Opportunities for Williamson & Burnet Counties

Checklist for Energy Assistance

Receive Financial Assistance
- Electricity
- Natural Gas
- Propane

Self Sufficiency Coaching Program
- Intensive support services for individuals and families to help with education, job training, and gaining or increasing employment.

Complete the attached application and provide all the documents listed below. Applications MUST have ALL the required documents.

Incomplete applications WILL NOT be accepted.

Please Use this Checklist:

_____ Submit copy of utility bill(s) or statement needed for assistance

_____ Complete Release Form for Atmos Energy **OR** City of Austin Energy **OR** Bluebonnet (for customers **ONLY**)

_____ Provide **proof of Income** received in the 30 days prior to the application date for **ALL** household members 18 years old and older. See the back of this page for examples.

_____ Complete the Declaration of Income form for members of the household that are 18 years old and older that do not have a source of income and state the reason they do not have a source of income.

_____ Complete the Self-Identification of Disability form included for members of the household who are disabled and do not receive disability income.

_____ Complete the Systematic Alien Verification of Entitlement (SAVE) form included in this packet for **ALL** members of the household listed on the application.

_____ Provide **proof of US Citizenship**, Legal Residence, or Qualified Alien documentation for as many members of the household as possible. This is typically a **US passport** or **US birth certificate**. See the last page of this packet for additional acceptable documents.

_____ Provide **proof of Identification (photo ID)** for as many members of the household as possible. This is typically **a driver's license**. See the last page of this packet for additional acceptable documents.

Please allow **at least** 30 days from the time you submitted your application before calling to check on its status.

Examples of Income (see our website for a complete list):

- Employment paystubs by pay date that include the gross amount
- SS/SSI/SSDI award letters showing current benefits
- Pension award letter
- SNAP award letter with benefits received in the previous 30 days from the date of the application. (Not counted as part of income.)
- Unemployment benefits with an explanation and breakdown
- Worker's Compensation award benefits
- Veteran award letters
- Alimony award letter
- Commissions / Tips / Bonuses received
- Child support listing the dates and payments received during the previous 30 days from the date of application. (Not counted as part of income.)

Opportunities for Williamson & Burnet Counties

2026 COMMUNITY SERVICES APPLICATION

Applicant First Name	Middle Name	Last Name

Physical Address	Apt/Suite	City ZIP Williamson Co Burnet Co

Mailing Address for Correspondence	Apt/Suite	City ZIP Williamson Co Burnet Co

Email Address for Correspondence	Contact Phone Number	Primary Language

CIRCLE BELOW

Housing Information	Housing Type	Received Services from OWBC the Previous Year?
Rent Own	House Apartment Mobile Home Other	No Yes

Your immediate need(s):

CEAP (Utility Assistance) Self-Sufficiency (Case Management)

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

Email: Utilities@owbc-tx.org Phone: 512-763-1400	Mail: 604 High Tech Dr Georgetown Tx 78626	Service Area: Williamson and Burnet Counties
Online: https://www.owbc-tx.org	Office Hours: Mon-Fri 8:30am to 4:30pm	Fax: 512-763-1411* "Sent" is NOT confirmation of receipt

If emailed, you will receive an automated email response letting you know we received your emailed application. Please keep this for your records.

Opportunities for Williamson & Burnet Counties

HOUSEHOLD MEMBERS INFORMATION — List **EACH MEMBER** of the household, including all adults, minors, extended family, friends, and roommates living in the home. Do not duplicate names. If more than six in a household, add members to a blank copy of this page.

APPLICANT

First and Last Name

Date of Birth: / /	**Age:**	**Gender:** Male Female	**Household Size:**	**Relationship to Applicant** SELF

Military Status Minor/Never Served Veteran Active Adult/Not Reported

Ethnicity Hispanic/Latino Non-Hispanic/Latino

Race Native Am/Alaskan Asian Black/African Am White Native Hawaiian/Pacific Isler Multi-Race Other

Education 0-8 9-11 GED HS Grad Post Secondary 2 to 4 yr Grad

Work Status Employed FT Employed PT Retired Not Retired / Not in Labor Force Unemployed over 6 months Unemployed under 6 months Migrant Worker Under 18

Health Insurance Source Medicaid Medicare Adult State Ins Direct Purchase Military Employment Based CHIP No Insurance

Disabled? Yes No **Receive Disability Income?** Yes No

Non-Cash Benefits **SNAP?** Yes No

Circle Any Other Income Sources SSI SSDI VA Svc. Disability VA Non Svc. Disability Private Disability Pension Child Support TANF Workers Compensation Ret. Inc. from Social Security Unemployment Insurance

ADDITIONAL HOUSEHOLD MEMBER

First and Last Name

Date of Birth / /	**Age:**	**Gender:** Male Female	**Relationship to Applicant**

Military Status Minor/Never Served Veteran Active Adult/Not Reported

Ethnicity Hispanic/Latino Non-Hispanic/Latino

Race Native Am/Alaskan Asian Black/African Am White Native Hawaiian/Pacific Isler Multi-Race Other

Education 0-8 9-11 GED HS Grad Post Secondary 2 to 4 yr Grad

Work Status Employed FT Employed PT Retired Not Retired / Not in Labor Force Unemployed over 6 months Unemployed under 6 months Migrant Worker Under 18

Health Insurance Source Medicaid Medicare Adult State Ins Direct Purchase Military Employment Based CHIP No Insurance

Disabled? Yes No **Receive Disability Income?** Yes No

Non-Cash Benefits **SNAP?** Yes No

Circle Any Other Income Sources SSI SSDI VA Svc. Disability VA Non Svc. Disability Private Disability Pension Child Support TANF Workers Compensation Ret. Inc. from Social Security Unemployment Insurance

(Use back for more names)

Opportunities for Williamson & Burnet Counties

HOUSEHOLD MEMBERS INFORMATION — List **EACH MEMBER** of the household, including all adults, minors, extended family, friends, and roommates living in the home. Do not duplicate names. If more than six in a household, add members to a blank copy of this page.

ADDITIONAL HOUSEHOLD MEMBER

First and Last Name

Date of Birth / /	**Age:**	**Gender:** Male Female	**Relationship to Applicant**

Military Status
Veteran Active Minor/Never Served Adult/Not Reported

Ethnicity Hispanic/Latino Non-Hispanic/Latino

Race
Native Am/Alaskan Asian Black/African Am White
Native Hawaiian/Pacific Isler Multi-Race Other

Education
0-8
9-11
GED
HS Grad
Post Secondary
2 to 4 yr Grad

Work Status
Employed FT Employed PT
Retired Not Retired / Not in Labor Force
Unemployed over 6 months
Unemployed under 6 months
Migrant Worker Under 18

Health Insurance Source
Medicaid Medicare Adult State Ins Direct Purchase
Military Employment Based CHIP No Insurance

Disabled? Yes No
Receive Disability Income? Yes No

Non-Cash Benefits
SNAP? Yes No

Circle Any Other Income Sources
SSI SSDI VA Svc. Disability VA Non Svc. Disability Private Disability Pension
Child Support TANF Workers Compensation Ret. Inc. from Social Security Unemployment Insurance

ADDITIONAL HOUSEHOLD MEMBER

First and Last Name

Date of Birth / /	**Age:**	**Gender:** Male Female	**Relationship to Applicant**

Military Status
Veteran Active Minor/Never Served Adult/Not Reported

Ethnicity Hispanic/Latino Non-Hispanic/Latino

Race
Native Am/Alaskan Asian Black/African Am White
Native Hawaiian/Pacific Isler Multi-Race Other

Education
0-8
9-11
GED
HS Grad
Post Secondary
2 to 4 yr Grad

Work Status
Employed FT Employed PT
Retired Not Retired / Not in Labor Force
Unemployed over 6 months
Unemployed under 6 months
Migrant Worker Under 18

Health Insurance Source
Medicaid Medicare Adult State Ins Direct Purchase
Military Employment Based CHIP No Insurance

Disabled? Yes No
Receive Disability Income? Yes No

Non-Cash Benefits
SNAP? Yes No

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(Use back for more names)

Opportunities for Williamson & Burnet Counties

HOUSEHOLD MEMBERS INFORMATION — List **EACH MEMBER** of the household, including all adults, minors, extended family, friends, and roommates living in the home. Do not duplicate names. If more than six in a household, add members to a blank copy of this page.

ADDITIONAL HOUSEHOLD MEMBER

First and Last Name

Date of Birth / /	**Age:**	**Gender:** Male Female	**Relationship to Applicant**

Military Status
Veteran Active Minor/Never Served Adult/Not Reported

Ethnicity Hispanic/Latino Non-Hispanic/Latino

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Native Am/Alaskan Asian Black/African Am White
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Non-Cash Benefits
SNAP? Yes No

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Child Support TANF Workers Compensation Ret. Inc. from Social Security Unemployment Insurance

ADDITIONAL HOUSEHOLD MEMBER

First and Last Name

Date of Birth / /	**Age:**	**Gender:** Male Female	**Relationship to Applicant**

Military Status
Veteran Active Minor/Never Served Adult/Not Reported

Ethnicity Hispanic/Latino Non-Hispanic/Latino

Race
Native Am/Alaskan Asian Black/African Am White
Native Hawaiian/Pacific Isler Multi-Race Other

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Work Status
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Unemployed under 6 months
Migrant Worker Under 18

Health Insurance Source
Medicaid Medicare Adult State Ins Direct Purchase
Military Employment Based CHIP No Insurance

Disabled? Yes No
Receive Disability Income? Yes No

Non-Cash Benefits
SNAP? Yes No

Circle Any Other Income Sources
SSI SSDI VA Svc. Disability VA Non Svc. Disability Private Disability Pension
Child Support TANF Workers Compensation Ret. Inc. from Social Security Unemployment Insurance

Opportunities for Williamson & Burnet Counties

Provide the following information for Financial Assistance — Electric — Gas — Propane

Type of AC Used:	Central Electric Unit	Window Unit	Other	Evaporative Cooler	None
Type of Heater Used:	Central Electric Unit	Central Gas Unit	Other	Propane Tank	None

List Your Providers' Names Below:

Electric:	Used to: Heat or Cool	Acct. No.:
Gas:	Used to: Heat or Cool	Acct. No.:
Propane:	Used to: Heat or Cool	Acct. No.:

Pay to: Direct to Utility Company Direct to Landlord Included in Rent

APPLICATION AUTHORIZATION

_____(Initial) I understand that my household's total income before taxes was calculated for the year when I applied, following the agency's rules.

_____(Initial) I am aware that I am subject to prosecution for providing false or fraudulent information on this application. I also understand that receipt of assistance through misrepresentation or fraud is punishable by fine or imprisonment.

_____(Initial) I give permission to the Texas Department of Housing and Community Affairs and Opportunities for Williamson and Burnet Counties, Inc. to check and confirm my information. This may include utility or fuel bills (if I apply for utility help) and past or future employment. This information will only be used to decide eligibility and collect required data.

_____(Initial) I understand that I am applying for services from Opportunities for Williamson and Burnet Counties, Inc. I give permission to share and verify all requested information. I understand this information will be kept private and only used for program purposes. I also understand that a copy of this form is as valid as the original.

_____(Initial) I understand that if I move or change utility companies, I must tell Opportunities for Williamson and Burnet Counties, Inc. within 5 business days. I must provide the new utility company name, account number, and name on the account. If I do not report this change, I may lose any remaining utility payments. Once the information is provided, any remaining assistance may be restored. (If applying for utility assistance.)

_____(Initial) I understand that CEAP funding is limited and depends on available funds. CEAP assistance is limited to once per calendar year. Applications are processed first for people most in need, including adults aged 60 and older, people with proof of disability income, and households with children age 5 and under. Because of this, applications are not always processed in the order they are received.

_____(Initial) I understand that my application must follow program rules and must be fully completed, signed, and include all required documents. If this information is missing or incomplete, my application may be denied.

APPLICANT SIGNATURE	Date: / / 2026
PROCESSOR SIGNATURE	Date: / / 2026

Our mission is to empower children, families, and senior to achieve and sustain independence by delivering vital services and partnering with local organizations to provide education, nutrition, and community support.

Opportunities for Williamson & Burnet Counties

SAVE FORM

For ENERGY ASSISTANCE

Texas Department of Housing and Community Affairs

Systematic Alien Verification for Entitlements (SAVE) System and US Citizenship/US National

This is a REQUIRED DOCUMENT for Energy Assistance

Please provide requested information for EVERY household member

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 white columns below and provide proof of US citizenship and ID:

EACH Household Member's Name	U.S. Citizen (Born or Naturalized) or U.S. National (Yes/No)	Qualified Alien (Yes/No)	Documentation Provided for:	
			Citizenship/Qualified Alien	Identification
Example: James Smith	Example: Yes	Example: No	(OWBC to Complete)	(OWBC to Complete)

STAFF USE ONLY

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.

SIGN HERE	/ /2026
Applicant's Signature Above	**Date**

STAFF ONLY		
Coordinator's Signature	**Coordinator's Printed Name**	**Date**

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

Updated November 2024, Previous Versions Obsolete

Our mission is to empower children, families, and senior to achieve and sustain independence by delivering vital services and partnering with local organizations to provide education, nutrition, and community support.

Opportunities for Williamson & Burnet Counties

DECLARATION OF INCOME STATEMENT

Applicant's Full Name	Suffix

Address	City	Zip Code

List household members 18 years and older who received no income in the 30-day period prior to the date of application for assistance.

Name	Gross Monthly Income Received
	$0
Name	Gross Monthly Income Received
	$0
Name	Gross Monthly Income Received
	$0
Name	Gross Monthly Income Received
	$0

Not An Income Earner:

- **EXPLANATION:** _____

_____

_____

_____

_____

- 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 the extent possible and that I may be subject to prosecution for providing false or fraudulent information)

Applicant Signature	**Date**
SIGN HERE	/ / 2026

Our mission is to empower children, families, and senior to achieve and sustain independence by delivering vital services and partnering with local organizations to provide education, nutrition, and community support.

1/2026

Opportunities for Williamson & Burnet Counties

Self-Identification of Disability

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

Applicant's Name:
Name of Person with Disability:
Relationship of Person with Disability to the 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 / / 2026

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: 512-763-1400 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.

__X__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: _____
- ☐X Electronic mail to email address: utilities@owbc-tx.org
- ☐X 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 _____ SIGN HERE Date: ____/____/ 2026

Account Holder's Printed Name SIGN HERE _____

Account Holder's Identification:

Social Security Number x -x-_____

✓ ● Driver's License Number _____

or Tax Identification Number _____

or Other Identification Number _____

✓ Utility Service Address: _____

✓ Utility Service Account Number: _____

✓ Account Holder Daytime Phone Number: _____

Opportunities for Williamson & Burnet Counties

MAACLink

For Atmos Energy Customers Only

CLIENT CONSENT AND RELEASE OF INFORMATION

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:

- Signing this release form does not guarantee that I will receive assistance.
- I may revoke my authorization by completing a revocation form.
- Unauthorized people or organizations cannot gain access to my information without my consent.

Account Holder	Account Number	Authorized User

Client Name Printed	Client Signature	Date / / **2026**

Processor's Name Printed	Processor's Signature	Date / / **2026**

604 HIGH TECH DR
GEORGETOWN, TX 78626

utilities@owbc-tx.org
www.owbc-tx.org

512-763-1400 (P)
512-763-1411 (F)

Opportunities for Williamson & Burnet Counties

Emergency Contact Form

Formulario de Contacto de Emergencia

Applicant Name/Nombre del solicitante:	
Household ID/ ID del hogar:	STAFF USE ONLY/SOLO PARA USO DEL PERSONAL
Name of Contact:	
Contact Email:	
Contact Phone:	**Home: _____ Work: _____ Cell: _____**
Relationship to you:	
Nombre del contacto:	
Correo electrónico del contacto:	
Teléfono del contacto	**Casa: _____ Trabajo: _____ Movil: _____**
Relación con usted:	

Applicant Signature: Firma del solicitante:	**Applicant Printed Name: Nombre Impreso:**	**Date/ Fecha:**

***Information provided will be applicable through the 2026 program year unless applicant notifies OWBC of changes.**

***La información proporcionada será aplicable durante el año del programa 2026 a menos que el solicitante notifique a OWBC sobre cambios.**

Our mission is to empower children, families, and seniors to achieve and sustain independence by delivering vital services and partnering with local organizations to provide education, nutrition, and community support.

Acceptable Documentation for Establishing United States Citizenship and Identity for CEAP, DOE-WAP, LIHEAP-WAP Subrecipients, and SHTF, ESG, HHSP, and EH (political subdivision only)

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

OR

two of the following:

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

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.

AND

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
- Matricula 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)†
- 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

OR

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)†
- 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)†
- 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.)†
- 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)

years)

- Current Texas motor vehicle registration or title
- Current Texas boat registration or title
- Immunization records†
- 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 CEAP, DOE-WAP, LIHEAP-WAP Subrecipients, and SHTF, ESG, HHSP, and EH (political subdivision only)

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[4]
- 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

†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.