



# NOTICE TO ALL 2026 APPLICANTS

EAC will ONLY be accepting applications from households comprised by at least one the following individuals:

Elderly (60+), Disabled or with children aged 5 and below.

Applications will ONLY be accepted during the following dates:

2/9/2026 -2/17/2026

Applications received or postmarked prior to 8am on 2/9/2026 or after 5pm on 2/17/2026 WILL NOT be accepted.

\*Applications received outside of the acceptance window will be discarded or marked return to sender.

\*A completed application DOES NOT guarantee eligibility or approval.

\*All services are dependent upon available funding and client eligibility.

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

You are still responsible for paying your bill until your application is processed and you have received an approval letter.



### 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 approval.**
- 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. Certified Birth Certificates for ALL household members.
5. School records for all children listed on your application currently enrolled in school.
6. **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.**
7. Proof of Child Support.
8. 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.
9. If you or anyone in the household is disabled, you must complete the self-certification form of disability provided with the application.
10. 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<br>(Mail will NOT be delivered to this address) | Fax Number     | Email                    |
|--|--|----------------|--------------------------|
| P.O. Box 1685<br>Bay City, Texas 77404 | 904 Whitson<br>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:

\_\_\_\_ / \_\_\_\_ /2026

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](http://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?** YES NO**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:  Cell  Work  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:** \_\_\_\_\_ Single Parent Female 2 Adults, No Children Two Parent HH Single Parent Male Single Person Multi-Generational Non-Related Adults w/children Other: \_\_\_\_\_**Select ALL that apply to any member of the household (if applicable):** Age 60 or over Disabled Child aged 5 or younger

|   | Household Member Name | Date of Birth | Sex (M/F/O) | Relationship to Head of Household |                |      |                    | Highest Education level | Military Veteran or Active Duty | Type of Income |              |                | Health Insurance           |      |                  |                  | Non-cash Benefits |          |                      |
|---|-----------------------|---------------|-------------|-----------------------------------|----------------|------|--------------------|-------------------------|---------------------------------|----------------|--------------|----------------|----------------------------|------|------------------|------------------|-------------------|----------|----------------------|
|   |                       |               |             | Self                              | Marital Status | Race | Hispanic or Latino |                         |                                 | Employment     | Unemployment | SS/SSI/SSDI/VA | Pension, Retirement, Other | TANF | Direct Purchased | Employment Based | Medicaid          | Medicare | Military Health Care |
| 1 |                       |               |             |                                   |                |      |                    |                         |                                 |                |              |                |                            |      |                  |                  |                   |          |                      |
| 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

|          | <b>Utility Provider<br/>(Name of Utility Company)</b> | <b>Account Number</b> | <b>Account Holder<br/>(Name on Bill)</b> |
|----------|---|-----------------------|--|
| 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 **ONLY** 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<br><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.

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.

For more information, contact the Office of the Vice President for Research and Economic Development at 319-273-2500 or [research@uiowa.edu](mailto:research@uiowa.edu).

---

**Applicant's Signature**

Date

For more information, contact the Office of the Vice President for Research and Economic Development at 319-273-2444 or [research@uiowa.edu](mailto:research@uiowa.edu).

**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 dias 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)

## Blank Page

This page has been intentionally left blank.



## 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 <b>could not</b> 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:

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:  |  |



# 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.

