

Greater East Texas Community Action Program

NACOGDOCHES, TX. 75963

FAX: (936) 564-6212

FAX: (936) 564-0302

PHONE: (936) 564-2491

ADMINISTRATIVE
PROGRAM

The Weatherization Assistance Program offers low-income households a chance to lower their electric and gas bills and drastically reduce energy consumption while conserving our precious resources and making a better living environment for everyone. If you are determined income eligible, an agency representative will contact you to schedule an energy audit of your dwelling. *Please be advised that our agency is not an emergency response team or task force. We serve 10 counties from Wood County (just north of Longview) all the way down to San Jacinto County (just north of Houston). Your application will be processed and input into our system. We have anywhere from 75 - 150 clients in each county and we serve approximately 200 single family residences each year, with new applications arriving almost daily. So please be patient. It will be quite some time before we are able to assist you. If you need emergency services you may wish to contact your local community organizations.*

An energy audit is an assessment of the home to see if it qualifies for weatherization services. Some dwellings do not qualify because of extensive damage such as, unlevel pier and beam foundation, major structural damage and/or the cost to weatherize the home is more than our allowable cap.

If your home qualifies, you may be eligible to receive attic and/or wall insulation, doors, windows, weather stripping and *some* minor repairs. With today's technology we can evaluate heating and cooling systems, *stop* air leaks and install new window and central A/C units, energy efficient heaters, refrigerators, *ceiling* fans. We win also caulk around many areas of your home to stop air infiltration.

Attached is a weatherization application. Please fill it out completely so that the application process may be expedited.

Name: _____

Address: _____
City State County

DIRECTIONS to find the HOME:

Greater East Texas Community Action Program
PO Drawer 631938 -114 W. Hospital
Nacogdoches, TX 75963
Phone (936) 564-2491 Fax (936) 564-0302
(800) 621-5746

Our office needs the following for your Weatherization Application

____ Please provide proof of all household income for the past 30 days (*copies* of check stubs, at least 2 *letters* from *SSI* or *SS VA* award *letters*, child support court order, bank statement, copy of tax return).

____ *Utility* release form completely filled out with *electric* and/or gas companies account numbers, signed and dated.

____ A 12-month *billing* history from each of your companies (gas, propane, etc.). *Call* your utility companies to get 12-month billing histories.

____ A telephone number where we may reach you during the hours of 8-5 Monday thru Friday. _____ and a message number _____.

____ Landlord Agreement with Landlord's address attached, signed and dated.

____ A written direction to your home. Please attach a separate sheet of paper if more room is needed.

**WEATHERIZATION ASSISTANCE PROGRAM - APPLICATION FOR WEATHERIZATION SERVICE
PROGRAMA DE CLIMATIZACION DEL EDGAR SOLJCITUD PARA SERVICES**

A.				
Name of Applicant or head of household Nombre del Solicitante o Responsable de la Casa			Home Telephone Telefono de la Casa	
Mailing Address Direccion Postal	Street/P.O. Box, City Calle o Apdo/Postal, Ciudad	County Condado	Zip	Work Telephone Telefono del Trabajo
Residence Address if Different Direccion de Residencia - Si es Diferente del Postal			County Con dado	Zip
Has this residence ever received services from the Weatherization Program? Esta residencia ha recibido servicios del programa de climatization? If "Yes", When?! Si marca "Si" Cuando? [In what county?/ En que condado?			Yes/Si	No

GIVE THE FOLLOWING INFORMATION ABOUT EACH HOUSEHOLD MEMBER, INCLUDING YOURSELF.
EXCRIBA LOS NOMBRES DE TODOS LAS PERSONAS QUE VIVEN EN ESTA CASA, INCLUYENDOSE A USTED.

B. Name Nombre	Date of Birth Fecha de Nacimiento	Sex Sexo	Race* Raza*	U.S. Citizen Ciudadano De Los E. U. A.		Disabled Incapacitado		Social Security Number** umero de Seguro Social**
				Yes/Si	No	Yes/Si	No	

List additional members on back or separate page.
Si necesita mas 'espada, escribaal reverse de esta pagina o en otro papel.

- *This information is voluntary and is requested to ensure benefits are provided without regard to race, color or national origin. It will not affect your eligibility or benefit level.
- * Esta informacion es voluntaria y se solicita solo con el fin de asegurar que los oeneficios se puedan ofrecer sin discriminacion de raz, color, u origen nacional. Esta informacion no afectrar su elegibilidad ni la cantidad de su beneficio.
- ** Although this information is not required by law, it is necessary for correct computer processing.
- ** Aunque la lev no requiere esta informacion,es necesario para processor correctamente su solicitud por medios computarizados.

GIVE THE FOLLOWING INFORMATION ABOUT HOUSEHOLD MEMBERS WHO WORK:
ESCRIBA LOS NOMBRES DE TODOS LAS PERSONAS VIVIENDO EN ESTA CASA QUE TRABAJAN:

C. Name of Persons Working Nombre de las Personas que Trabajan .	Employers Name, Address, and Telephone Number Nombre, Direccion, y Telefono de sus Patrones	Total Monthly Income Sue ldo Total Mensual

D.
 If any household members receive any of the following types of unearned income or benefits, check the type of benefit received. Where the space is provided, enter the case or account number and the amount received.
 Indique en lo siguiente, los ingresos o beneficios que usted u otros miembros de su casa reciben. Incluye el numero de identificacion su casa o cuenta de ayuda y la cantidad de ayuda.

DO NOT INCLUDE FOOD STAMPS AS INCOME/ NO INCLUYE "ESTAMPILLAS DE COMIDA" (FOOD STAMPS) COMO INGRESO

Type of Assistance/Tipo de Asistencia	Case Number Numero del Caso	Monthly Amount Cantidad Mensual
AFDC / Asistencia AFDC		
SSI / Ingreso de Seguridad Suplemental		
Social Security / Seguro Social		
Veteran's Benefits / Beneficios de Veteranos		
Retirement Benefits / Beneficios de Retire		
Military Allotments / Reparto de Sueldo Militar		
HUD Utility Supplement / Suplemento para las Utilidades de HUD		
Child Support / Sostentamiento para ninos		
Unemployment Compensation / Compensacion de Trabajadores		
Contributions / Regalos		
Other (specify): Otro (especifique):		

Please check here if you are employed as a migrant or seasonal farm worker.
 Favor de marcar si usted esta empleado como migrante o trabajador temporal de agricola.

E.
 Do You Own or Rent your Residence? If owned got to #1, if rented go to #2.
 Es Dueño o Renta su residencia? Be es dueño dirígese al #1, si renta, #2.

<p>1. Types of housing owned: Tipos de casas propias:</p> <p><input type="checkbox"/> Private house Hogar</p> <p><input type="checkbox"/> Mobile Home Casa Movil</p>	<p>2. Types of housing rented: Tipos de casas rentadas:</p> <p style="text-align: center;">MUST HAVE OWNER'S APPROVAL! TIENE QUE SER APROVADO POR EL DUEÑO!</p> <p><input type="checkbox"/> Private Home <input type="checkbox"/> Apartment Hogar Apartamento</p> <p><input type="checkbox"/> Mobile Home <input type="checkbox"/> Rented Room Casa Movil Cuarto Rentado</p> <p><input type="checkbox"/> Low rent federally subsidized Housing Type (Section 8, etc.) Residencia con subsidio federal Tipo (Section 8, etc.) para la renta</p>
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Type of energy used to heat household (check one):
 Tipo de energía utilizada para calentar su hogar (marque una):

Natural Gas Electricity Bottled Gas Other (specify):
 Gas Natural Electricidad Gas Em botellado Otra (especifique):

Type of air conditioning used (check one):
 Tipo de aire acondicionado utilizado (marque uno):

None Central Unit Window Unit Evaporative Cooler
 Ninguno Unidad Central Unidad de Ventana Enfriador Evaporativo

WAP APPLICANT'S AUTHORIZATION, UNDERSTANDING AND AGREEMENT

My answers to all of the previous questions and to the statements I have made are true and correct to the best of my knowledge and belief I authorize the Texas Department of Housing and Community Affairs and its contracted agencies to contact any source in order to solicit/verify information necessary for an eligibility determination. I also agree to provide the Texas Department of Housing and Community Affairs and its contracting agencies with any information necessary to verify my eligibility.

If I am eligible for weatherization services, I give my permission to allow work on the residence listed on this form. I will cooperate fully with state and federal personnel to obtain information from any source to verify statements I made. I will cooperate fully with state and federal personnel in a quality control review.

I have been advised and understand that this application will be considered without regard to race, color, religion, creed, national origin, sex, or political belief

PENALTIES FOR FRAUD!

Whoever obtains or attempts to obtain weatherization services for which he is not entitled, by means of willful false statements or other fraudulent means, may be considered guilty of a criminal offense and upon conviction may be fined and/or imprisoned,

AUTHORIZATION, ACUERDO, Y ENTENDIMIENTO DEL SOLICIANTE

Mis respuestas a todas las preguntas anteriores y las declaraciones que he hecho son verdaderas y correctas segun mi leal saber, entender y creencia, Autorizo al "Texas Department of Housing and Community Affairs" y a sus agencias contratadas a comunicarse con cualquier persona o agencia para verificar o solicitar informacion necesaria para la determination de elegibilidad. Acepto responsabilidad de adr al Departamento cualquier informacion que se necesite para verificar mi elegibilidad,

Si ealifcao para services de Climatizion del Hogar, doy permiso para que se hagan reparaciones a la residencia identificada en esta solicitud, Cooperare plenamente con personas del gobierno estatal o federal para obtener cualquier informacion necesario para verificar las declaraciones que he heche, cual en lomismo se incluyen estudios tocante la calidad del trabajo. Me han avisdo y entiendo que esta solicitud sera considera sin distineion de raza, color, religion, credo, origen nacional, sexo, ni creencia politica.

CASTIGO POR FRAUDEI

Si alguna persona recibe servicios de Climatizacion del Hogar par medic de declaraciones falsas of intenta defraudar por media de estas declaraciones, se considerara culpable de una of ens a criminal yal ser convicta puede ser multada o enearcelada.

BEFORE YOU SIGN BE SURE EACH ANSWER IS COMPLETE AND ACCURATE, EGRESS, ANTES DE FIRMA, QUE TODAS SUS REPUESETAS ESTEN COMPLETAS Y CORRECTAS.

Signature - Applicant Date
Firma del Solicitante Fecha

Signature - Spouse Date
Firma de Esposa ~ o) Fecha

Signature - individual making application on applicants behalf or caseworker who assisted in completion of application
Firma del Solicitante - firma de la persona que hizo la solicitud de parte del solicitante, o trabajador social que ayudo hacer la solicitud

Signature - Witness (if signed with "X") Date
Firma - Del Testigo (Si se firma eo "X") Fecha

WEATHERIZATION ASSISTANCE PROGRAM FOR LOW INCOME
PERSONS COMPREHENSIVE ENERGY ASSISTANCE PROGRAM

CUSTOMER BILLING/CONSUMPTION RELEASE FORM

AGENCY: COMMUNITY ACTION PROGRAM

LAST NAME: _____ FIRST: _____ MI: _____

ADDRESS: _____

STREET

CITY

STATE

ZIP CODE

DAY PHONE #

EVENING #

Please put the correct name that's on the billing statement.

UTILITY COMPANIES:

ELECTRIC COMPANY NAME. _____

ACCOUNT NUMBER _____

Please review your utility bill and if you have ESI # on your bill, please write in this 15
to 20 digit number below:

GAS COMPANY NAME _____

ACCOUNT NUMBER _____

I authorize the Texas department of housing and community affairs and its contracted
agency to solicit verify information on my energy billing and consumption histories, both
past and future, to the extent the information is used only to determine program eligibility
and to provide data.

Signature

date

Print name

GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

TO WHOM IT MAY CONCERN:

I am an applicant of Greater East Texas Community Acton Program (GETCAP) and understand that they are working to provide me with services that will help me. I also understand that at times they need to include other agencies both government and private in. serving my needs. I further understand that all of the services that I may receive will not cost me anything.

I, _____, do therefore authorize GETCAP to
(print applicant name)

share information about me and my property with other agencies as needed. I understand that a photo copy of this release is as valid as the original.

(applicant signature)

(date)

(address)

(city, state, zip code)

(day phone number)

(evening phone number)