BakerRipley
Housing and Energy Management

2021 Utility Assistance Application & Required Documents List

Dear Applicant,

Thank you for your interest in the 2021 Utility Assistance Program. Enclosed you will find an application along with a list of the documents required with your application and instructions.

A signed, completed application and all the required documents are required to be submitted for your application to be processed in a timely manner. If your application is incomplete or missing documents, it will delay the review of your application and may result in your application being denied. Please allow up to 8 weeks for determination of eligibility before calling to check your application status.

Applications may be submitted by Mail or Fax:
(Only submit your application using one of the below methods)

BakerRipley - Utility Assistance		**Fax Number**:
3838 Aberdeen Way	OR	(832) 295-5834
Houston, TX 77025		

Baker Ripley Utility Assistance 2021 Application Required Documents

1. **BakerRipley Utility Assistance 2021 Application:** Complete Pages 1-5: Answer **all** questions 1-17
2. **Proof of Identity for all household members**: submit proof of identity for all household members. Please see enclosed attachment for a list of acceptable documents.
3. **Proof of Citizenship or Residency for all household members:** submit proof of citizenship for all household members. Please see enclosed attachment for acceptable documents.
4. **Income**: submit proof of current income for all household members eighteen (18) years of age and older. Include proof for consecutive pay periods reflecting 30 days prior to the signature date of the application. (Examples include – Pay stubs, pension statements, unemployment insurance, disability, 2021 Social Security award letters, all other monthly award benefit payments, etc.)
5. **Electric Bill**: Submit front and back of current utility bill.
6. **Gas Bill**: Submit front and back of current bill.

Note: All documents mailed, dropped off or faxed are required to be in a legible format.
All electricity and gas vendors are required to have a current vendor agreement with BakerRipley.

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/.

BakerRipley | 3838 Aberdeen Way | Houston, TX 77025
Telephone: 713-590-2327 | Fax: 832-295-5834

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Proof of Citizenship & Identity for Individuals

When applying for utility assistance, the applicant is required to submit proof of citizenship or legal residency and identity for ALL HOUSEHOLD MEMBERS. Please note the SAVE Applicant Certification Form is required to be submitted in addition to the documents below.

Proof of Citizenship, Legal Residency, and Identity – The documents below verifies both citizenship, legal residency, and identity. No additional documentation is needed for a household member who submits any of the documents under Proof of CITIZENSHIP & IDENTITY below.

Proof of CITIZENSHIP & IDENTITY

Household members submit **one** of the following:

- Valid, undamaged U. S. passport or passport card (can be expired)
- U. S. American Indian or Alaska Native tribal enrollment or membership card with photo

OR

- Permanent Resident Card (Form I-551) *
- Certificate of Naturalization (N-550 or N-570)*
- Certificate of U. S. Citizenship (N-560 or N-561)*
- Refugee Travel Document (Form I-571)*
- Arrival/Departure Record (Form I-94)*
- Re-entry Permit (Form I-327)*

Please provide front and back copies.

**All household members who provide this documentation will be entered into the Systematic Alien Verification for Entitlements (SAVE)*

The applicant should provide the documents below if a household member does not have a U. S. Passport or any of the documents above.

Proof of CITIZENSHIP

Household members submit **one** of the following:

- Birth certificate or birth record (including birth certificate cards) issued by the appropriate State Bureau of Vital Statistics or equivalent agency from a U. S. state or local government, a U. S. territory, or the District of Columbia
- Consular Report of Birth Abroad or Certificate of Birth / U. S. Department of State Certificate of Birth Abroad issued to U. S. citizens born abroad (Form FS-240, DS-1350, or FS-545)

OR

Household members submit **two** of the following:

- Hospital Birth Certificate (often shows the baby's footprints)
- U. S. Census record
- Early school records
- Doctor's records of post-natal care
- Baptism Certificate
- Family Bible Record

Proof of IDENTITY

Household members submit **one** of the following:

- Texas Driver's License or ID within 2 years of expiration
- Temporary Driver's License with photo
- Out-of-State Driver's License or ID with photo within 60 days of expiration
- Concealed Handgun License
- U. S. Military or U. S. Military Dependent ID (unexpired)
- Matricula Consular (Mexican Consular ID)
- Unexpired Foreign Passport
- Texas Offender ID Card issued by TDCJ
- Federal Inmate ID Card

OR

Household members submit **two** of the following:

- Birth certificate or birth record (including birth certificate cards) issued by the appropriate State Bureau of Vital Statistics
- Social Security Card
- Voter Registration Card
- Employee Work ID
- Student ID/School Yearbook with identifiable photo
- Selective Service (Draft) Card
- Medicare or other health card
- W-2 or 1099

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Housing & Energy Management
2021 Utility Assistance Application

APPLICANT INFORMATON

1. First Name	Middle Name	Last Name	2. Do you live in Harris County? ☐ Yes ☐No
3. Residential Address	Apt #_____	City _____ State_____ Zip Code_____	
4. Mailing Address (leave blank if same as residential address)	Apt #_____	City _____ State_____ Zip Code_____	

5. Home Telephone: ( ) _____-_____ Cell Telephone: ( ) _____-_____ Cell Phone Provider _____

6. Would you like to receive status updates via (PLEASE CHECK THE APPROPRIATE BOX) ☐ Email ☐Text Email Address:_____

7. Preferred Language ☐ English ☐ Spanish ☐ Vietnamese ☐ Chinese

HOUSEHOLD MEMBERS INFORMATION *(List applicant first and all household members)*

Applicant & Household Members First Name Last Name	8A. Race	8B. Ethnicity Hispanic (H) or Non-Hispanic (N)	8C. Gender Male, Female, Other	8D. Date of Birth (MM/DD/YYYY)	8E. Military Status?	8F. Migrant Seasonal Farm Worker?	8G. Disability?	8H. Receiving income?
1.					☐ Active ☐ Veteran	☐ Yes ☐No	☐ Yes ☐No	☐ Yes ☐No
2.					☐ Active ☐ Veteran	☐ Yes ☐No	☐ Yes ☐No	☐ Yes ☐No
3.					☐ Active ☐ Veteran	☐ Yes ☐No	☐ Yes ☐No	☐ Yes ☐No
4.					☐ Active ☐ Veteran	☐ Yes ☐No	☐ Yes ☐No	☐ Yes ☐No
5.					☐ Active ☐ Veteran	☐ Yes ☐No	☐ Yes ☐No	☐ Yes ☐No
6.					☐ Active ☐ Veteran	☐ Yes ☐No	☐ Yes ☐No	☐ Yes ☐No
7.					☐ Active ☐ Veteran	☐ Yes ☐No	☐ Yes ☐No	☐ Yes ☐No
8.					☐ Active ☐ Veteran	☐ Yes ☐No	☐ Yes ☐No	☐ Yes ☐No

FOR BAKERRIPLEY STAFF USE ONLY:

☐ New ☐ HHCR ☐ Re-Apply Case Number 21_____ Application ID _____

Reviewed & Entered by (Print) _____ Signature_____

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9. Do you or anyone in the household currently receive the following? (PLEASE CHECK THE APPROPRIATE BOX)

☐ Supplemental Nutrition Assistance Program (SNAP) ☐ Temporary Assistance for Needy Families (TANF)

If you do, please provide a current 2021 SNAP/TANF Award Letter.

10. Is the address listed on this application owned or rented by the applicant?

☐Own ☐Rent

11. How much is the mortgage or rent?

$_____._____ per ☐Month ☐ Half Month ☐Two Weeks ☐Week

12. Do you live in a?

☐ House ☐ Apartment ☐ Mobile Home/ Trailer ☐ Duplex ☐ Townhouse

Apartment or Landlord name_____

Telephone Number ( ) _____-_____Alternate Number ( ) _____-_____

13A. Are you interested in the Weatherization Program? Weatherization reduces air leaking from your home, reduces your energy cost, and makes your home more comfortable through the installation of energy saving materials.

(PLEASE CHECK APPROPRIATE BOX) ☐ Yes ☐No

13B. Does your home's heating and / or cooling system need service or repair?

(PLEASE CHECK APPROPRIATE BOX) ☐ Yes ☐No

14. How do you cool your home?

☐ A/C Window Unit ☐ Central A/C Unit ☐Fans ☐ Other ☐ None

15. How do you heat your home?

☐ Gas Space Heater ☐ Electric Space Heater ☐Central Heat Unit ☐ Stove-Oven ☐ None

16. Does your name match the name on the utility bills? (CHECK ONE) ☐ Yes ☐No If no, explain why (ex. Deposit too high) _____

_____

UTILITY INFORMATION

17. Which utilities do you have in your home? ☐Electric ☐Gas ☐Propane

17A. Type of Bill	17B. Account Holder (Name on Bill)	17C.Utility Provider (Name of Utility Company)	17D. Account Number
Electric			
Gas			
Propane			

FOR BAKERRIPLEY STAFF USE ONLY: Case Number **21**_____

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Housing and Energy Management

RELEASE OF CUSTOMER INFORMATION

As a Utility Assistance Program/Weatherization Assistance Program participant, I do hereby give permission to obtain and release personal information regarding my case to other agencies as deemed necessary to further assist my household in accessing services and to funding sources for reporting purposes. Information requested / released may include, but is not limited to, the following: 1) Services provided to or requested from the household by Utility Assistance Program/Weatherization Assistance Program agency; 2) Status on utility accounts, payment and consumption histories; 3) Proof of income, residency, and household members; 4) Employment; 5) Education and 6) Proof of identity and citizenship for all household members.

- The information provided is true and correct to the best of my knowledge and belief.
- My household income has been calculated to determine the household yearly income, according to pre-established agency procedures.
- I understand I may request a hearing to appeal a denial of eligibility, amount of assistance received, or a delay of service delivery.
- I authorize the Texas Department of Housing and Community Affairs and its contracted agency, BakerRipley, to solicit/verify information on my utility and/or fuel bill, both past and future, to the extent the information is used only to provide data.
- I hereby authorize the Texas Department of Housing and Community Affairs and BakerRipley, to obtain online access to my utility account information for the purpose of obtaining my 12-month billing history, 12-month payment history, and account balance to be used for the sole purpose of determining my eligibility for benefits in the Utility Assistance Program/Weatherization Assistance Program. I understand that the account information obtained by BakerRipley may contain personal and/or personally-identifying information.
- I understand that BakerRipley will not use my information provided except as needed to review this application to determine eligibility.
- I am aware that I am subject to federal prosecution for providing false or fraudulent information.
- I understand that BakerRipley will use the U.S. Department of Homeland Security (DHS)/ Systematic Alien Verification for Entitlements (SAVE) to verify status of non- U.S. born naturalized household members, citizens or permanent residents who provide the following documentation: Permanent Resident Card, Certificate of Naturalization, Certificate of U.S. Citizenship, Refugee Travel Document, Arrival/Departure Record, or Re-entry Permit.

My signature indicates I have read the Release of Customer Information, Application Required Document List, received a copy of the Customer Acknowledgement and agree to abide by the terms stated.

Applicant Name (Print) _____ _____
First Name Last Name

Applicant Signature _____ Impacted by COVID-19? YES _____ NO _____

Date Signed _____/_____/__2021___ **FOR BAKERRIPLEY STAFF USE ONLY**: Case Number **21** _____

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Declaration of Income Statement

If you answered No to questions 8G or 8H complete this form **(for anyone 18 years of age or older)** in the household.

I am applying for utility assistance and have no documented proof of income for 1 or more household members 18 years of age or older due to the reason(s) listed in the table below. **All proof of income must be submitted along with this form.**

Please complete steps 1 -3 in the chart below for all household members 18 years of age or older.

1. My household consists of _____ total members. The household members listed below are **18 years of age or older.**	**2. All household members 18 years of age or older must be listed.** If a household member is **18 years of age or older** and has NOT provided proof of income, check one of the reasons below or list the reason in "Other Reason." If proof of income was provided, indicate the type of income as Employer Wages or Award (s) and submit proof. For Paid in Cash list in "Other Reason" occupation and/or type of support received (ex. Family Support).						**3. List previous 30 - day gross income (income received before deductions)**
List Household Member Name (First and Last Name)	**Age**	**Employer Wages (Pay Stubs)**	**Award Letter(s)**	**Paid in cash**	**Unemployed with No Income**	**Other Reason (Please explain)**	
		☐	☐	☐	☐		
		☐	☐	☐	☐		
		☐	☐	☐	☐		
		☐	☐	☐	☐		
		☐	☐	☐	☐		
		☐	☐	☐	☐		

TOTAL HOUSEHOLD GROSS AMOUNT $ _____

I certify that the above information is true and correct to the best of my knowledge and belief. I understand that the information will be verified to an extent; and, that I am subject to prosecution for providing false or fraudulent information.

APPLICANT ONLY:

Applicant Name (Printed) _____ **Applicant Signature** _____

Date _____/_____/__**2021**____

FOR BAKERRIPLEY STAFF USE ONLY

Case Number **21**_____ Application ID _____

BakerRipley Representative (Print) _____ (Sign) _____

Reviewed and Approved by (Manager) _____

Comments: _____

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TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS

Systematic Alien Verification for Entitlements (SAVE) System and US Citizenship/ US National Applicant Certification Form for WAP and CEAP

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)	**Office Use ONLY:** Documentation Provided	
			Status	Identification
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

To add additional household members, use another copy of this form.

I AM AWARE THAT I AM SUBJECT TO PROSECUTION FOR PROVIDING FALSE OR FRAUDULENT INFORMATION.		
(Sign Here) X		/ /2021
Applicant's Signature		Date
Signature of agency staff certifying they verified the above documents	Print Staff Name	Date

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BakerRipley Utility Assistance Program
COVID-19 Self-Certification Form

Instructions: Please complete this form if the applicant or a household member has been directly impacted by COVID-19. The form can be completed and signed by the applicant or by the BakerRipley Representative via pone and documented in the file with a case note.

I, *(applicants name)* _____, certify that I or a household member has been directly impacted by COVID-19 in one of the following ways:

____Financial Hardship (Loss of job, reduced work hours, employer closed temporarily or permanently, etc.)

____ Medical Hardship (Ordered to self-quarantine or isolate as a result of COVID-19, underlying condition, etc.)

_____	_____
Applicant Signature	**Date**
_____	_____
BakerRipley Representative Signature	**Date**
_____	
Case Note Date	

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CUSTOMER ACKNOWLEDGEMENT

PLEASE READ - KEEP THIS PAGE FOR YOUR RECORDS. DO NOT SUBMIT THIS PAGE WITH YOUR APPLICATION

- I understand the BakerRipley Utility Assistance Program is federally funded, and receiving assistance is based on income-eligibility, county of residence, citizenship or legal residency status (verified by documentation submitted or verification through the Systematic Alien Verification for Entitlement), and available funding.
- I am required to apply each year for Utility Assistance Program. If I receive assistance it will not carry-over to the next calendar year.
- I understand the Utility Assistance Program funds are administered by BakerRipley, and that the Utility Assistance Program is not an emergency assistance program. Application review for determination eligibility can take up to 8 weeks or longer after you submit your application. Applications are reviewed in the order received, and submitting an application does **NOT** guarantee assistance.
- I understand that my household is required to meet the Federal Income Guidelines and live in Harris County.
- I understand that if I do not submit all the documents as listed on the application required documentation list, my application is incomplete and there will be a delay in reviewing my request for assistance.
- I understand that BakerRipley will not pledge assistance or make utility payments to the electricity or gas vendors until the application is complete and eligibility has been determined.
- I understand that I am always responsible for paying my utility bill(s) before, during, and after the application and eligibility determination process.
- I am responsible for paying my utility vendor all remaining balances after the Utility Assistance Program makes a pledge/payment to my utility account. Non-payment of my utility bill may result in the interruption of services.
- I understand that BakerRipley Utility Assistance Program provides assistance for electric or gas utility bills only. We do NOT provide assistance for rent/mortgage, water, trash, sewer, cable or telephone.
- I understand that BakerRipley will not pay any late fees, deposits, or reconnect charges and that I am responsible for making payments for those fees and charges to my utility vendor.
- If my application is approved, I will receive a Notice of Eligibility (NOE) providing my benefit amount(s).
- If my application is denied, I will receive a Notice of Denial (NOD) with the reasons indicated. The notice will include information on the appeal process.
- I understand that by requesting to receive status updates on my application via email and/or text, all messaging fees are my responsibility.
- I understand that it is my responsibility to notify BakerRipley of changes that could affect payment to my utility account, including but not limited to:
  - Change in Utility Vendor
  - Change of Account Number
  - Change of Address, Telephone, or Email
- I understand that making a knowingly false statement or misrepresentation on this application may be subject to fines, imprisonment, or both.

BakerRipley – Utility Assistance
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