related Adults w/children	<input type="checkbox"/> Other: _____	

Select ALL that apply to any member of the household (if applicable):		
<input type="checkbox"/> Age 60 or over	<input type="checkbox"/> Disabled	<input type="checkbox"/> Child aged 5 or younger



Household Member Name		Date of Birth	Sex (M/F/O)	Relationship to Head of Household	Marital Status	Race	Hispanic or Latino	Highest Education level	Disabled	Military Veteran or Active Duty	Type of Income					Health Insurance					Non-cash Benefits					
											Employment	Unemployment	SS/SSI/SSDI/VA	Pension, Retirement, Other	TANF	Direct Purchased	Employment Based	Medicaid	Medicare	Military Health Care	CHIP	State Health for Adults (ACA)	Public Housing/Sept. 8/ HUD/etc.	SNAP	Child Care Voucher	WIC
Social Security Number																										
1				Self																						
2																										
3																										
4																										
5																										
6																										
7																										

Housing Information

Type of Residence: (Check ALL that apply)

House Apartment Mobile Home/Trailer Duplex Townhouse

Subsidized/Public Housing Other: _____

Housing Status: Own Purchasing Rent **Monthly Payment:** _____

Are utilities included in rent? Yes No **If yes, which utilities?** _____

Weatherization

Weatherization reduces air leaking from your home, reduces your energy cost, and makes your home more comfortable through the installation of energy saving materials.

Are you interested in a Weatherization Program? Yes No

Does your home's heating/cooling system need service or repair? Yes No

Utility Information

Does your name match the name on your electric bills? Yes No **If no, explain why** (ex. Deposit too high)

Which utilities do you have in your home? Electric Gas Propane Water

	Utility Provider (Name of Utility Company)	Account Number	Account Holder (Name on Bill)
Electric			
Gas			
Propane			
Water			

How do you cool your home? Central Unit Window Unit Fans None

How do you heat your home? Central Unit Gas Space Heater Electric Space Heater

Wall Furnace Fireplace Stove None

Conflict of Interest Information

Is anyone in the household currently serving or related to an employee, agent, consultant, an officer, elected or appointed official or board member of Economic Action Committee of the Gulf Coast? Yes No

If YES, please identify name and role: _____

FOR OFFICE USE ONLY: If a conflict of interest exists, this application requires approval by the Executive Director.

Executive Director Signature: _____ Date: _____

Presenting Needs/Priority Information



Services WILL NOT be provided unless this page is completed, and no area is left blank.

******NO EXCEPTIONS******



*****If answers are not provided, your application will be deemed as *incomplete* and *WILL NOT* be processed.*****

What do you need assistance with and why? (Check All that apply)

- Electric Bill Gas Bill Propane Bill Water Bill Medication Rent Food Clothes
 Weatherization Child Care GED College Classes Uniforms/Tools Job Referral
 Other: _____

Why do you need assistance from EACGC today?

(This information is required, or no assistance will be provided.)

If you are claiming no household income, explain how you are living day to day.

Is anyone living in your household age 14-24 not attending school or working? Yes No

If yes, who and why? _____

Case Management

Are you or anyone in your household willing and able to obtain a job, enroll in job training or engage in ways to increase your income by actively participating in EACGC's Transitioning Out of Poverty (TOPs) Program? Are you willing to make a commitment to follow-up on referrals, submit monthly income and meet with a Case Manager a minimum of once a month to successfully complete the Transitioning Out of Poverty (TOPs) Program?

Yes No

If yes, who? _____

Acknowledgement and Release of Information

I hereby give my permission to release any information and understand that it will be kept in the strictest of confidence. I understand that a photocopy or fax of this release is as valid as the original. I also give EACGC permission to share with, to inquire about, make pledges, and receive all information from other agencies, utility vendors and employers as needed. I understand that I may be subject to prosecution for providing false information.

Applicant Initial: _____

By signing below, I acknowledge that I have read, understand, and agree with the entire EACGC Intake Application. I certify that the information on this application is correct, and I also understand that receipt of assistance through misrepresentation or fraud is punishable by fine or imprisonment.

Applicant Signature: _____ **DATE** _____



SELF CERTIFICATION OF DISABILITY (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.)	
Applicant Name:	
Name of Person with a Disability:	
Relationship to the 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

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 receive benefits as a result of my disability.

I do not receive benefits as a result of my disability.

I do not receive benefits as a result of my disability, but I have applied for benefits.

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 Person with Disability of His/Her Guardian

Date

**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

**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)



Client Satisfaction Survey

How Are We Doing?

Economic Action Committee of the Gulf Coast staff are committed to monitoring the services we provide as part of an on-going quality improvement process. We would appreciate your feedback on our performance. All submissions are confidential and will not affect benefits or services received.

1. What County do you reside in?

- Matagorda Wharton

2. What was the purpose of your visit/call?

- | | | |
|---|--|--|
| <input type="checkbox"/> Utility Assistance | <input type="checkbox"/> Food Assistance | <input type="checkbox"/> Senior Citizen Services |
| <input type="checkbox"/> Case Management | <input type="checkbox"/> Rental Assistance | <input type="checkbox"/> School Supplies for my Children |
| <input type="checkbox"/> Temporary Shelter | <input type="checkbox"/> Legal Assistance | <input type="checkbox"/> Education (College Classes) |
| <input type="checkbox"/> Job Supplies | <input type="checkbox"/> Gas Card | <input type="checkbox"/> Other: _____ |

3. How did you learn about EACGC?

- | | | |
|--|--|---|
| <input type="checkbox"/> Someone told me | <input type="checkbox"/> Internet Search | <input type="checkbox"/> Newspaper |
| <input type="checkbox"/> Utility Company | <input type="checkbox"/> Radio | <input type="checkbox"/> Board Representative |
| <input type="checkbox"/> 211 | <input type="checkbox"/> Another Agency | <input type="checkbox"/> Other: _____ |

4. What services have you ever received from EACGC?

- | | | |
|---|--|---|
| <input type="checkbox"/> Utility Assistance | <input type="checkbox"/> Food Assistance | <input type="checkbox"/> Senior Citizen Services |
| <input type="checkbox"/> Case Management | <input type="checkbox"/> Rental Assistance | <input type="checkbox"/> School Supplies for my Children |
| <input type="checkbox"/> Temporary Shelter | <input type="checkbox"/> Legal Assistance | <input type="checkbox"/> Education (College Classes/Supplies) |
| <input type="checkbox"/> Job Supplies | <input type="checkbox"/> Gas Card | <input type="checkbox"/> I have volunteered for EACGC |
| <input type="checkbox"/> Other: _____ | | |

5. Please rate the following aspects of your visit or contact with EACGC.

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
The office was easy to find, well-marked and convenient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I met with staff at or near the time of my appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I didn't have an appointment, but was served in a timely manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff were courteous, respectful, and friendly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff was sensitive to my situation and needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My need or reason for my visit was/will be taken care of	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EACGC could not meet my need(s), but I was referred to other provider(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EACGC helps to improve the condition in which low-income people live	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. If you answered **DISAGREE** or **STRONGLY DISAGREE** to any question above, please explain why:

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7. **Since you have participated or received EACGC services, are you and your family**

- More self-supporting
- Less self-supporting
- Somewhat self-supporting
- No change

8. **Overall, how do you rate the quality of services EACGC provides?**

- Excellent
- Good
- Adequate
- Poor

9. **What level of confidence do you have in EACGC staff to deliver the services that you require?**

- Complete confidence
- A lot of confidence
- Some confidence
- No confidence

10. **Would you be willing to share your story with others by having it placed on our social media, website and/or annual report? We'd love for you to tell people how EACGC can help.**

If yes, please fill out the contact information form below:

Name:	
Address:	
Email Address:	
Phone Number:	

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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.

