

## 2021 Community Services Intake Application

Applicant First Name	Middle Name	Last Name
Physical Address		Apt/Suite
		City Zip code County
Mailing Address for correspondence		Apt/Suite
		City State Zip Code County
Email Address for correspondence	Contact Phone Number	Primary Language
Referring Agency	Circle: Do you participate in other OWBC Programs?  <ul style="list-style-type: none"> <li>• Current</li> <li>• Previous</li> </ul>	Circle: Which other program(s) are you a Current or Previous Client?  <ul style="list-style-type: none"> <li>• Meals on Wheels</li> <li>• Headstart</li> <li>• None</li> </ul>

ALL APPLICATIONS REQUIRE PROOF OF INCOME FOR ALL HOUSEHOLD MEMBERS 18 YEARS OLD AND OLDER WITHIN THE LAST 30 DAYS FROM DATE OF SUBMISSION OF THE APPLICATION. FAILURE TO PROVIDE PROPER DOCUMENTATION WILL RESULT IN A DENIAL.

**Examples of Household Income: Last 30 days from submission of application**

Employment Paystubs by pay date and includes gross amount	SS/SSI/SSDI Award Letters showing 2021 benefits	Pension Cash Benefits	Interest/dividend payment received
Unemployment Benefits Explanation and Breakdown	TANF/SNAP Award Letters showing current benefits (all pgs)	Alimony Cash Benefits	Commission/Tips/Bonus received
Worker's Compensation Benefits	Child Support w/listing of payments	Veteran Cash Benefits	Re-Occurring Cash Payments received

\*Included in this packet: Declaration of Income Statement form for those household members 18 and older without income or hard to obtain proof of income showing pay dates, payee and gross income such as uber drivers, day labor workers, etc.

**SELECT program(s):**

Long-Term Energy Assistance   
  Self-Sufficiency thru Employment   
  Limited Co-Vid Emergency Assistance

**Where to submit a completed/signed application packet with proper documentation:**

<b>Email:</b> <a href="mailto:Utilities@owbc-tx.org">Utilities@owbc-tx.org</a> <b>Fax:</b> 512 763 1411	<b>Mail:</b> 604 High Tech Dr Georgetown Tx 78626	<b>Service Area:</b> Burnet and Williamson Counties
<b>Online:</b> <a href="https://www.owbc-tx.org/community-services-online-application/">https://www.owbc-tx.org/community-services-online-application/</a>	<b>Office Hours:</b> Mon-Fri 8am to 5pm	<b>Phone:</b> 512 255 2202

**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/>.

## SUPPORTING DOCUMENTS REQUIRED PER PROGRAM

**ALL INITIAL SUBMISSIONS WITHOUT SIGNATURES AND DOCUMENTATION WILL BE DENIED**

**Watch your email or mail for updates on the status of your application and benefits being provided**

- **PROOF OF INCOME - ALL SOURCES – COMING INTO THE HOUSEHOLD - ALL HOUSEHOLD MEMBERS 18 YEARS AND OLDER**
  - **INCOME DATE RANGE – INCLUDE ALL PAYDATES RECEIVED 30 DAYS PRIOR TO DATE OF APPLICATION**
  - **INCOME SOURCE EXAMPLES:** \*CURRENT SS, SSI, SSDI, VA AND OR PENSION AWARD LETTERS, \*PAY STUBS SHOWING GROSS AMOUNT, PAYDATES AND BREAKDOWN AMOUNTS, UNEMPLOYMENT LETTER AND PAYOUT SCHEDULE, CHILD SUPPORT, SNAP LETTER, OR ANY OTHER FORMS OF INCOME COMING INTO THE HOME COVERING THE 30 DAYS
- \***DECLARATION OF INCOME FORM** to support prior 30 days income is included in packet - *Refer to instruction on form for use.*

### **Energy Assistance – FPL 150% and Below**

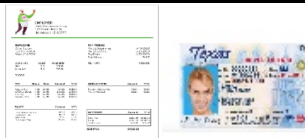


- **PROOF OF INCOME** (See examples on pg 1)
- **PROOF OF ID FOR HOUSEHOLD MEMBERS – As many members and you can provide. This affects household qualification**  
*Example: State issued Driver's License or Identification Card, parent ID match for minors - See attached list for alternate forms of proof*
- **PROOF OF US CITIZENSHIP OR US RESIDENCE OF HOUSEHOLD MEMBERS – As many members as you can provide – This affects household qualification - Example: US Passport or US Birth Certificate or US residency – NO Social Security or Voter ID cards- See attached list for alternate forms of proof**

Complete and sign SAVE page. Include all members of the household - *Form is attached*

- **Current Energy AND Gas Bill or Household Propane Tank Provider** **COULD SUBMIT TWO SOURCES FOR ASSISTANCE**
- **Specific Vendor Release** (Review attached releases)

### **SELF SUFFICIENCY EDUCATION / EMPLOYMENT 125% FPL & BELOW**



- **PROOF OF INCOME** (See examples on pg 1)
- **PROOF OF ID FOR APPLICANT - Example: State issued Driver's License or Identification Card**  
*Applicants interested in this program, indicate a yes for a case manager to contact you.*

### **LIMITED EMERGENCY ASSISTANCE – RENTAL AND OTHER NEEDS 200% FPL & BELOW - BASED ON AVAILABLE FUNDING**



- **PROOF OF INCOME** (See examples on pg 1)
- **PROOF OF ID FOR APPLICANT - Example: State issued Driver's License or Identification Card**
- **RENTAL LEASE, UTILITY BILL (Energy assistance through CEAP program) and contact information – All pages**
- **QUALIFYING STATEMENT - Example: Specifically, how were you affected by co-vid financially?**

Additional requests for needs are reviewed on a case by case basis

# Opportunities

for Williamson & Burnet Counties



**HOUSEHOLD MEMBERS INFORMATION** – List every member of the household including adults and minors, extended family, friends, roommates, etc living in the home. Complete each of the boxes below for every member of the household.

<b>1. Applicant Name</b>	<b>Date of Birth:</b> ____/____/____ Month/Day/Year	<b>Gender:</b> Male Female Other	<b>Disability Status:</b> Yes No	<b>Military Status:</b> Active Military Veteran
<b>Relationship to Applicant:</b> Self Spouse Child – Birth / Step / Foster Parent / Stepparent Grandparent Aunt/Uncle Sibling Other Relative Guardian Friend	<b>Race</b> Am Indian/Alaskan Native Asian Black/African American Multi-Race Native Hawaiian Other Pacific Islander White Other <b>Ethnicity</b> Hispanic / Latino Non-Hispanic/ Non- Latino	<b>Type of Health Insurance</b> Direct -Purchase Employment Based Medicaid Medicare Military Healthcare State Health Ins for Children State Health Ins for Adults	<b>Education Status</b> <b>Current or Up To:</b> Grades 0-8 Grades 9-12 <b>Graduate:</b> HS/GED Post-Secondary 2 to 4 Year College	<b>Current Work Status</b> <b>Employed:</b> Full Time Part Time Retired Migrant-Seasonal Worker <b>Unemployed:</b> Long Term > 6 months Short Term < 6 months Not in Labor Force Minor Child

<b>2. Additional HH Mbr Name</b>	<b>Date of Birth:</b> ____/____/____ Month/Day/Year	<b>Gender:</b> Male Female Other	<b>Disability Status:</b> Yes No	<b>Military Status:</b> Active Military Veteran
<b>Relationship to Applicant:</b> Self Spouse Child – Birth / Step / Foster Parent / Stepparent Grandparent Aunt/Uncle Sibling Other Relative Guardian Friend	<b>Race</b> Am Indian/Alaskan Native Asian Black/African American Multi-Race Native Hawaiian Other Pacific Islander White Other <b>Ethnicity</b> Hispanic / Latino Non-Hispanic/ Non- Latino	<b>Type of Health Insurance</b> Direct -Purchase Employment Based Medicaid Medicare Military Healthcare State Health Insurance Program State Health Ins for Adults	<b>Education Status</b> <b>Current or Up To:</b> Grades 0-8 Grades 9-12 <b>Graduate:</b> HS/GED Post-Secondary 2 to 4 Year College	<b>Current Work Status</b> <b>Employed:</b> Full Time Part Time Retired Migrant-Seasonal Worker <b>Unemployed:</b> Long Term > 6 months Short Term < 6 months Not in Labor Force Minor Child

<b>3. Additional HH Mbr Name</b>	<b>Date of Birth:</b> ____/____/____ Month/Day/Year	<b>Gender:</b> Male Female Other	<b>Disability Status:</b> Yes No	<b>Military Status:</b> Active Military Veteran
<b>Relationship to Applicant:</b> Self Spouse Child – Birth / Step / Foster Parent / Stepparent Grandparent Aunt/Uncle Sibling Other Relative Guardian Friend	<b>Race</b> Am Indian/Alaskan Native Asian Black/African American Multi-Race Native Hawaiian Other Pacific Islander White Other <b>Ethnicity</b> Hispanic / Latino Non-Hispanic/ Non- Latino	<b>Type of Health Insurance</b> Direct -Purchase Employment Based Medicaid Medicare Military Healthcare State Health Insurance Program State Health Ins for Adults	<b>Education Status</b> <b>Current or Up To:</b> Grades 0-8 Grades 9-12 <b>Graduate:</b> HS/GED Post-Secondary 2 to 4 Year College	<b>Current Work Status</b> <b>Employed:</b> Full Time Part Time Retired Migrant-Seasonal Worker <b>Unemployed:</b> Long Term > 6 months Short Term < 6 months Not in Labor Force Minor Child

# Opportunities

for Williamson & Burnet Counties

**HOUSEHOLD MEMBERS INFORMATION** – List every member of the household including adults and minors, extended family, friends, roommates, etc living in the home. Complete each of the boxes below for every member of the household.

<b>4. Additional HH Mbr Name</b>	<b>Date of Birth:</b>  ____/____/____ Month/Day/Year	<b>Gender:</b> Male Female Other	<b>Disability Status:</b> Yes No	<b>Military Status:</b> Active Military Veteran
<b>Relationship to Applicant:</b> Self Spouse Child – Birth / Step / Foster Parent / Stepparent Grandparent Aunt/Uncle Sibling Other Relative Guardian Friend	<b>Race</b> Am Indian/Alaskan Native Asian Black/African American Multi-Race Native Hawaiian Other Pacific Islander White Other  <b>Ethnicity</b> Hispanic / Latino Non-Hispanic/ Non- Latino	<b>Type of Health Insurance</b> Direct -Purchase Employment Based Medicaid Medicare Military Healthcare State Health Insurance Program State Health Ins for Adults	<b>Education Status</b> <b>Current or Up To:</b> Grades 0-8 Grades 9-12  <b>Graduate:</b> HS/GED Post-Secondary 2 to 4 Year College	<b>Current Work Status</b> <b>Employed:</b> Full Time Part Time Retired Migrant-Seasonal Worker  <b>Unemployed:</b> Long Term > 6 months Short Term < 6 months Not in Labor Force Minor Child

<b>5. Additional HH Mbr Name</b>	<b>Date of Birth:</b>  ____/____/____ Month/Day/Year	<b>Gender:</b> Male Female Other	<b>Disability Status:</b> Yes No	<b>Military Status:</b> Active Military Veteran
<b>Relationship to Applicant:</b> Self Spouse Child – Birth / Step / Foster Parent / Stepparent Grandparent Aunt/Uncle Sibling Other Relative Guardian Friend	<b>Race</b> Am Indian/Alaskan Native Asian Black/African American Multi-Race Native Hawaiian Other Pacific Islander White Other  <b>Ethnicity</b> Hispanic / Latino Non-Hispanic/ Non- Latino	<b>Type of Health Insurance</b> Direct -Purchase Employment Based Medicaid Medicare Military Healthcare State Health Insurance Program State Health Ins for Adults	<b>Education Status</b> <b>Current or Up To:</b> Grades 0-8 Grades 9-12  <b>Graduate:</b> HS/GED Post-Secondary 2 to 4 Year College	<b>Current Work Status</b> <b>Employed:</b> Full Time Part Time Retired Migrant-Seasonal Worker  <b>Unemployed:</b> Long Term > 6 months Short Term < 6 months Not in Labor Force Minor Child

<b>6. Additional HH Mbr Name</b>	<b>Date of Birth:</b>  ____/____/____ Month/Day/Year	<b>Gender:</b> Male Female Other	<b>Disability Status:</b> Yes No	<b>Military Status:</b> Active Military Veteran
<b>Relationship to Applicant:</b> Self Spouse Child – Birth / Step / Foster Parent / Stepparent Grandparent Aunt/Uncle Sibling Other Relative Guardian Friend	<b>Race</b> Am Indian/Alaskan Native Asian Black/African American Multi-Race Native Hawaiian Other Pacific Islander White Other  <b>Ethnicity</b> Hispanic / Latino Non-Hispanic/ Non- Latino	<b>Type of Health Insurance</b> Direct -Purchase Employment Based Medicaid Medicare Military Healthcare State Health Insurance Program State Health Ins for Adults	<b>Education Status</b> <b>Current or Up To:</b> Grades 0-8 Grades 9-12  <b>Graduate:</b> HS/GED Post-Secondary 2 to 4 Year College	<b>Current Work Status</b> <b>Employed:</b> Full Time Part Time Retired Migrant-Seasonal Worker  <b>Unemployed:</b> Long Term > 6 months Short Term < 6 months Not in Labor Force Minor Child

## Long-Term Energy Assistance / Limited Emergency Assistance / Self-Sufficiency

### HOUSING INFORMATION

Circle and Provide the following information

Own: No Yes Mortgage per month: \_\_\_\_\_

Rent: No Yes Rent per month: \_\_\_\_\_

Type: Private Home Apartment Mobile Home Rented Room

Do you participate in Subsidized/Public Housing? No Yes – What Type? \_\_\_\_\_

Utilities Included: No Yes

## Long-Term Energy Assistance / Limited Emergency Assistance / Self-Sufficiency

### UTILITY SERVICE VENDOR INFORMATION

Please mark (✓) for yes and Provide the following information

How does your family pay for utilities?  To Utility Company  To Landlord  Included in Rent

		Primary Use	Primary Use
Electric Utility Company/Vendor:	Acct No.	<input type="checkbox"/> Heating	<input type="checkbox"/> Cooling
Gas Utility Company/Vendor:	Acct No.	<input type="checkbox"/> Heating	<input type="checkbox"/> Cooling
Propane Company/Vendor:	Acct No.	<input type="checkbox"/> Heating	<input type="checkbox"/> Cooling
Water Company/Vendor:	Acct No:	Type:	
Other Company/Vendor:	Acct No	Type:	
Type of Air Conditioning Used:	<input type="checkbox"/> Central Electric Unit	<input type="checkbox"/> Evaporative Cooler	<input type="checkbox"/> Window Unit <input type="checkbox"/> None
Type of Heater Used:	<input type="checkbox"/> Central Electric Unit	<input type="checkbox"/> Natural Gas Unit	<input type="checkbox"/> Propane Tank <input type="checkbox"/> Propane Service <input type="checkbox"/> Other

## Self-Sufficiency Program Only

### Self-Sufficiency through Employment Program

It is designed to assist families to become self-supporting through entering the workforce with greater job and life skills. Families work one on one with a case manager and tailor a service plan unique to the family's needs and barriers to getting back to work.

**Below are a few things to consider when deciding if this program is right for your family:**

- Are you willing to do what it takes to achieve?
- Are you ready to get back to work full time?
- Are you wishing you had greater skills for a career?
- Are you looking for an advocate to assist you in obtaining skills to prepare you for a career?
- Have you taken steps to reach your goals?
- Are you aware of your main challenges?
- Have you reached out for assistance?
- Are you ready for success?

**Case Managers are available Monday – Friday 8am to 5pm with exception to holidays.**

**Would you like a Case Manager to contact you regarding the Self-Sufficiency Program? Yes No**

# Opportunities

for Williamson & Burnet Counties

**APPLICATION CHECKLIST:** Did you include all proper supporting documentation?

**All programs require:**

- Proof of Income, unemployment, awarded benefits AND supplemental benefits such as SNAP and Child Support for all household members.
- (See examples page 1.)

**AND**

**Long Term Energy Assistance Program also requires:**

- Proof of ID for members of the household – including minors (See instructions in back of packet.)
- Proof of US Citizenship for members of the household – including minors (See instructions in back of packet.)
- Copy of Energy Bill – Electric or Gas - Contact us directly regarding assistance with HH propane tank fills

**Self-Sufficiency Through Employment Program also requires:**

- Proof of ID for the Applicant

**Limited Emergency Co-Vid Assistance Program also requires:**

- Proof of ID for the Applicant
- Copy of Lease / Bill requesting assistance
- Qualifying Statement regarding how Co-Vid has affected you financially

**APPLICATION AUTHORIZATION \*Read BEFORE signing this document**

- ❖ I understand that my household gross (pre-tax) income has been annualized, at the time of application, according to pre-established agency procedure.
- ❖ I am aware that I am subject to prosecution for providing false or fraudulent information on this application. I also understand that receipt or assistance through misrepresentation or fraud is punishable by fine or imprisonment.
- ❖ I understand that I may request a hearing to appeal a denial of eligibility, amount of assistance received, or a delay in service.
- ❖ I authorize the Texas Department of Housing and Community Affairs and Opportunities for Williamson and Burnet Counties, Inc. to solicit/verify information including utility and/or fuel bills (if applying for utility assistance) and employment verification, both past and future, to the extent that the information is used only to determine eligibility and provide data.
- ❖ I am an applicant of Opportunities for Williamson and Burnet Counties, Inc. I hereby give my permission to release and verify all information requested and understand that it will be kept in strict confidence to be used for program purposes only. I understand that a photocopy of this release is as valid as the original and may be used to obtain employment information or verify other data.
- ❖ I understand that if I move residences or change utility companies, I must notify Opportunities for Williamson and Burnet Counties, Inc. within 5 business days with my new utility company, account number, and name on the account. If I do not notify Opportunities for Williamson and Burnet Counties, Inc. of my new utility company I will lose any payments due. When the information is provided any remaining assistance may be reinstated. (If applying for utility assistance)
- ❖ I understand that if my current monthly bill exceeds the payment agreement for that month that I am responsible for the remaining balance owed to the vendor. Should I be disconnected for failure to pay any remaining balance owed to the vendor, I will be terminated from the Utility Assistance program, and this agreement becomes null and void. (If applying for utility assistance)
- ❖ I understand that my application will be processed according to the guidelines set and the information is completed, signed and proper documentation was provided as requested or my application will be denied.

Applicant Signature

**SIGN HERE**

Staff Signature



## Declaration of Income Statement

Applicant First Name	Middle Name	Last Name		
Physical Address	Apt/Suite	City	Zip	County

By signing below – **The Applicant** certifies these household members are **without income or have exhausted the ability to provide acceptable documentation of income** for the reasons listed below:

\*This form is ONLY for household members, 18 years old or older. If a member can show proof of income via paystub, award letter etc., this form is not needed.

Names of Household Member(S) <i><u>NO Income or ability to provide acceptable proof of income</u></i>	Income period – Last 30 days from application	Gross Amount Received	<u>Circle the Reason</u> for No Income or No Documentation
		\$	<ul style="list-style-type: none"> <li>• Recently unemployed Last Pay Date: _____</li> <li>• Disabled – Not Receiving Benefits</li> <li>• Primary full-time caregiver for disabled adult</li> <li>• Primary full-time caregiver for disabled child</li> <li>• Not able to affordable childcare</li> <li>• Not able to obtain transportation to maintain employment</li> <li>• Not able to provide proper documentation showing member name, Gross Amt, Pay dates, Employer information</li> <li>• Other: _____</li> </ul>
		\$	<ul style="list-style-type: none"> <li>• Recently unemployed Last Pay Date: _____</li> <li>• Disabled – Not Receiving Benefits</li> <li>• Primary full-time caregiver for disabled adult</li> <li>• Primary full-time caregiver for disabled child</li> <li>• Not able to affordable childcare</li> <li>• Not able to obtain transportation to maintain employment</li> <li>• Not able to provide proper documentation showing member name, Gross Amt, Pay dates, Employer information</li> <li>• Other: _____</li> </ul>
		\$	<ul style="list-style-type: none"> <li>• Recently unemployed Last Pay Date: _____</li> <li>• Disabled – Not Receiving Benefits</li> <li>• Primary full-time caregiver for disabled adult</li> <li>• Primary full-time caregiver for disabled child</li> <li>• Not able to affordable childcare</li> <li>• Not able to obtain transportation to maintain employment</li> <li>• Not able to provide proper documentation showing member name, Gross Amt, Pay dates, Employer information</li> <li>• Other: _____</li> </ul>

*I certify that the above information is true and correct to the best of my knowledge and belief. If any part is false, my participation in this agency's program may be terminated, and I may be subject to legal action. I also understand that the information in this application will be held in strict confidence within the agency and is accessible to me during normal business hours.*

Signature of Applicant		Office Use Only Valid:
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## Self-Identification of Disability

**Applicant** – Disabled household members, NOT receiving disability cash benefits provided by the federal government, may self-identify as disabled by reviewing and the Acts and benefits below in order to attest. This form MUST be signed by the disabled household member or guardian.

Applicant's Name \_\_\_\_\_

Name of Person with Disability \_\_\_\_\_

Relationship of Person with Disability to Applicant \_\_\_\_\_

### Person with Disability is any individual who is:

- ❖ A handicapped individual as defined in §7(9) of the Rehabilitation Act of 1973;
- ❖ Under a disability as defined in §1614(a)(3)(A) or §223(d)(1) of the Social Security Act or in §102(7) of the Developmental Disabilities Services and Facilities Construction Act; or
- ❖ Receiving benefits under 38 U.S.C. Chapter 11 or 15.

*I hereby authorize the above-mentioned individual, for the purpose of confirming eligibility as a Person with Disability, is in accordance with the above-stated definition of Person with Disability.  
I certify that the above information is true and correct to the best of my knowledge and belief. If any part is false, my participation in this agency's program may be terminated, and I may be subject to legal action. I also understand that the information in this application will be held in strict confidence within the agency and is accessible to me during normal business hours.*

**SIGN HERE**

Office  
Use  
Only:

Signature of Person with Disability or His/Her Guardian



SID form - Optional as needed for proof of Disability



✓ **The following is additional information and forms needed when applying for Long Term Energy Assistance**

**For All Long-Term Energy Assistance Applicants:**

**Systematic Alien Verification of Entitlement – MUST be filled out and signed by applicant**

\*Must also provide copy of documents regarding proof of ID and Citizenship (Matrix has been included for reference of options at the end of this packet)

**Could submit two sources of energy for consideration for assistance (Electric/Gas/ Household Propane Tank Refill)**

**For Specific Long Term Energy Assistant Applicants:**

**For Atmos Energy Customers only – Gas Service**

Fill out and Sign release form to provide authorization allowing us to request information from your provider

**For Reliant Energy Customers only – Electric Service**

Fill out and Sign release form to provide authorization allowing us to request information from your provider

**Austin Energy Customers Only – Electric Service portion of the bill**

Fill out and Sign release form to provide authorization allowing us to request information from your provider





This form **MUST** be filled out and signed when requesting assistance for Energy

## REQUIRED DOCUMENT FOR APPLICATION

### PROVIDE INFORMATION FOR ALL HOUSEHOLD MEMBERS

TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS

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	Qualified Alien (Yes/No)	Documentation Provided for:	
			Citizenship	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.**

<b>SIGN HERE</b>		/ / 2021
<b>Applicant's Signature Above</b>		<b>Date</b>
Signature of agency staff certifying they verified the above documents	Print Staff Name	Date

Updated March 2019  
Previous Versions Obsolete



# Acceptable Documentation for Establishing United States Citizenship and Identity for Households applying for Energy Assistance



## Documents that Establish Both Citizenship and Identity:

- Fully-valid, undamaged U.S. passport or passport card (can be expired). If the household member has a US passport or passport card, no further documentation is needed.
- U.S. American Indian or Alaska Native tribal enrollment or membership card with photo

## If the household member does not have a U.S. passport or passport card, you need to establish Citizenship **AND** Identity:

### Citizenship for Adult and Children Household Members

All adult and child household members must have:

- 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 US state or local government, a US territory, or the District of Columbia
  - Consular Report of Birth Abroad or Certification of Birth / US Department of State Certificate of Birth Abroad issued to US citizens born abroad (Form FS-240, DS-1350, or FS-545)
  - Official adoption decree that lists the individual's place of birth in a US state, a US territory, or the District of Columbia
  - Military record that lists the individual's place of birth in a US state, a US territory, or the District of Columbia

**two** of the following:

- Hospital birth certificate (often shows baby's footprints)<sup>2</sup>
- U.S. Census record<sup>2</sup>
- Early school records<sup>2</sup>
- Doctor's records of post-natal care<sup>2</sup>
- Baptism certificate<sup>2</sup>
- Family Bible record<sup>2</sup>
- *Form DS-10: Birth Affidavit*<sup>3</sup>

Note: If a household member's citizenship documentation lists their maiden name instead of their married name, the first name and date of birth on the household member's identification must match the first name and date of birth on the citizenship documentation.

### OR

### Identity for Adult (18 and older) Household Members - Must Have:

**one** of the following:

- Texas DL or photo ID within two years of expiration
- Government employee ID (city, county, state, or federal)
- U.S. military or military dependent ID
- Current (valid) foreign passport
- Matrícula Consular (Mexican Consular ID) - commonly used by a parent of a U.S. citizen child applicant
- Trusted Traveler IDs (including valid Global Entry, FAST, SENTRI, and NEXUS cards)
- Tribal Cards with photo and Native American tribal photo IDs
- Temporary driver's license with photo.
- Out-of-state driver's license or non-driver ID with photo within 60 days of expiration
- Concealed handgun license (actual card)<sup>†</sup>
- Unexpired foreign passport
- A valid Consular document issued by a state or national government
- Texas offender ID card or similar form of ID issued by TDCJ
- Federal inmate ID card

**two** of the following:

- Learner's or temporary driver's permit (without a photo)
- In-state, fully valid non-driver ID (without a photo)
- Temporary driver's license (without a photo)
- Social Security card (actual card)
- Voter registration card (actual card)<sup>†</sup>
- Employee work ID
- Student ID
- School yearbook with identifiable photograph
- Selective Service (draft) card
- Medicare or other health card
- Original or certified copy of a birth certificate or birth record issued by the appropriate State Bureau of Vital Statistics or equivalent agency from a US state or local government, a US territory, the District of Columbia, or a Canadian province
- Original or certified copy of the US Department of State Certificate of Birth Abroad issued to US citizens born abroad (Form FS-240, DS-1350, or FS-545)
- Original or certified copy of the court order with name and date of birth indicating an official change of name and/or gender from a US state, a US territory, the District of Columbia, or a
- Pilot's license (actual card)<sup>†</sup>
- Texas Department of Criminal Justice (TDCJ) parole or mandatory release certificate
- Professional license issued by Texas state agency
- W-2 or 1099 form
- School records (e.g. report cards, photo ID cards, etc.)<sup>†</sup>
- Military records (e.g., Form DD-214)
- Unexpired US military dependent ID card (actual card)
- Veteran Health Identification card (VHIC—actual card)
- Selective Service card (actual card)
- Original or certified copy of a marriage certificate or divorce decree (US jurisdiction or foreign jurisdiction - if not in English, a certified translation must accompany it)
- Current Texas motor vehicle registration or title
- Current Texas boat registration or title
- Immunization records<sup>†</sup>
- Federal parole or release certificate
- Tribal membership card from a federally recognized tribe (without photo)

# Acceptable Documentation for Establishing United States Citizenship and Identity for Households applying for Energy Assistance

Canadian province

• Certificate of Degree of Indian Blood (CDIB)

## Identity for Child (under 18) Household Members:

Use the same method as identifying adults (as listed on previous page)

**OR**

Establish parental/guardian relationship using one of the following documents (the document must list the name of the parents/guardians):

- U.S. birth certificate (also evidence of U.S. citizenship)
- Consular Report of Birth Abroad (also evidence of U.S. citizenship)

- Foreign birth certificate

- Adoption decree

- Divorce/Custody decree

- Unexpired Notarized Authorization Agreement for Voluntary Adult Caregiver signed by at least one of the child's parents or legal guardians<sup>4</sup>

- Department of Family and Protective Services Forms 2085FC, 2085HCS, 2085KO, and 2085LR are acceptable—if line 12 indicates child placement is for 50% or more of a month.

**AND**

The parent/guardian must present documentation listed in Identity for Adult (18 and older), to confirm they are the parent/guardian listed on the document establishing parental/guardian relationship.

1. The U.S. Department of Health and Human Services (HHS) has not provided specific guidance regarding identity or citizenship documentation. If HHS provides guidance or promulgates regulations the Texas Department of Housing and Community Affairs (the Department) will share that information with its Subrecipients. However, Subrecipient has sole responsibility under the Contract to determine Household Eligibility, and this guidance from the Department does not modify or amend its Contract with Subrecipient.

2. Early public or private documents are documents that were created and/or issued early in the applicant's life, preferably in the first five years.

3. Available from the U.S. Department of State's website at <http://eforms.state.gov>

4. Available from the Texas Department of Family and Protective Services Website at [https://www.dfps.state.tx.us/site\\_map/forms.asp](https://www.dfps.state.tx.us/site_map/forms.asp)

†Document must be issued by an institution, entity or government agency from a US state, a US territory, the District of Columbia, or a Canadian province.



## CLIENT CONSENT AND RELEASE OF INFORMATION

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MAACLink is a computer system that is used locally as a Homeless Management Information System (HMIS). Use of an HMIS is required by the US Department of Housing and Urban Development (HUD) for agencies that receive HUD funding. MAACLink is not electronically connected to HUD and is only used by authorized agencies. All MAACLink users have received confidentiality training and have signed strict agreements to protect clients' personal information and limit its use appropriately.

A Privacy Notice is available at participating agencies. It provides details on how member agencies and their employees handle client information and data sharing.

I give permission to OPPORTUNITIES FOR WILLIAMSON & BURNET COUNTIES to collect and enter my personal and household information into the MAACLink computer system.

I understand that the MAACLink system is shared with and used by authorized agencies in my community for the purposes of:

1. Assessing the needs of low-income, homeless or other special-needs people in order to give better assistance and to improve their current or future situations.
2. Improving the quality of care and service for people in need.
3. Tracking the effectiveness of community efforts to meet the needs of people who have received assistance.
4. Reporting data on an aggregate level that does not identify specific people or their personal information.

I understand that:

- Information I give about my physical or mental health will NOT be shared outside the agency I am working with.
- I have the right to view my MAACLink file with an authorized user.
- Signing this release form does not guarantee that I will receive assistance.
- I may revoke my authorization by completing a revocation form.
- All agencies that use MAACLink will treat my information with respect and in a professional and confidential manner.
- Unauthorized people or organizations cannot gain access to my information without my consent.
- If I receive services from Homeless Prevention Rapid Re-Housing Federal Stimulus (HPRP) Funds, my information may be viewed by other participating agencies across Continuums of Care.

**SIGN HERE**

**SIGN HERE**

/ /2021

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Client Name (Printed)

Client Signature

Date

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Agency Representative Name (Printed)

Agency Representative Signature

Date



## For Reliant Energy Customers Only

### Authorization for Online Access of Account Information with Reliant Energy, Inc.

I, the undersigned Reliant Energy customer (“Customer”), hereby authorize The Energy Assistance Agency (“OWBC”), to obtain online access to my Reliant Energy account information for the purpose of obtaining my 12-month billing history, 12-month payment history, and account balance (“Account Information”) to be used for the sole purpose of determining my eligibility for participation in or benefits with the Agency.

I understand that the Account Information obtained by the Agency may contain personal or personally-identifying information, and that the Agency (and not Reliant Energy) is solely responsible for the confidentiality and security of the information obtained on my behalf.

SIGN HERE

Customer Name (Print)

SIGN HERE

Customer Signature

Service Address

Date: \_\_\_\_\_ / \_\_\_\_\_ / 2021

Energy Assistance Agency: Opportunities for Williamson & Burnet Counties, Inc.



**For Austin Energy Customers Only**

**Please FAX completed form to:  
Austin Energy at (512) 505-4020  
If you have questions please call (512) 494-9400**



## Release of Customer Information Authorization Form

**PURPOSE:** This Release of Customer Information Authorization Form allows a City of Austin utility account holder (“Account Holder”) to delegate certain rights to an authorized party (“Authorized Party”) concerning account holder’s service(s), including authorizing receipt of confidential customer account information. This form must be completed in its entirety and signed by the Account Holder or by someone who has legal authority to bind the Account Holder.

**AUTHORIZATION:** I, \_\_\_\_\_ (*printed name*), state that I am the City of Austin (“City”) utility services Account Holder and hereby request and authorize the City to release my utility customer account information to:

Authorized Party: Opportunities for Williamson & Burnet Counties  
Address: 604 High Tech Drive, Georgetown, TX 78626  
Phone Number: 512-255-2202 Fax Number: 512-763-1411  
Email Address: utilities@owbc-tx.org

The scope of access to my account information is authorized as follows:  
(*Account Holder must initial Restricted or Unrestricted*)

     Limited Access                      Authorized Party may do the following: (*check any or all that apply*)

- Usage and Financial Information Only
- Usage and Financial Access
- Facilities / Property Management Access
- Account Manager

Other: \_\_\_\_\_

  X   Full Access                      Authorized Party may conduct any transactions and receive any information regarding my utility service account.

This authorization is valid for:  
(*Account Holder must initial*)

- One-time only-Authorized Party is granted access one time.
- One year period-Authorized Party is granted access for twelve months from the date of execution of this form.
- Date specific-Authorized Party is granted access until (date).
- Account closes-Authorized Party is granted access until the utility account is closed.

**\* If no time period is specified, authorization will be limited to a one-time authorization**



I request that the City provide information to the Authorized Party in the format checked below, but I understand the City will provide the information in the format it deems most appropriate.  
(check all that apply)

- Hard copy via US Mail (if applicable) \_\_\_\_\_
- Facsimile to telephone number: \_\_\_\_\_
- Electronic mail to email address: \_\_\_\_\_
- On-Line Customer Care Access: \_\_\_\_\_
- Telephone at: \_\_\_\_\_

I understand that this Authorization does not require the City to release information, and the City retains the right to verify any authorization request submitted before releasing information or taking any action.

I hereby release, hold harmless, and indemnify the City from any liability, claims, demands, and causes of action, damages, or expenses resulting from:

- 1) any release of information pursuant to this Authorization;
- 2) the unauthorized use of this information by the Authorized Party; and
- 3) any actions taken by the Authorized Party pursuant to this Authorization.

**I understand that I may cancel this Authorization at any time by notifying the City in writing. I acknowledge I am signing this Authorization under my own free will and not under duress. I certify that the authorized party does not benefit from utilities at the service address listed.**

Account Holder's Signature \_\_\_\_\_  Date: \_\_\_\_ / \_\_\_\_ / 2021

Account Holder's Printed Name \_\_\_\_\_ 

Account Holder's Identification:

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

 **or** Driver's License Number \_\_\_\_\_

**or** Tax Identification Number \_\_\_\_\_

**or** Other Identification Number \_\_\_\_\_

 Utility Service Address: \_\_\_\_\_

 Utility Service Account Number: \_\_\_\_\_

 Account Holder Daytime Phone Number: \_\_\_\_\_