

2024 Application for Services

- How to Apply:** Complete all **six** sections from page 1 to page 4. Incomplete applications will not be processed.
- Required Documents:** Gather **COPIES** of all documents listed on this page for the services you are requesting.
- Complete Application:** Please **initial** below to ensure all documents are attached to your application.
- Incomplete Application:** Incomplete applications will delay the determination of eligibility.
- Application Status:** Project BRAVO employees will call applicants for more information if needed. Project BRAVO will notify applicants of approval or denial of services by email or letter.
- Submit:** Turn in **ONE** application and all documents at **ONE** center (addresses below.) Submitting multiple applications during the year for one household will delay utility assistance.

Applicant Initial	Required Documents for all programs	FOR OFFICIAL USE ONLY
	Project BRAVO Application with all information filled out.	
	Copy of Photo ID for the applicant and each household member.	
	Social Security card for each member of the household that has an SS number (If none, please write N/A on page 2 next to the household member's name.)	
	Proof of Income for the PAST 30 DAYS for all household members ages 18 and older receiving income. <i>Income types: Current TANF letter, SSI, Veterans Pension, Disability, Pension, Worker's Compensation, Gross Wages, Self-Employment Wages, Child Support, Unemployment Benefits (bank statements not accepted).</i>	
	Current SNAP Certification Letter if receiving SNAP.	
	Current electric and gas/propane 2023 consumption history. Please submit disconnection notices, if any.	

Applicant Initial	Required Documents for Utility Assistance and Weatherization for Each Member of the Household	FOR OFFICIAL USE ONLY
	Fully valid, undamaged U.S. Passport or Passport Card (can be expired) OR	
	Matricula Consular ID and Current (valid) foreign passport OR	
	US Birth Certificate OR Certificate of Naturalization PLUS one of the following: Texas Driver's License, Photo ID, Temporary Driver's License, or Texas Offender ID Card	
	For children (under 17 years of age or younger), Social Security Cards or Immunization records or Medicaid cards or Photo ID	
	For Non-U.S. Citizens: Copy of Permanent Resident Card (front & back)	

FOR A COMPLETE LIST OF OTHER ACCEPTABLE DOCUMENTS, PLEASE VISIT WWW.PROJECTBRAVO.ORG/CUSTOMER-RESOURCES

CENTRAL
(915)562-4100 X 117
2000 Texas Ave.
El Paso, TX 79901

NORTHEAST/WESTSIDE
(915)562-4100 X 342
4838 Montana Ave.
El Paso, TX 79903

YSLETA
(915)562-4100 X 300
8908 Old County Dr.
El Paso, TX 79907

EASTSIDE
(915)562-4100 X 350
14901 Whitetail Deer Dr.
El Paso, TX 79938

FOR OFFICIAL USE ONLY – Staff's Initial _____ **Date** _____

PART I: APPLICANT INFORMATION			
APPLICANT NAME		My household received Project BRAVO services in 2023	<input type="checkbox"/> Yes <input type="checkbox"/> No
PHYSICAL ADDRESS	Street:	City:	Zip:
MAILING ADDRESS	Street:	City:	Zip:
PRIMARY PHONE #		ALTERNATE PHONE #	
EMAIL ADDRESS		Are you related to a Project BRAVO Employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who? _____

PART II: HOUSEHOLD INFORMATION (If more than 10 members in your household, please attach an additional sheet)										
NAME	RELATION	LAST 4 SS# or N/A	DOB MM/DD/YYYY	SEX	RACE (Asian, Black, Hawaiian, White, Native American or Multi, etc.)	HISPANIC Yes/No	LAST COMPLETED EDUCATION	NAME OF HEALTH INSURANCE	VETERAN Yes/No	DISABLED Yes/No
1. APPLICANT MENTIONED IN PART I	SELF									
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										
Total # of Household Members		Type of Household (check one)	<input type="checkbox"/> Single Parent <input type="checkbox"/> Two Parent Household <input type="checkbox"/> Single Person <input type="checkbox"/> Multigenerational Family <input type="checkbox"/> Two Adults-No Children <input type="checkbox"/> Other _____							

PART III: PROGRAMS & SERVICES: Select the programs and services you are applying for. Programs and services are available based on available funding. Priority may be given based on priority criteria required by funders.

<input type="checkbox"/> Utility Bill Assistance (Gas-Electric- Propane)	<input type="checkbox"/> Career and Job Training Support Services
<input type="checkbox"/> Homebuyer Education	<input type="checkbox"/> Foreclosure Prevention
<input type="checkbox"/> Low Cost/Free Medication	<input type="checkbox"/> Affordable Apartments
<input type="checkbox"/> Low Cost/Free Eyeglasses	

PART IV: INCOME VERIFICATION: List income received in the past 30 days by all household members 18 and older. If there are more than sources of income in your household, please use and attach an additional sheet of paper.

SELECT TYPES OF INCOME RECEIVED	<input type="checkbox"/> Employment/Work	<input type="checkbox"/> Food Stamps (SNAP)	<input type="checkbox"/> Social Security	<input type="checkbox"/> Unemployment Benefits
	<input type="checkbox"/> Cash Child Support	<input type="checkbox"/> Pension	<input type="checkbox"/> SSI/SSDI/RSDI	<input type="checkbox"/> VA Benefits
	<input type="checkbox"/> Child Support	<input type="checkbox"/> Self-Employed	<input type="checkbox"/> TANF	<input type="checkbox"/> Other_____

Household Member Name	Type of Income Received	How Often? <i>Weekly/Bi-Weekly/ Monthly/Other</i>	TOTAL MONTHLY GROSS INCOME

PART V: HOUSING INFORMATION

What type of home do you live in?	<input type="checkbox"/> House <input type="checkbox"/> Mobile Home <input type="checkbox"/> Apartment <input type="checkbox"/> Rented Room <input type="checkbox"/> Other_____		
Do you rent or own this home?	<input type="checkbox"/> Rent <input type="checkbox"/> Own	What is your monthly rent or mortgage payment?	\$ _____
If you rent, are utilities included in the rent?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you live in public or subsidized housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what type? <input type="checkbox"/> Section 8 <input type="checkbox"/> HUD
Utility Account Numbers:	Electric Account #: _____	Gas Account #: _____	Propane Account #: _____ Company: _____

PART VI: APPLICANT COMMENT: Please share information that our staff should know such as disconnection notice, hours of availability, preferred contact method, etc.

Is there something our staff should know about your case?:

Did a Community Partner refer you to Project BRAVO? YES NO If yes, who? _____



Agreement for 2024 Project BRAVO Services

1. I attest the information provided in this application is true and correct to the best of my knowledge and belief.
2. I understand that if approved, programs and services are granted using a **priority point system** and **not** on a “first come, first served” basis.
3. I understand that my application may be transferred to another Project BRAVO center for processing purposes.
4. I understand submitting an application will not guarantee assistance for any of Project BRAVO programs and that an incomplete application missing signatures, initials, and documents will NOT be approved.
5. I understand that programs and services are issued based on **funding availability** and may be stopped during the year.
6. I understand that if my application is approved for services Project BRAVO will communicate directly with the Utility Provider. It may take up to 48 hours to resolve my case and avoid disconnection or reconnect services.
7. I understand that if my application is approved for services, payments made to Utility Providers might take **up to 60 days** and I understand that if I receive a disconnection notice I am responsible to immediately call Project BRAVO AND the Utility Provider to avoid disconnection of services.
8. I understand my household income will be annualized, at the time of application, according to pre-established agency procedures.
9. I understand I may appeal denial of eligibility and complaints should follow the Project BRAVO Customer Complaint Process.
10. I authorize the Texas Department of Housing and Community Affairs (TDHCA), funding agencies, and Project BRAVO to solicit/verify information provided on this application.
11. I am aware that I am subject to prosecution and/or fines up to \$10,000 for providing false or fraudulent information.
12. I authorize Project BRAVO to share my information with Community Partners for the purpose of increasing my access to programs and services, confirming my outcomes, and preventing duplication of services.
13. I understand that if I contact the media, Project BRAVO board members, TDHCA staff, or elected officials in regards to my case, I grant Project BRAVO permission to discuss the details of my case with the media, Project BRAVO board members, TDHCA staff, or elected official in order to resolve the complaint.
- 14. If you need ADA-related or special accommodations, please contact your center.**

By signing below, you are acknowledging that you have read and agree to the terms of the agreement.

Applicant Name

Applicant Signature

Application Date

To learn about our customer complaint policy and process please visit www.projectbravo.org/customer-resources or anyone of our Community Centers.



**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 o más, y que no tienen documentación de ingresos por los 30 días antes del aplicar para asistencia)*

Name (Nombre)	Gross Income Received (Ingreso Bruto Recibido) \$
Name (Nombre)	Gross Income Received (Ingreso Bruto Recibido) \$
Name (Nombre)	Gross Income Received (Ingreso Bruto Recibido) \$
Name (Nombre)	Gross Income Received (Ingreso Bruto Recibido) \$

My household has no documented proof of income due to the following situation:
(Mi hogar no tiene prueba para documentar los ingresos por medio de tal razones):

I certify that the above information is true and correct to the best of my knowledge and belief. *(Yo certifico que la información proveída de los ingresos es verdadera y correcta según mi saber y conocimiento.)*

I understand that the information will be verified to the extent possible; and that I may be subject to prosecution for providing false or fraudulent information. *(Comprendo que la información será verificada hasta donde sea posible y que puedo ser enjuiciado por haber proveído información falsa ó fraudulenta.)*

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(Applicant Signature/Firma del Solicitante)

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(Date/Fecha)



**Systematic Alien Verification for Entitlements (SAVE) System and US Citizenship/US National
Applicant Certification Form for CEAP, DOE-WAP, LIHEAP-WAP Subrecipients, and SHTF, ESG, HHSP, EH (political subdivision only)**

The program for which you are applying requires verification that you are a U.S. citizen, a non-citizen national, or a legal resident of the United States. Documentation of your status is required. This agency uses the Systematic Alien Verification for Entitlements (SAVE) System to verify the status of non-citizens.

Household Member Name	U.S. Citizen (Born or Naturalized) or U.S. National (Yes/No)	Qualified Alien (Yes/No)	Documentation Provided for:	
			Citizenship/Qualified Alien	Identification

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

I AM AWARE THAT I AM SUBJECT TO PROSECUTION FOR PROVIDING FALSE OR FRAUDULANT INFORMATION.

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Applicant's Signature Date

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