

## 2023 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 that 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 if more information is 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 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 applicant and each household member.  |                       |
|                   | Social Security card for each member of the household that has a SS number<br><b>(If none, please write N/A on page 2 next to the household member's name.)</b>  |                       |
|                   | 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, & water bill. 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) <b>OR</b>   |                       |
|                   | Matricula Consular ID and Current (valid) foreign passport <b>OR</b>   |                       |
|                   | US Birth Certificate <b>OR</b> Certificate of Naturalization <b>PLUS one of the following:</b> 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](http://WWW.PROJECTBRAVO.ORG/CUSTOMER-RESOURCES)

|  |   |  |
|--|---|--|
| <b>CENTRAL</b><br>(915) 562-4100 x 117<br>2000 Texas Ave.<br>El Paso, TX 79901           | <b>YSLETA</b><br>(915) 562-4100 x 300<br>8908 Old County Dr.<br>El Paso, TX 79907 | <b>NORTHEAST</b><br>(915) 562-4100 x 342<br>4838 Montana Ave<br>El Paso, TX 79903          |
| <b>EASTSIDE</b><br>(915) 562-4100 x 350<br>14901 Whitetail Deer Dr.<br>El Paso, TX 79938 | <b>WESTSIDE</b><br>(915) 562-4100 x 342<br>4838 Montana Ave<br>El Paso, TX 79903  | <b>LOWER VALLEY</b><br>(915) 562-4100 x 370<br>13680 Socorro Rd.<br>San Elizario, TX 79849 |

|   |                               |
|---|-------------------------------|
| <b>FOR OFFICIAL USE ONLY – Caseworker's Initial</b> _____ | <b>Application Date</b> _____ |
|---|-------------------------------|

| PART I: APPLICANT INFORMATION |   |       |  |
|-------------------------------|---|-------|--|
| <b>APPLICANT NAME</b>         |   |       | <b>My household received Project BRAVO services in 2022</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>PHYSICAL ADDRESS</b>       | Street:   | City: | Zip:   |
| <b>MAILING ADDRESS</b>        | Street:   | City: | Zip:   |
| <b>PRIMARY PHONE #</b>        | <b>ALTERNATE PHONE #</b>                            |       |  |
| <b>EMAIL ADDRESS</b>          | <b>Are you related to a Project BRAVO Employee?</b> |       | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>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.   |                                      |                   |   |     |  |                 |                          |                          |                |                 |
| <b>Total # of Household Members</b>   | <b>Type of Household (check one)</b> |                   | <input type="checkbox"/> Single Parent <input type="checkbox"/> Two Parent Household <input type="checkbox"/> Single Person<br><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 that 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 Assistance (Gas/Electric/ Propane) | <b>Water Utility Assistance PROGRAM HAS ENDED</b>                      | <input type="checkbox"/> Career and Job Training Support Services       |
| Weatherization <b>NOT AVAILABLE AT THE MOMENT</b>                   | Furnace/Air Conditioner/HVAC Repair <b>NOT AVAILABLE AT THE MOMENT</b> | Furnace/Air Conditioner/HVAC Startup <b>NOT AVAILABLE AT THE MOMENT</b> |
| <input type="checkbox"/> Homebuyer Education                        | <input type="checkbox"/> Foreclosure Prevention                        | <input type="checkbox"/> Affordable Apartments                          |
| <input type="checkbox"/> Low Cost/Free Medication                   | <input type="checkbox"/> Low Cost/Free Eyeglasses                      | Adult Basic Education (GED) <b>NOT AVAILABLE AT THE MOMENT</b>          |

**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.

|  |   |   |  |  |
|--|---|---|--|--|
| <b>SELECT TYPES OF INCOME RECEIVED</b> | <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 _____           |
| <b>Household Member Name</b>           | <b>Type of Income Received</b>              | <b>How Often?</b><br><i>Weekly/Bi Weekly/ Monthly/Other</i> | <b>TOTAL MONTHLY GROSS INCOME</b>        |  |
|  |   |   |  |  |
|  |   |   |  |  |
|  |   |   |  |  |

**PART V: HOUSING INFORMATION**

|   |  |   |   |  |
|---|--|---|---|--|
| <b>What type of home do you live in?</b>                | <input type="checkbox"/> House <input type="checkbox"/> Mobile Home <input type="checkbox"/> Apartment <input type="checkbox"/> Rented Room <input type="checkbox"/> Other _____ |   |   |  |
| <b>Do you rent or own this home?</b>                    | <input type="checkbox"/> Rent <input type="checkbox"/> Own   | <b>What is your monthly rent or mortgage payment?</b> | \$ _____  |  |
| <b>If you rent, are utilities included in the rent?</b> | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <b>Do you live in public or subsidized housing?</b>   | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, what type?<br><input type="checkbox"/> Section 8 <input type="checkbox"/> HUD |  |
| <b>Utility Account Numbers:</b>                         | Electric Account #: _____  | Gas Account #: _____                                  | Water Account #: _____<br>Company: _____  | Propane Account #: _____<br>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 2023 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 applications will be processed in order based on a priority point system, not “first come, first served” basis.
3. I understand that if approved, programs and services are granted using a **priority point system** and **not** on a “first come, first served” basis.
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 member, 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

**THE FOLLOWING IS ONLY FOR CLIENTS OF EPWATER**  
**DISCLOSURE FORM**

**Notice to Customer about Right to Request Disclosure**

This notice is Pursuant to Section 182.052 of the Texas Utilities Code about customer’s right to request disclosure of certain customer account information. A disclosure form is required by law to authorize EPWater to share any customer account information with another person or organization.

By checking the box and signing this form, you are requesting that EPWater disclose your customer account information.

I request that my customer account information be disclosed by EPWater to another person or organization.

\_\_\_\_\_  
EPWater Account Number

\_\_\_\_\_  
Account Holder Printed Name

\_\_\_\_\_  
Account Holder Signature

To learn about our customer complaint policy and process please visit [www.projectbravo.org/customer-resources](http://www.projectbravo.org/customer-resources) or anyone of our Community Centers.