



OF PLANNING REGION XI

ECONOMIC OPPORTUNITIES ADVANCEMENT CORPORATION

COMMUNITY ACTION AGENCY

2025 COMMUNITY SERVICES INTAKE APPLICATION REQUIREMENTS

Applications missing any of the documents listed below will not be accepted.

Completed Application
Birth certificate OR passport for ALL household members
Driver's license Photo ID for all household members 18 and older
<p>Last 30 days proof of income for household members 18 and older</p> <ul style="list-style-type: none">• Examples: check stubs, Pension/Retirement benefit letter, TANF/SNAP letter, Unemployment Benefits, Child Support, VA Disability Award letter, 2025 award letter for Social Security, SSI, SSDI• Bank statement and tax forms are NOT accepted.• <i>If self-employed, please request a Statement of Self Employment form from our office.</i>• <i>If any household member 18 or older has not received income within the last 30 days, the Declaration of Income Statement on page 4 must be completed</i>
<p>Copy of CURRENT utility bill (electricity, natural gas, and/or propane)</p> <ul style="list-style-type: none">• This bill must clearly show the account holder's name, service, address, account number, and usage.• EOAC will not accept utility bills shown on your phone.• Disconnection notices are <u>not</u> current bills, but you may provide this along with the most recent billing statement

Once an application is received with ALL supporting documents, it will be processed in the order it is received and by PRIORITY. Processing time can take up to 30 business days. Failure to provide all required documents will result in your application being discarded.

Our office will not be able to provide status unless it has been longer than 30 business days since we received a completed submission. Once the application and been processed, you will be notified of the determination.

This is not an entitlement program. All assistance is based on eligibility and availability of funds.

You are responsible for your utility bill payments at all times.

Application may be returned to our office by drop off, mail, or fax

1800 N. Valley Mills Dr.

Waco, TX 76710

Community Services phone line: 254-756-0954

Community Services fax line: 254-756-7664

MUST READ BEFORE COMPLETING THIS APPLICATION

EOAC

Utility Assistance Program Fact Sheet

EOAC offers utility payment assistance through the **Comprehensive Energy Assistance Program** for income eligible households residing in Bosque, Ellis, Falls, Freestone, Hill, Limestone, McLennan, and Navarro counties. Households must be at or below 150% of the Federal Poverty Guidelines.

Applying for Utility Assistance

The Utility Assistance application can be downloaded from our website at <https://www.eoacwaco.org/community-services/application/>. Applications and all required documents can be submitted via mail, fax, or drop off only. Applicants must submit a new application with supporting documents every calendar year. Prior year program applications will not be accepted. Incomplete applications will not be accepted. Application must include paper copies of all required documentation.

Funding & Assistance

Utility Assistance is based on available funding with priority being given to income eligible households with high energy usage and billing. Also given priority are vulnerable households. **The Program is not an emergency assistance or entitlement program. You are not guaranteed assistance.**

Vendor Agreements

EOAC must have an executed Vendor Agreement with the utility provider to make pledges or payments to an account. Applications submitted for vendors without an executed agreement will not be processed for assistance.

Payment Responsibility

It is your responsibility to pay your utility bill(s) during the eligibility determination process. Please continue to review your monthly invoices and all correspondence received from your utility company. Non-payment of your utility bill(s) may result in the interruption of your services. After a pledge/payment from EOAC has been applied to your account, it will be reflected on your next billing statement.

Benefit Allowance

Benefit allowance is based on household income, available funding, and the number of allowable months remaining in the program year at the time the application is reviewed and processed.

Pledges vs. Payments

Utility companies are contacted **after** eligibility has been determined, and a pledge has been processed. A pledge is a promise to make payment. A pledge secures your utility account for 45 calendar days. Payments are made to the utility company within the 45 calendar days.

Credit Balances

A credit balance on a utility account indicates there is no need for immediate assistance. EOAC will not accept any applications that have a credit balance on their utility account. If you have a credit balance at the time of application processing, you will not be eligible for assistance. You can re-apply once that credit balance has been exhausted.

Address Changes

If you move any time after your application has been submitted to our office, it is your responsibility to notify EOAC immediately. Failure to do so will result in the loss of your benefit(s) for the program year.

Changing Vendors

After submitting your utility assistance application, we encourage you to not make changes to your utility account including changing vendors, account numbers, and/or service address. Making changes to your account will result in the loss of your benefit(s) for the program year.

Application Status Check

EOAC will not be able to provide any status on your application unless it has been more than 30 business days since submission of an application and all required documents.

Economic Opportunities Advancement Corporation Community Services Application for Assistance

ALL FIELDS MUST BE COMPLETED



Date Received COMPLETE:

Received by: _____

HH# _____

Name of applicant or Head of Household:		Social Security Number:	
Address	City	County	Zip
Mailing Address if Different		Email Address	
Primary Phone	Secondary or Alternate Phone	Referred By	
Is anyone in the household an employee, board member, family, friend, former staff member of Economic Opportunities Advancement Corporation? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, please identify name and role _____			

Please check the program you are applying for Program Year 2025:

☐ Utility Assistance
 ☐ Case Management)
 ☐ Other _____

Please use this legend to complete Health Care, Work Status, Education, Race, & Ethnicity Questions Below

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 HealthCare
- 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 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

ALL FIELDS MUST BE COMPLETED FOR EACH HOUSEHOLD MEMBER

Yes or No

Use Legend above to complete this section

First and Last Name	Relation to you	Social Security#	Date of Birth	Sex: Male or Female	ACTIVE MILITARY	VETERAN	DISABLED	HEALTH INSURANCE	WORK STATUS (18 years or older)	EDUCATION	RACE	ETHNICITY Hispanic or Non-
1	SELF											
2												
3												
4												
5												
6												
7												
8												

For additional household members, please use a separate sheet

Does your family receive any of the following benefits? (Check all that applies below)

☐ Social Security Retirement ☐ Pension ☐ TANF ☐ Child Support
☐ SSDI ☐ EITC ☐ Snap ☐ Alimony/Spousal Support
☐ Unemployment Insurance ☐ Private Disability Insurance ☐ Worker's Compensation
☐ Disability Pension ☐ VA Service-Connected Disability Pension ☐ Other
☐ VA Non-Service Connected

Does your family receive any of the following benefits? (Check all that applies below)

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

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

Type of Air Conditioner Used: <input type="checkbox"/> Window Unit <input type="checkbox"/> Central Unit <input type="checkbox"/> Evaporative Cooler <input type="checkbox"/> None
Type of Heater Used: <input type="checkbox"/> Gas Space Heater <input type="checkbox"/> Central Unit (Gas or Electric) <input type="checkbox"/> Electric Space Heater <input type="checkbox"/> Stove --- Gas <input type="checkbox"/> Wall Furnace <input type="checkbox"/> Wood

Utility Providers	Account #	Account Holder's Name
Electric Company:		
Gas Company:		
Propane Company		

Are you needing a repair or replacement of heating or cooling unit?	Y	N
Would you like for a case manager to contact you about case management services to work on ways to increase household income and transition out of poverty?	Y	N
Would you like to be referred to the Weatherization Assistance Program?	Y	N
Do you have children ages 0-5 that are not in school? If so, would you like information about our Head Start/Early Head Start program? (McLennan and Falls county)	Y	N
I acknowledge that I have received Energy Saving Tips (located at the back of this application).	Y	N

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

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.

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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 (DIS)
(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 proveída 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 proveído información falsa ó fraudulenta.)*

(Applicant Signature/Firma del Solicitante)

(Date/Fecha)

I authorize the Texas Department of Housing and Community Affairs and its contracted agencies to solicit/verify information on my energy billing and consumption histories, both past and future, to the extent that the information is used only to determine program eligibility and to provide data.

Release to be renewed only if the application changes.

- The information provided is true and correct to the best of my knowledge and belief.
- My household income has been annualized at the time of application according to pre-established procedures.
- I understand I may appeal a denial of eligibility, and amount of assistance received, or a delay in service delivery.
- I authorize the Texas Department of Housing and Community Affairs (TDHCA) and its contracted agencies to solicit or verify information on my utility and/or fuel bills, both past and future to the extent the information is used only to provide data relevant to my application for assistance.
- I am aware that I am subject to prosecution for providing false, misleading, or fraudulent information.

- EOAC may obtain information to complete my application for assistance or services.
- EOAC may share necessary information with other individuals or organizations to provide case management services and/or secure resources on my behalf. I understand information will only be shared when necessary to meet the requirements of my established service plan.
- EOAC may use my success story, likeness, recording, both audio and video in public relations efforts, and may share same with other entities with or without personal identifying information when doing so shall be for the good of improving community development.
- I understand EOAC may use my likeness and/or success story in releasing annual report information to State and Federal entities, and in doing so, will provide every assurance that personal identifying information will be redacted.
- I understand I am not entitled to any compensation for any use of my story or likeness.
- I will continue to provide income information for Case Management reasons for as long as necessary for EOAC to release me from the Self-Sufficiency Program.

Date: / /2025

Date:

Disability Certification Form

Name of Person with Disability:

I hereby certify that I am disabled as defined in one of the following:

- 7(9) of the Rehabilitation Act of 1973
- 1614 (a) (3) (A) or 223 (D) (1) of the Social Security Act
- 102 (7) of the Development Disabilities Services and Facilities Construction Act (38 USC Chapter 11 or 15)

Please select one:

I receive benefits because of my disability

I do not receive benefits because of my disability

I do not receive benefits because of my disability. but I have applied for benefits

Under penalty of perjury, I have provided truthful information in this certification. In Texas, under Sec. 37.101 of the PENAL CODE, it is a felony of the third degree to falsify this information.

Applicant Signature:

Date: / /2025

Self-Certification of Life-Threatening Crisis

Name of Person with Life-Threatening Crisis:

Life Threatening Crisis as defined below (*check all that apply*):

Critical Care Patient: Individual uses life-supporting medical equipment at home and termination of the utility service would be immediately life-threatening.

Medical Emergency Patient: individual suffers from an existing medical condition that will be aggravated by the lack of utility service.

I hereby certify that the information above is true and accurate, and that the termination of utility services would be life-threatening to those individuals.

Applicant Signature:

Date: / /2025

Termination of Services

This notice is to inform you that you will be terminated from EOAC programs immediately for the following offenses if committed by you, the applicant, or any household member:

1. Belligerent or threatening behavior toward a staff member or any other person(s) while inside or outside any EOAC office.
2. Verbal abuse, including the use of profanity at or in the presence of a staff member or any person(s), while inside or outside any EOAC office.
3. Any type of actual physical confrontation toward a staff member or any other person(s) while inside or outside any EOAC office.
4. Providing a false or misleading information regarding any household member(s).
5. Theft from agency or staff member or any other person(s) while inside or outside any EOAC office. Theft is also identified as not returning EOAC funds refunded by an energy company.
6. Violation of EOAC concealed and open carry handgun and firearm policy.

I acknowledge that once terminated, I will not be allowed to reapply for any services with EOAC for a period of 1-2 years depending on the severity of the violation; and the ban from services will remain in effect even if the person(s) who committed the violation moves out.

I acknowledge that all documentation of the violation will be maintained in my client file, and that I shall have the right to appeal in writing to the Program Director within 10 days of the violation.

Applicant has a responsibility to:

- Provide required information to verify eligibility for assistance whenever the case is opened or reopened
- Report any changes in the household – income, number of people in the home, etc. which may affect eligibility.
- Report any changes in utility provider when receiving utility assistance.

Applicant Signature:

Date: / /2025

Energy Saving Tips

You can do something to keep your 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 by 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, with 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 the best results.
4. **Maintenance:** Have your unit checked and cleaned each year to ensure maximum efficiency and long life. Have the coils checked and cleaned to see if they are 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 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 window with awnings, solar screens, or shutters. Trees and shrubs 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.