

Opportunities

for Williamson & Burnet Counties

Energy Assistance and Case Management Application

Receive Financial Assistance

- Electric, Gas, Propane
- Qualified applicants may receive multiple months of assistance for multiple needs

Self Sufficiency Coaching Program

- Intensive support services for individuals and families to help remove barriers to education, job training and gain or increase employment.

- ✓ **Complete this application packet and provide the following documents**
- ✓ **Copy of Utility bill(s) or statement needed for assistance**
- ✓ **Atmos Energy Release Form for Atmos Energy customers ...included in packet**
- ✓ **Provide proof of Income received in the last 30 days - for household members 18 years old and older**

Examples:

Employment Paystubs by pay date includes gross amount	SS/SSI/SSDI Award Letters showing current benefits	Pension Award Letter	Unemployment Benefits with Explanation and Breakdown
Worker's Compensation Award Benefits	Veteran Award Letter	Alimony Award Letter	Commission/Tips/Bonus received
Child Support listing last 30 days dates and any payments – not counted as part of income		SNAP benefits letters current (all pages) – Not counted as part of income	

- ✓ **Complete the Systematic Alien Verification of Entitlement (SAVE) form included in this packet**
- ✓ **Provide proof of Identification and US Citizenship/Legal Residence or Qualified Alien documentation for as many members of the household as possible.**

Examples below – see our website for extensive listing of acceptable documents

IDENTIFICATION

18 years old and older

- Current (valid) US passport
- Unexpired foreign passport
- Texas drivers license (Within 2 years of expiration)
- Out of state driver's license /identification card with photo (Within 60 days of expiration)
- Texas identification card (Within 2 years of expiration)
- US Military or Military dependent identification
- Tribal Cards with photo and Native American tribal photo identification
- Legal Permanent Resident document with photo identification
- Qualified Alien documents with photo identification
- Foreign Birth Certificate (Parent Match) -
**Establishes Identification but not US Citizenship*

17 years old and younger

- Refer to 18 years old or older
- **OR**
- Establish parental/guardian relationship by presenting one of the following for the minor
 1. US Birth Certificate (Parent Match)
 2. Report of Birth Abroad (Parent Match)
 3. Adoption Decree (Parent Match)
 4. Divorce / Custody decree (Parent Match)
 5. Unexpired Notarized Authorization Agreement of Voluntary Adult Caregiver (Applicant Match)
- **AND**
Parent must present their own proof of Identification.

US CITIZENSHIP / LEGAL RESIDENT OR QUALIFIED ALIEN

- Current (valid) US passport
- US Birth Certificate or Birth Record issued by State Bureau of Vital Statistics or US State or local government, territory, or District of Columbia
- Report of Birth Abroad or Certificate of Birth issued to US Citizen born abroad
- Adoption Decree that lists individual's place of birth in the US State, territory, or District of Columbia
- Military record that lists the individual's place of birth in a US state, territory, or District of Columbia
- Legal Permanent Resident document with photo identification
- Qualified Alien documents with photo Identification

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2024 INTAKE APPLICATION Community Services

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
CIRCLE BELOW		
Housing Information Rent Own	Housing Type House Apartment Mobile Home Other	Received Services in Previous Year No Yes
HOUSEHOLD NEEDS ASSESSMENT		
Please mark (✓) yes for any immediate needs		
Emergency Assistance (Food, Clothing, Shelter, etc.)	Income (SSDI, TANF, SS, SSI, VA, Child Support, etc.)	
Child Care	Employment	
Education / Training / ESL	Utility Assistance (Including Energy Assistance)	

Submit application and documents to: **Be sure to scan or fax both sides as you submit your application.*

- Email: Utilities@owbc-tx.org - You will receive an automated email response letting you know we received your emailed application. Please keep this for your records.
OR
- Mail or Walk-in: 604 High Tech Dr, Georgetown Tx 78626
OR
- Fax 512 763 1411 – You will receive a confirmation. Please keep for your records.

Email: Utilities@owbc-tx.org Phone: 512 255 2202	Mail: 604 High Tech Dr Georgetown Tx 78626	Service Area: Burnet and Williamson Counties
Online: https://www.owbc-tx.org	Office Hours: Mon-Fri 8am to 4:30pm	Fax: 512 763 1411

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/>.

Inquiries or Issues: Contact office at 512 255 2202. Ask to speak to an Intake Coordinator / Can be escalated to Program Director upon request

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HOUSEHOLD MEMBERS INFORMATION – List each member of the household include all adults, minors, extended family, friends, and roommates living in the home. If less than 6, do not duplicate names. If more than 6 in a household, add members to a blank copy of this page.

APPLICANT

First and Last Name											
Date of Birth / /		Gender Male Female Other Not Reported			Relationship to Applicant Self Spouse Child Grandchild Parent Grandparent Sibling Guardian Other		Education 0-8 9-11 GED HS Grad Post 2ndary 2 to 4 yr Grad		Work Status Under 18 Employed FT Employed PT Retired Migrant Worker Unemployed under 6 months Unemployed over 6 months Not Retired- Not in Labor Force		
Military Status Minor Never Served Active Veteran											
Ethnicity Hispanic/Latino Non-Hispanic/Latino											
Race Native Am/Native Alaskan Black/African Am White Native Hawaiian/Pacific Isler Multi-Race Other											
Health Source Medicaid Medicare Adult State Ins Military Direct Purchase Employment Based CHIP No Insurance											
						Disabled Yes No		SNAP Yes No		Child Support Yes No	

ADDITIONAL HOUSEHOLD MEMBER

First and Last Name											
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Provide the following information for Financial Assistance – Electric – Gas - Propane - Water

Type of AC used:	Central Electric Unit	Window Unit	Evaporative Cooler	Other	None
Type of Heater used:	Central Electric Unit	Central Gas Unit	Propane Tank	Other	None
Electric:	Acct No.			Used to: Heat or Cool	
Gas:	Acct No.			Used to: Heat or Cool	
Propane:	Acct No.			Used to: Heat or Cool	
Water:	Acct No.			Type:	
Other:	Acct No.			Need:	
Pay to:	Direct to utility company	Direct to Landlord	Included in Rent		

Provide the following information for inquiry of Self Sufficiency Program

Mentors are available Monday – Friday 8am to 5pm with exception to holidays.

Are you interested in learning more about how partnering with a mentor can help? Yes or No

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

Here are a few things to consider when deciding how a mentor can help you:

- Helping you develop goals and make detail plans on how to achieve them Advocating with you on hard to obtain steps
- Becoming your cheerleader and holding you accountable to your dream Finding resources to meet your educational and employment needs
- Finding funding to supplements for everyday needs while you are in school or training and after you begin your employment Coaching when you need the support to take down barriers
- Available for frequent one on ones via face to face, emails, texts and calls through their direct service line

APPLICATION AUTHORIZATION

- ❖ 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

STAFF SIGNATURE

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Self-Identification of Disability

Applicant – Disabled household members, NOT receiving disability cash benefits provided by the federal government or unable to provide proof, may self-identify as disabled by reviewing and the Acts and benefits below 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.

Signature of Person with Disability or His/Her Guardian	Date / / 2024
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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 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)
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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):

• REASON: _____

- 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)
	/ / 2024

Opportunities

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SAVE FORM

For ELECTRICITY - NATURAL GAS - PROPANE OR WATER ASSISTANCE

REQUIRED DOCUMENT for Energy and Water Assistance - Provide requested information for each household member

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.

Please complete the three open fields below and attach proof of US citizenship and ID:

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
Ex James Smith	Ex. Yes	Ex. No	(OWBC to verify)	(OWBC to verify)

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.

	/ / 2024
Applicant's Signature Above	Date

Signature of OWBC agency staff certifying they verified the above documents	Print OWBC Staff Name	Date / / 2024

For examples of acceptable documents, review front page of packet or our website for extensive options: www.owbc-tx.org

Updated December 2019 Previous Versions Obsolete

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For Atmos Energy Customers Only



CLIENT CONSENT AND RELEASE OF INFORMATION

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.

Client Name Printed	Client Signature	Date / / 2024
Agency Representative Name Printed	Agency Representative Signature	Date / / 2024

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