



El Paso Community Action Program, Project BRAVO

2026 Application for Services

INFORMATION PAGE

Important Notice: Due to changes in funding, the amount of assistance you receive may be less than previous years.

1. Applications will not be processed until ALL documents are received. **We do not process incomplete applications.**
2. You are responsible for paying your bills (including disconnection notices) until your application is processed and you are notified by our staff of the pledge(s) made.
3. It can take up to 60 days to process complete applications depending on the time of the year and volume of applications in process. Our staff will contact you once your application has been processed.
4. **This application is for screening purposes and does not guarantee your eligibility to receive services.** Payments to utility vendors are made within 45 days from the date of services **and are subject to funding availability.**
5. Submit **ONE** application for the calendar year, the submission of multiple paper or electronic applications will delay the assistance.

REQUIRED DOCUMENTS (please bring copies)

Note: If you received assistance last year and previously submitted citizenship documents for all household members, you only need to provide income information for all household members and current bills this year.

- Social Security cards for all household members. If none, please write N/A next to the family member's name.
- Proof of **ALL** income for the **past 30 days** for every household member 18 years or older. (Check stubs, Current year award letters SSI, SSDI, and SSA, including minor children; VA letter, unemployment, TANF letter, retirement, pension, child support, etc.)
- If any household member 18 or over does not declare income, or is self-employed without proof of income, complete the attached **Declaration of Income Statement**.
- **ALL** household members must submit proof of citizenship or legal status. **No Exceptions.**
 - Fully valid U.S. passport or passport card (can be expired), or
 - U.S. Birth Certificate or Certificate of Naturalization,
 - For Non-U.S. citizens, a legible copy of Permanent Resident Card (front & back).
 - If you have another US government issued immigration document, call the office for additional instructions.
- **ALL** household members must submit a form of identification. **No Exceptions.**
 - Photo Driver's License or ID for household members 16 years or over.
 - Foreign passport or identification for Non U.S. citizens.
- Current and past due electric, natural gas, or propane gas bills, including disconnection notices, if applicable.

For a complete list of acceptable documents, please visit www.projectbravo.org/customer-resources

<p>Central Office 2000 Texas Ave. El Paso, TX 79901 (915)562-4100 ext 117</p>	<p>Northwest Office 4838 Montana Ave. El Paso, TX 79903 (915)562-4100 ext 342</p>	<p>Ysleta Office 8908 Old County Dr. El Paso, TX 79907 (915)562-4100 ext 300</p>	<p>Eastside Office 14901 Whitetail Deer Dr. El Paso, TX 79938 (915)562-4100 ext 350</p>
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PART I: APPLICANT INFORMATION			
APPLICANT NAME			My household received Project BRAVO services in 2025 <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 F/M	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. Availability depends on current funding, and priority may be given according to funder-required criteria.

<input type="checkbox"/> Utility Bill Assistance (Gas-Electric- Propane)	<input type="checkbox"/> Homebuyer Education
<input type="checkbox"/> Weatherization (home changes to reduce energy costs) <i>Can re-apply after 15 years</i>	<input type="checkbox"/> Foreclosure Prevention
<input type="checkbox"/> Career and Job Training Support Services	<input type="checkbox"/> Affordable Apartments
<input type="checkbox"/> Low Cost/Free Eyeglasses	<input type="checkbox"/> Access to safe drinking water, only for households in the Colonias with no connections to municipal water
<input type="checkbox"/> Low Cost/Free Medication	

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 #:	Name of Propane Co. & Account #:	
I do not have a pipe connection from my home to access the municipal water system.			<input type="checkbox"/> Yes <input type="checkbox"/> No	

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?

2026 Project BRAVO Application and 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 if approved, Project BRAVO programs and services are granted using a **priority rating scale 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 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.
5. I understand my household gross income will be annualized at the time of application, according to pre-established agency procedures.
6. I understand I may appeal the denial of eligibility, and complaints should follow the Project BRAVO Customer Complaint Process.
7. 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.
8. 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.
9. 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.
10. 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.
11. I understand that attempting to pressure or influence Project BRAVO staff, vendors, and contractors to receive services out of turn is considered unacceptable conduct, and may result in services being terminated and denied services for up to two years.
12. 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, vendors, contractors, and others. **Applicants or clients who present inappropriate or disruptive behavior in person, on the phone, or through electronic correspondence will have services terminated and may be denied Project BRAVO services for up to two years.**
13. *If you need ADA-related or special accommodations, please contact your center.*

By signing below, I acknowledge that I have read, understand, and agree to the terms of the entire Project BRAVO application.

Applicant Name

Applicant Signature

Date

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