



BVCAP

Instructions for Utility Assistance Application

Dear applicant,

Please fill in all the information for each page of the application, including signature pages. Any documentation that is missing could deny your application.

Provide copies of the following documents with your application:

1. Proof of income (such as, 2024 Award Letter, Check stubs for past 30 days, Unemployment statements, etc.)
2. ID for member 18 and older
3. Social security cards for all members (if applicable)
4. Birth certificates for members born in U.S. / OR documents showing legal status in U.S.
5. Electric bill
6. Natural Gas or Propane bill (if applicable)

DO NOT SEND ORIGINALS

Send the application and documentation as one document, to one of the following:

1. Office/Mail: 4001 E 29th St 175, Bryan TX 77805
2. Email: anna.upchurch@bvcog.org
3. Fax: 979-595-2851

If you have questions, please call 979-595-2850

Before sending, check documents to make sure your application is complete. Sending information separately will delay processing your application.

Applications will be processed in the order they are received.

Incomplete applications will be held for 30 days and then Denied.

Energy/Housing Application

Name: _____
 Physical Address: _____
 Mailing Address: _____
 Email Address: _____

County: _____
 Phone #: _____
 Work/Cell #: _____
 Other contact: _____

Select all that apply to household:

60 and Over	Disabled Member	Child 5 and younger	Other	None
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Household Type	
(Select One)	
Single Parent Female ☐	Single Person ☐
Single Parent Male ☐	Two Parent H/H ☐
2 Adults/No Children ☐	Other ☐

Household Member Name (including head of household)		Date of Birth	Age	M/F	Relationship to Client:	Marital Status:	Ethnicity	Race	Education	Other													
Social Security Number							Hispanic or Latino	NOT Hispanic or Latino	Black / African American	White / Caucasian	Hispanic	Amer. Indian/Alaskan Native	Asian	Multi-Race	Other	Grade 0 - 8 (Specify Grade)	Grade 9 - 12 (Non-Grad)	High School Grad / GED	Some Post Secondary	2 Yr / 4 Yr Degree or More	Insurance type or NONE	Disabled	Military Veteran
1							☐	☐	☐	☐	☐	☐	☐	☐	☐							☐	☐
2							☐	☐	☐	☐	☐	☐	☐	☐	☐							☐	☐
3							☐	☐	☐	☐	☐	☐	☐	☐	☐							☐	☐
4							☐	☐	☐	☐	☐	☐	☐	☐	☐							☐	☐
5							☐	☐	☐	☐	☐	☐	☐	☐	☐							☐	☐
6							☐	☐	☐	☐	☐	☐	☐	☐	☐							☐	☐
7							☐	☐	☐	☐	☐	☐	☐	☐	☐							☐	☐
8							☐	☐	☐	☐	☐	☐	☐	☐	☐							☐	☐

HOUSEHOLD SITUATION

UTILITY SERVICE INFORMATION

Electric Provider

Prepaid Account	
Yes ☐	No ☐

Name of Company: _____

Account Number: _____

Account Name/Relationship: _____

Gas Provider

Heat source	
Yes ☐	No ☐

Name of Company: _____

Account Number: _____

Account Name/Relationship: _____

If Propane what size is tank? _____

Water Provider

Name of Company: _____

Account Number: _____

Account Name/Relationship: _____

Have you lived here less than 1 year? **YES / NO**

If YES, how many months? _____

Prior Address: _____ Prior Electric Provider/Acct#: _____

_____ Prior Gas Provider/Acct#: _____

Circle what applies for your home

Cooling	
Central system	☐
Window Units	☐
None	☐

Electric Heating		Gas Heating	
Central system	☐	Central system	☐
Space Heaters	☐	Space Heaters	☐
None	☐	None	☐

VETERAN INFORMATION

Veteran Name	M/F	Army	Navy	Air force	Marines	Coast Guard	Reserves	National Guard
		☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐

Veterans please refer to <https://veterans.portal.texas.gov/> for possible additional assistance.

OTHER INFORMATION		HOUSING TYPE		HOUSING	
Farmer	☐	Site Built Home	☐	☐ Own/Buying	☐ Renting
Migrant Farmer	☐	Mobile Home	☐		
Seasonal Worker	☐	Apartment/Multi-Family	☐	HUD or Public Housing	☐
Food Stamps - Amount	\$	Other	☐		

MARK ALL SOURCES OF H/H INCOME

No Income	☐	Unemployment	
TANF		Employment Plus	
SSI		Employment ONLY	
Social Security		Other	
Pension		Child Support - \$/ mo	
VA Benefits		Utility Reimbursement Check	

DECLARATION OF INCOME STATEMENT

List ALL members 18 and older, and provide documentation of their income for the 30 days prior to this application. If NO income state WHY.

Household member name	Amount of gross income for past 30 days	Type of income.	If NONE why?

I certify that the above information is true and correct to the best of my knowledge and belief.
(Yo certifico que la informacion proveida de bajo ingresos es verdadera y correcta segun mi saber y creencia.)

I understand that the information will be verified to extent possible; and that I may be subject to prosecution for providing false or fraudulent information. (Comprendo que la informacion sera verificada hasta donde sea posible y que puedo ser enjuicidado por haber proveido informacion falsa o fraudulenta.)

CERTIFICATION/CERTIFICACION

- 1 **The information provided is true and correct to the best of my knowledge and belief.**
La informacion proveida en esta forma es correcta segun mi mejor entendimiento.
I AM AWARE THAT I AM SUBJECT TO PROSECUTION FOR PROVIDING FALSE OR FRAUDULENT INFORMATION.
COMPREENDO QUE ESTOY SUJETO A SER PROCESADO SI LA INFORMACION ES FALSA O INCORRECTA.
- 2 **I authorize the Texas Department of Housing and Community Affairs and its contracted Agencies to solicit/verify information, both past and future, to the extent the information is used only to provide data or documentation.**
Autorizo al "Texas Department of Housing and Community Affairs" y sus agencias contratadas a solicitar y verificar informacion sobre mis cuentas pasadas y futuras para luz y gas cuando la informacion se usa para reportar data estadistica.
- 3 **I am aware this application is for all programs offered by the BVCAP Energy/Housing Services Office.**
Estoy enterado de que esta aplicacion es para todos los programas ofrecidos por la oficina de Energy/Housing Services.
- 4 **I understand I may request a hearing to appeal a denial of eligibility or the amount of assistance received**
Comprendo que puedo solicitar una audiencia para apelar decisiones que me afectan, tales como:
la eligibilidad al programa o asistencia recibida.
- 5 **I understand that I am responsible for my bill and this application is no guarantee of assistance**
Comprendo que yo soy responsable de pagar mi factura y esta aplicacion no garantiza asistencia.

I am in need of help with

☐	Utilities
☐	Weatherization
☐	Other

Client Signature

Date

Intake Office

FOR OFFICE USE ONLY

BVCAP Energy/Housing Services Staff

Date Application Approved / Complete

Applicant Certification Form for CEAP, DOE-WAP, LIHEAP-WAP Subrecipients, and SHTF, ESG, HHSP, EH (political subdivision only)

[illegible]

I AM AWARE THAT I AM SUBJECT TO PROSECUTION FOR PROVIDING FALSE OR FRAUDULANT INFORMATION.

Date _____

Print Staff Name

Date _____