

2025 Application for Services

- How to Apply:** Complete all **six** sections from page 1 to page 4. **Incomplete applications will not be processed.**
 - Initial** in the column below to ensure all documents are attached to your application.
 - Read** all statements listed in the **2025 Agreement for Project BRAVO Services.**
- Required Documents:** Gather **COPIES** of all documents listed on this page for the services you are requesting.
- Application Status:** Project BRAVO staff will call applicants for more information if necessary. Project BRAVO will also notify applicants by email and/or letter of approval or denial of services.
- Submit:** Turn in **ONE** application and all documents at **ONE** center (addresses below.) Submitting multiple paper or electronic applications during the year for one household will delay the assistance.

Applicant Initial	Required Documents for all programs	FOR OFFICIAL USE ONLY
	Project BRAVO Application with all information and signatures filled out.	
	Copy of Photo ID for the applicant and each household member.	
	Copy of Social Security (SS) card for each member of the household that has a 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, Housing Utility reimbursement.</i> Bank statements are not accepted.	
	Current SNAP Certification Letter if receiving SNAP.	
	Current electric, gas, or propane bills. For propane assistance, submit your 2024 consumption history . Your application must include disconnection notices, if any. You do not need to have a disconnection notice to receive services.	

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

Project BRAVO Staff:	Received Date:
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PART I: APPLICANT INFORMATION			
APPLICANT NAME			My household received Project BRAVO services in 2024 <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 LISTED 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 Household <input type="checkbox"/> Two Parent Household <input type="checkbox"/> Single Person Household <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"/> Homebuyer Education
<input type="checkbox"/> Weatherization (home changes to reduce energy costs)	<input type="checkbox"/> Foreclosure Prevention
<input type="checkbox"/> Furnace/Air Conditioner/HVAC Seasonal Startup	<input type="checkbox"/> Affordable Apartments
<input type="checkbox"/> Furnace/Air Conditioner/HVAC Repair	<input type="checkbox"/> Low Cost/Free Medication
<input type="checkbox"/> Career and Job Training Support Services	<input type="checkbox"/> Low Cost/Free Eye Exam and Eyeglasses
<input type="checkbox"/> Hydropanels that produce water for People living in the Colonias or Neighborhoods with No Connection to Municipal Water	

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? If yes, you must submit proof of housing utility reimbursement.	<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?



2025 Project BRAVO Services Agreement

1. I attest the information provided in this application is true and correct to the best of my knowledge.
2. I understand that I am responsible for paying my bills until Project BRAVO notifies me that the application was reviewed and that I qualify for the utility assistance program.
3. I understand that if approved, Project BRAVO programs and services are granted using a **priority rating scale** and **not** on a “first come, first served” basis.
4. I understand that my application may be transferred to another Project BRAVO center for processing purposes.
5. I understand that applying for services does not guarantee assistance for any of Project BRAVO's programs.
6. I understand that an incomplete application missing signatures, initials, and/or documents will NOT be approved.
7. I understand that programs and services are issued based on **funding availability** and may be stopped during the year.
8. 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.
9. I understand that if my application is approved for services, payments made to Utility Providers might take **up to 45 days**. I also understand that if **I receive a disconnection notice, I am responsible for immediately calling Project BRAVO and the Utility Provider to avoid service disconnection.**
10. I understand my household gross income will be annualized at the time of application, according to pre-established agency procedures.
11. I understand I may appeal the denial of eligibility, and complaints should follow the Project BRAVO Customer Complaint Process.
12. I authorize the Texas Department of Housing and Community Affairs (TDHCA), funding agencies, and Project BRAVO to solicit/verify information provided on this application, including household income tracked by the Federal Government.
13. I am aware that I am subject to prosecution and/or fines up to \$10,000 and denial of services for up to two years for providing false or fraudulent information.
14. I authorize Project BRAVO to share my information with Community Partners to increase my access to programs and services, confirm my outcomes, and prevent service duplication.
15. 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 to resolve the complaint.
16. I understand that Project BRAVO does not tolerate disruptive behavior that may compromise the integrity of the services we provide and/or the safety of staff, applicants, clients and others. Applicants or clients who present inappropriate or disruptive behavior in person, on the phone, or through electronic correspondence will be advised that services are being terminated and may be denied for up to two years.
17. **If you need ADA-related or special accommodations, please contact your center.**

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

Applicant Name

Applicant Signature

Date

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

INSTRUCTIONS TO FILL OUT DECLARATION OF INCOME STATEMENT & SAVE FORMS

The following forms must be returned with your application and copies of all required documents.

Declaration of Income Statement: Complete and **sign** the highlighted sections on the DIS form. All household members who are eighteen (18) years or older and meet the following categories must be added to the DIS form.

1. Add your name and address on the top part of the DIS form.
2. Add the full name of family members who have not had income in the past 30 days.
3. Add the full name of all household members (including yourself) that are self-employed and don't have proof of income or are employed and have received partial income in the past 30 days.
4. Add a clear statement detailing the lack of income in the past 30 days for all household members 18 years or older, including yourself.

Example of statement that must be written on the DIS form: My son John does not have income because he is attending High School, and my husband, James is self employed and earns **\$500 monthly.**

Note: last income received must be included for verification purposes.

Systematic Alien Verification for Entitlements (SAVE) System and US Citizenship/US National: Add the names of **all family members** living in the household included in the application.

1. In the first highlighted column, '**Household Member Name,**' type the full name of each household member.
2. All other sections leave blank
3. Sign the box **Applicant's Signature**

INSTRUCCIONES PARA LLENAR LAS FORMAS DECLARACIÓN DE INGRESOS Y SAVE

Los siguientes formularios deben ser devueltos con su solicitud y copias de todos los documentos requeridos.

Declaración de Ingresos: completar y **firmar** las secciones resaltadas en el formulario DIS. Todos los miembros del hogar que tengan dieciocho (18) años o más y cumplan con las siguientes categorías deben agregarse al formulario DIS.

1. Agregue su nombre y dirección en la parte superior del formulario DIS.
2. Agregue el nombre completo de los miembros de la familia que no han recibido ingreso en los últimos 30 días.
3. Agregue el nombre completo de todos los miembros del hogar (incluido usted mismo) que trabajan por cuenta propia y no tienen prueba de ingresos o están empleados y han recibido ingresos parciales en los últimos 30 días.
4. Agregue una breve explicación que detalle la falta de ingresos en los últimos 30 días para todos los miembros del hogar mayores de 18 años, incluido usted mismo.

Ejemplo de declaración que debe escribirse en el formulario DIS: Mi hijo Juan no tiene ingresos porque asiste a la escuela preparatoria, y mi esposo Jaime trabaja por su cuenta ganando un ingreso de \$500 al mes.

Nota: se debe incluir el último ingreso recibido para fines de verificación.

Sistema de Verificación Sistemática de Extranjeros para Derechos (SAVE) y Ciudadanía de EE. UU./Nacional de EE. UU.: Agregue los nombres de todos los miembros de la familia en el hogar incluidos en la solicitud.

1. En la primera columna resaltada, '**Nombre del miembro del hogar,**' escriba el nombre completo de cada miembro del hogar.
2. Todas las demás secciones se dejan en blanco
3. Firme la caja **Firma del aplicante**



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.)*

(Applicant Signature/Firma del Solicitante)

(Date/Fecha)

Household Status Verification Form

**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