



# Greater East Texas Community Action Agency Program

## UTILITY ASSISTANCE & WEATHERIZATION APPLICATIONS INSTRUCTIONS SHEET

Please provide copies of the following (NO ORIGINALS)

(Please complete all applicable forms; lack of supporting documentation required may cause a delay in processing or a denial)

- Proof of any **2020** income earned/received in **the last thirty (30) days** for all household members 18 years and older, such as:

CHECK STUBS	Short/Long Term Disability Benefits
AWARD LETTERS (SS, SSI, SSDI)	ALIMONY
PENSIONS	UTILITY REIMBURSEMENT CHECK
TANF	HUD Verification Letter
SELF EMPLOYMENT	Food Stamps
WORKERS' COMPENSATION	UNEMPLOYMENT BENEFITS
VA BENEFITS (Record of Military Services or Benefits for Surviving Spouses or Dependents)	DIRECT INCOME received from family/friend to assist with expenses (We will need a letter from the payee.)
Child Support (If not received through the Attorney General, we will need a letter from the payee; we may request CIN#, please have available)	HUD Verification Letter (Utility Allowance Reimbursement documentation is require if applicable)

- We **cannot** accept the following: **Bank statements, W2 tax forms.**
- We must receive a **COPY** of the original award letter from all government issued sources **NO EXCEPTION!!!!**
- **Copy of Photo ID(Required)**
- If **NO** income has been earned/received, household members 18 years and older must complete a Declaration of Income/No Income Statement (see our website or request a copy)
- Current copy of ELECTRIC, GAS, or PROPANE bill (front & backside)
- Social Security numbers & Dates of Birth for all household members
- A Case Manager/Eligibility Specialist will call you once application is complete, please provide a daytime phone number.
- The **General Authorization for Release of Information** must be completed by the **ACCOUNT HOLDER** or **AUTHORIZE USER** on the account.
- **You must complete all forms attached to this instruction form that are applicable to your household or your request will be delayed or denied.**
- **Complete Systematic Alien Verification Form (SAVE).**
- ❖ **UTILITY ASSISTANCE ONLY - ALL FEES MUST BE PAID BEFORE WE CAN ASSIST WITH BILL**
- ❖ **Continue to pay any outstanding bills until you receive a confirmation letter from us stating that you are on the program.** Once application is received, allow up to 60 days for processing.
- ❖ *Applications are processed in order it is received and by priority rating scale.*

- ❖ *If you are missing required documents; we will contact you and make you aware of the missing documents. Then you will have 7 business days to provide information, or your application will be shredded unless other arrangements are made in advance.*
- ❖ For 2020 Documentation for establishing United States Citizenship and Identity for the (CEAP) Comprehensive Energy Assistance Program, (LIHEAP) Low Income Home Energy Assistance Program, (WAP) Weatherization Assistance Program is required.
- ❖ **Failure to provide required documentation may result in your application being denied or delayed.**

## WEATHERIZATION APPLICATIONS

- Landlord Permission Form – RENTERS ONLY (see our website or request a copy)
- You must include a map or brief description of your home on page 3 of your application
- ❖ **Weatherization DOES NOT include windows, doors, flooring, roofing, wiring, or plumbing.**
- ❖ **Weatherization:**
  - Assessments are scheduled by our staff by phone call or home visit. After two (2) attempts to reach you with no response, your application will be denied.
  - You are allowed to reschedule an assessment one (1) time. Any subsequent attempts to reschedule an assessment will cause your application to be denied.
  - Any missed appointment for an assessment with no prior notice will cause your application to be denied.
  - Any home that is considered a health and safety risk to our staff or contractors will be subject to further review at GETCAP's discretion.

***Applications and all supporting documents may be returned in person, by mail or email, or by fax.***

- ❖ *Physical address: 1716 South Street, Nacogdoches, Texas 75964*
- ❖ *Mailing address: P.O. Box 631938, Nacogdoches, TX 75963  
(Please include proper postage – mail with insufficient funds will be returned)*
- ❖ *Email address: [programinfo@get-cap.org](mailto:programinfo@get-cap.org)*
- ❖ *Fax number: Energy Assistance: 936.564.0302 or Weatherization: 936.462.9157*

|| **\*\*Application is not a guarantee of services, you**  
 || **must qualify for programs\*\***  
 || **Do not submit application until you have all the**  
 || **information required and application is filled out and**  
 || **signed completely.**  
 ||





# Greater East Texas Community Action Agency Program

## PROOF OF CITIZENSHIP AND PROOF OF IDENTITY IS REQUIRED (NO EXCEPTIONS) Instruction Sheet

Please provide copies of the following (NO ORIGINALS)

(Please complete all applicable forms; lack of supporting documentation required will cause a delay in processing or a denial)

\*REQUIRED DOCUMENTATION FOR ALL HOUSEHOLD MEMBERS: (NO EXCEPTIONS)

**SECTION 1:** If you have ONE of these documents, disregard section 2 and 3

- U.S. Passport (can be expired)
- U.S. American Indian or Alaska Native Tribal Card with photo
- Certificate of Naturalization (N-550, N-570), Certificate of U.S. Citizenship (N-560, N-561), Permanent Resident Card or Resident Alien Card (I-551)

**SECTION 2:** Must have ONE of these documents

- Certified Birth Certificate OR Certificate of Birth Abroad (FS-240, DS-1350, or FS-545)

AND

**SECTION 3:** Must have ONE of these documents:

- Texas DL or photo ID (can be expired up to 2 years)
- Government Employee ID (city, county, state, or federal)
- U.S. Military or military dependent ID

OR please provide TWO of the following documents

- Social Security Card
- Voter Registration Card
- Medicare or other Health Card
- Student ID
- School Records (Verification of Enrollment, report card)
- Immunization Records

(Please call the office if you do not have the above documentation, other documents may be acceptable)

**\*\*If documents requested are not verifiable or legible by GETCAP, you may be asked to provide additional information\*\***

### Example of how to complete the Systematic Alien Verification Form (SAVE).

Household Member Names	U.S. Citizen (Born or Naturalized) or U.S. National (Yes/No)	Qualified Alien (Yes/No)	Documentation Provided for:	
			Status	Identification
Jane Doe	Yes	No	Birth Certificate	Photo ID
Kim Doe	Yes	No	Passport Card	Student ID & Immunization Records
John Doe	Yes	No	Early School Record & U.S. Census Record	Student ID & Social Security Card

**Note: If you do not have Passport or Birth Certificate & Photo ID, then you will need to provide 2 forms of proof to prove Citizenship & Identity.**

**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

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
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Signature of agency staff certifying they verified the above documents		Date
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**TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS**  
**Household Status Verification Form**



**Programa de Verificación Sistemática de Extranjeros para la Otorgación de Beneficios (SAVE)**  
**Formulario de Certificación del Ciudadano/Nacional de EEUU Solicitante para CEAP, DOE-WAP, LIHEAP-WAP Subrecipients, y SHTF, ESG, HHSP, EH**  
**(subdivisión política solamente)**

El programa para el cual está aplicando requiere la verificación que usted es un ciudadano de los Estados Unidos de America (EEUU), un nacional no ciudadano, o un residente legal de los EEUU. Se requiere que el solicitante proporcione documentación de su ciudadanía de los EEUU o de su estatus migratorio en los EEUU. Esta agencia utiliza el Programa de Verificación Sistemática de Extranjeros para la Otorgación de Beneficios (SAVE) para verificar el estatus migratorio de personas que no son ciudadanos de los EEUU.

Nombre los miembros del hogar	Ciudadano de los Estados Unidos de America (Nacido o Naturalizado) o Nacional de los EEUU (Si o No)	Extranjero Calificado (Si o No)	Nombre los documentos proporcionados para:	
			Ciudadanía/Extranjero Calificado	Identificación

Para agregar miembros adicionales del hogar, use otra copia de este formulario.

**Soy consciente de que puedo ser sometido a un proceso judicial por proporcionar información falsa o fraudulante.**

Firma del Solicitante	Fecha
Firma del personal certificando la verificación de documentos	Imprima el nombre del personal
	Fecha

# Greater East Texas Community Action Program Application for Services

**FOR OFFICE USE ONLY**

Received \_\_\_\_\_  
 \_\_\_\_\_ VA \_\_\_\_\_ Priority  
 \_\_\_\_\_ CM \_\_\_\_\_ N Priority

**ALL FIELDS MUST BE COMPLETED**

Name of Applicant or Head of Household			
Address	City	County	Zip
Mailing Address if Different		Primary Phone #	Secondary or Alternate Phone#
Email Address	Referred By		

**Please check the program you are applying for:**  Energy Assistance  RISE (Case Management)  
 Weatherization  Head Start

**ALL FIELDS MUST BE COMPLETED FOR EACH HOUSEHOLD MEMBER**      YES/ NO      **Use Legend Below**

FIRST & LAST NAME	RELATIONSHIP TO YOU	Social Security #	Date of Birth	Sex Male Female	ACTIVE MILITARY	VETERAN	DISABLED	HEALTH INSURANCE	WORK STATUS (18 years or older only)	EDUCATION	RACE	ETHNICITY Hispanic or Non- Hispanic
1	SELF			M F								
2				M F								
3				M F								
4				M F								
5				M F								
6				M F								
7				M F								

**Important Information for Former Military Services Members:** Women and Men who served in any branch of the United States Armed Forces, including Army, Navy, Marines, Coast Guard, Reserves or National Guard, may be eligible for additional benefits and services – for more information please visit the Texas Veterans Portal at <https://veterans.portal.texas.gov/>

List additional members on back or separate page

## LEGEND

**Health Insurance:** (more than one may be chosen)

- A. Medicaid
- B. Medicare
- C. State Children's Health Insurance (CHIP)
- D. State Health Insurance for Adults
- E. Military Health Care
- F. Direct Purchased
- G. Employment Based
- H. None

**Education:**

- A. 0 – 8 Grade
- B. 9 – 12 Grade
- C. High School Graduate or GED
- D. Some College
- E. 2 or 4 year College Graduate
- F. Graduate of other Post-Secondary School

**Work Status:**

- A. Full Time
- B. Part Time
- C. Migrant, Seasonal or Farm Worker
- D. Unemployed (6 months or less)
- E. Unemployed (more than 6 months)
- F. Unemployed (not in Labor Force)
- G. Retired

**Race:**

- A. Black or African American
- B1. Hispanic
- B2. White
- C. American Indian or Alaskan Native
- D. Asian
- E. Multi-race (2 or more)
- F. Other

List all members of household (18 years & over) who work: (If paid semi-monthly, please list pay dates, ex: 5<sup>th</sup> & 20<sup>th</sup>)

NAME		WEEKLY	EVERY 2 WEEKS	SEMI-MONTHLY	MONTHLY
	GETS PAID				
	GETS PAID				
	GETS PAID				
	GETS PAID				

**Does your family receive any of the following benefits? (Circle)**

<input type="checkbox"/> Social Security Retirement	<input type="checkbox"/> SSI	<input type="checkbox"/> TANF	<input type="checkbox"/> VA-Services – Connected Disability Compensation	<input type="checkbox"/> Other: Please Explain
<input type="checkbox"/> Child Support	<input type="checkbox"/> SSDI	<input type="checkbox"/> EITC	<input type="checkbox"/> Worker's Compensation	<input type="checkbox"/> Alimony or other Spousal Support
<input type="checkbox"/> Disability Pension	<input type="checkbox"/> Pension	<input type="checkbox"/> Unemployment Insurance	<input type="checkbox"/> Private Disability Insurance	<input type="checkbox"/> VA Non-Service Connected

**Is anyone in the household a Veteran, Surviving Spouse, or dependent of a Veteran? Yes or No**

If yes, please identify which household member and circle the category that describes them.

Household member name: \_\_\_\_\_ Veteran Surviving Spouse Dependent

**Does your family receive SNAP benefits (Food Stamps)? Yes or No**

**Does your family receive any of the following benefits? (Check)**

- WIC       Childcare Voucher       Public Housing       HUD-VASH  
 Permanent Supportive Housing       Housing Choice Voucher       Affordable Care Act Subsidy

Has this residence ever received services from the Weatherization Program?	Yes	No	When? _____
What year was your home built? _____	Do you OWN or RENT your residence? _____		
If <b>OWNED</b> , type of housing?	<input type="checkbox"/> Private Home	<input type="checkbox"/> Mobile Home (Single or Double Wide)	
		Monthly Mortgage: \$ _____	
If <b>RENTED</b> , type of housing?	<input type="checkbox"/> Private Home	<input type="checkbox"/> Mobile Home (Single or Double Wide)	<input type="checkbox"/> Apartment
<input type="checkbox"/> Subsidized Housing	Are utilities included in rent? <input type="checkbox"/> Yes <input type="checkbox"/> No		Monthly Rent: \$ _____
Landlord Name: _____	Address: _____	City: _____	State: ____ Phone#: _____

**Please write account # and check options below:**

Electric Vendor	Account #	<input type="checkbox"/> Heating	<input type="checkbox"/> Cooling
Gas Vendor	Account #	<input type="checkbox"/> Heating	<input type="checkbox"/> Cooling
Propane Vendor	Account #	<input type="checkbox"/> Heating	<input type="checkbox"/> Cooling
Propane Tank Size			

Type of **Air Conditioner** Used: Window Unit      Central Unit      Evaporative Cooler      None

Type of **Heater** Used: Gas Space Heater ---- How many? \_\_\_\_\_ Central Unit      Wall Furnace  
 Electric Heater --- How many? \_\_\_\_\_ Stove --- Gas or Wood

Is your roof leaking? Yes      No      If YES, how long has it been leaking? \_\_\_\_\_ In how many rooms is it leaking? \_\_\_\_\_

Are there holes in your floors? Yes      No      Does your home have a good foundation? Yes      No

**Case Management: Complete this step if you are unemployed, attending college, currently working below the living wage for your county or want to obtain a trade.**

Are you currently enrolled or would like to obtain a GED, College Degree, or Trade?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have small children who are not in school, if so would you like information about our Head Start Program?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have specific goals that you would like to achieve in the area of Employment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have specific goals that you would like to achieve in the area of Education?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you need help locating your local Child Support Office?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Received a Copy of Energy Saving Tips	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Would you like for a representative to contact you about RISE (Reaching independence through Supportive Elevation Case Management Program)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Would you like a representative to contact you about Weatherization?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
None of the above apply to my household	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**None of the above applies to my household and I decline RISE Case Management services:**

**(Signature)** \_\_\_\_\_

Please explain what has happened in the past 30 days that has caused you to seek our assistance and a reduction in income:

<p><b>PART EIGHT- CERTIFICATION/CERTIFICACION</b></p> <p>1. The information provided is true and correct to the best of my knowledge and belief. <b><i>La información proveida en esta forma es correcta según mi mayor entendimiento.</i></b></p> <p>2. My household income has been annualized, at the time of application, according to pre-establishing agency procedures. <b><i>Los ingresos de mi hogar sido calculados anualmente según los reglamentos preescritos por la agencia.</i></b></p> <p>3. I understand I may request a hearing to appeal a denial of eligibility, amount of assistance received, or a delay of service delivery. <b><i>Comprendo que puedo solicitar una audiencia para apelar decisiones que me afectan, tales como: la elegibilidad al programa, asistencia recibida o tardanza de asistencia.</i></b></p> <p>4. I authorize the Texas Department of Housing and Community Affairs and it's contracted agencies to solicit/verify information on my utility and/ or fuel bills, both past and future, to the extent the information is used only to provide data. <b><i>Autorizo al "Texas Department of Housing and Community Affairs" y sus agencias contratadas a solicitar y verificar información sobre mis cuentas pasadas y futuras para luz y gas cuando la información se usa para reporter data estadística.</i></b></p> <p>5. I AM AWARE THAT I AM SUBJECT TO PROSECUTION FOR PROVIDING FALSE OR FRAUDULENT INFORMATION. <b><i>COMPRENDO QUE ESTOY SUJETO A SER PROCESADO SI LA INFORMACION ES FALSA O INCORRECTEA.</i></b></p> <p>_____</p> <p><b>Applicant's Signature/Firma de Solicitante</b></p> <p>_____</p> <p><b>Date/Fecha</b></p>
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**PART NINE-ELIGIBILITY DETERMINATION (OFFICE USE ONLY) \*\*DO NOT WRITE BELOW THIS LINE\*\***

**Does the household meet the income requirements?**  Yes  No

**If no, has the applicant requested a hearing/appeal?**  Yes  No

**Does any member of the household fit into the following priority groups:**

Elderly  Disabled  Elderly Disabled  Children 5 or under

**Recommended Component:**

Utility 6  Vulnerable  Crisis  Weatherization

\_\_\_\_\_  
**Signature of Authorized Agency Staff**

\_\_\_\_\_  
**Date**

**\*\*\*CASE MANAGEMENT WILL DETERMINE (ON A SEPARATE AGENCY DEVELOPED FORM):**

- **Appropriate CEAP Component ( Utility 6, Vulnerable, Crisis)**
- **Benefit Level Determination/Calculations**
- **Crisis Description/Resolution**
- **Vendors Paid and Amounts**
- **Referrals/Coordination of Services**

- **You may receive a letter in the mail with a list of payments GETCAP will provide utility assistance for your household.**
- **No month can be exchanged for any other month.**
- **For any month(s) not listed, GETCAP will not award payment for those months, and you are solely responsible for your bill.**
- **You must pay your entire utility bill each month, even if you are receiving a pledge through our agency.**
- **All customers are fully responsible for their utility bills.**
- **These payments are not a guarantee based upon funding availability.**
- **All pledges are made on the 3<sup>rd</sup> Friday of Every Month.**
- **It can take up to 45 days for our pledge to post to your account as a payment.**
- **I understand that if I am an Entergy customer, no pledge will be made to my account for the months stated and I am solely responsible for my bill until payment is received from GETCAP to Entergy.**
- 

**Signature:** \_\_\_\_\_

**Case Manager Signature:** \_\_\_\_\_

**Attention: For the 2020 Program Year, proof of citizenship is required on every household member, and you must read and complete the SAVE form. Failure to submit ALL required documents will cause your application to be delayed or denied until documents are received.**

**Did you attach your additional documents: Yes  No**

**Did you provide Citizenship Proof (REQUIRED): Yes  No**

**Applicant Signature:** \_\_\_\_\_

**\*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) \$	Last Day of Employment:
Name (Nombre)	Gross Income Received (Ingreso Bruto Recibido) \$	Last Day of Employment:
Name (Nombre)	Gross Income Received (Ingreso Bruto Recibido) \$	Last Day of Employment:
Name (Nombre)	Gross Income Received (Ingreso Bruto Recibido) \$	Last Day of Employment:
Name (Nombre)	Gross Income Received (Ingreso Bruto Recibido) \$	Last Day of Employment:
Name (Nombre)	Gross Income Received (Ingreso Bruto Recibido) \$	Last Day of Employment:

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)*

**GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION**

TO WHOM IT MAY CONCERN:

I am an applicant of Greater East Texas Community Action Program.  
The information requested is for the purpose of determining my eligibility for assistance and for data collection.

I, \_\_\_\_\_ do hereby authorize the above named agency  
(Print) Applicant Name

(GETCAP) and its funding sources to obtain all requested information and/or income as needed to determine my household eligibility for assistance. I understand that this information will be kept in strict confidence and will be used for program purposes only. Income verification can be from TWC, TDHS, and Social Security Administration, current and former employers etc... As deemed necessary. Utility usage and income information for data collection purposes can be requested for up to 90 days.

Electric Company:	Account Number	Account Holder's Name
Gas Company:		
Propane Company:		
Other:		
I authorize the Texas Department of Housing and Community Affairs and its contracted agency to solicit/verify information on my energy billing and consumptions histories, both past and future, to the extent that the information is used only to determine program eligibility and to provide data.		

**Note: This release must be signed by the account holder or authorized user.**

**By checking this box I acknowledge that I am the account holder or authorized user.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address (House # & Street #)

\_\_\_\_\_  
SS# only if requesting info

\_\_\_\_\_  
City, State, & Zip Code (Required Information)

\_\_\_\_\_  
Authorized GETCAP Staff Signature

\_\_\_\_\_  
Date

Warning: Section 1001 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 within its jurisdiction.

**I understand that a photocopy of this release is as valid as the original.**

Release to be renewed each calendar year

*Now serving 30 counties between Energy Assistance and Weatherization*

## Energy Saving Tips

You can do something to keep your summer electric bills at their lowest by following these simple steps.

1. **Thermostat setting:** You can reduce your air-conditioning cooling cost by as much as 14% simply by increasing the thermostat setting 1 degree. For energy conservation, we recommend a 78 degree setting.
2. **Insulation:** Insulation is designed to keep heat out during the summer and to keep heat in during the winter. Adequate insulation can more than pay for itself in just a few years, in money saved on air-conditioning and heating operation.
3. **Let it breathe:** Dirty filters cause unnecessary strain and can lead to equipment breakdowns. Air-conditioning servicemen say about half of their trouble calls are traced to dirty filters. We suggest changing or cleaning your filters at least once a month, preferably every two weeks for best results.
4. **Maintenance:** Have your unit checked and cleaned each year to insure maximum efficiency and long life. Have the coils checked and cleaned if dirty, and check the refrigerant for charge and belts for wear and adjustments.
5. **Efficiency:** If your unit is 10 years old or older a new, properly sized, high efficiency system should be installed.
6. **Don't forget your ducts:** You can save 5% or more on your air-conditioning costs by having your duct system checked for air leaks and for adequate insulation.
7. **Attic ventilation:** Attic temperatures sometimes rise up to 140 degrees during the summer months. Good attic ventilation will lower the temperature and reduce cooling requirements inside the home.
8. **Air leaks:** You can save up to 10% on air-conditioning costs with a well-sealed house. Seal leaks around doors, windows, outlets, switch plates, and plumbing outlets. Weather stripping will make your home more comfortable too.
9. **In the shade:** If your house has a lot of windows, particularly on the east and west sides, you save money by shading the glass with awnings, solar screens or shutters. Trees and shrub that shade your home also help to reduce the air-conditioning workload. Venetian blinds or drapes are helpful as well.
10. **Turn it on:** By using kitchen and bathroom exhaust fans to remove excess heat and moisture, you can save each month on your overall cooling bill.
11. **Lower is better:** You can save money on your water heating bill by setting the temperature control at a moderate 140 degrees, or as low as needed, and still have plenty of hot water.
12. **Up the chimney:** If you close your fireplace damper during the summer and winter, (when not in use), you save on both your cooling and heating bills. Installation of a glass fireplace screen will also help prevent air from going up the chimney.

**Attention: This is your copy do not send back.**

**Greater East Texas Community Action Program**  
**AUTHORIZATION TO DISCUSS OR RELEASE CONFIDENTIAL INFORMATION**

I, \_\_\_\_\_, hereby authorize:  
(Your Name)

Greater East Texas Community Action Program, to release any and all information relating to my case with the following individuals:

- TDHCA (Texas Department of Housing and Community Affairs).
- Texas Workforce Office
- Texas Department of Health & Human Services.
- Texas APS (Adult Protection Services).
- Love In the Name of Christ (Love Inc).
- Salvation Army
  
- Family Member:

Please List: \_\_\_\_\_ and \_\_\_\_\_  
(List 1<sup>st</sup> Family Member) (List 2<sup>nd</sup> Family Member)

Other, please list: \_\_\_\_\_ and \_\_\_\_\_  
(Name) (Nature of relationship to you)

I further release and hold harmless both Case Manager/Eligibility Specialist and Greater East Texas Community Action Program from any and all liability that may potentially result from the release and/or use of such information. I understand that any information released by Greater East Texas Community Action Program will be held in strictest confidence, that it will be viewed only by those involved in case decision, and that neither I nor anyone else not so involved will have the right to see the information.

\_\_\_\_\_  
Signature of Customer

\_\_\_\_\_  
Date