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. <u>You are responsible for paying your bills</u> (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 <u>income information for all household members and current bills this year.</u>

- 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 **<u>past 30 days</u>** 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 **<u>Declaration of Income Statement.</u>**
- **ALL** household members must submit proof of citizenship or legal status. **<u>No Exceptions.</u>**
  - 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. **<u>No Exceptions.</u>**
  - 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**

Central Office	Northwest Office	Ysleta Office	Eastside Office
2000 Texas Ave.	4838 Montana Ave.	8908 Old County Dr.	14901 Whitetail Deer Dr.
El Paso, TX 79901	El Paso, TX 79903	El Paso, TX 79907	El Paso, TX 79938
(915)562-4100 ext 117	(915)562-4100 ext 342	(915)562-4100 ext 300	(915)562-4100 ext 350

PROJECT BRAVO
EL PASO COMMUNITY ACTION PROGRAM

PART I: APPLICANT INFORMATION			
APPLICANT NAME		**My household received Project BRAVO services in 2025**	☐ Yes ☐ 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?**	☐ Yes ☐ 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)	☐ Single Parent Household	☐ Two Parent Household	☐ Single Person Household
			☐ Multigenerational Family	☐ Two Adults-No Children	☐ 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.	
□ Utility Bill Assistance (Gas-Electric- Propane)	□ Career and Job Training Support Services
□ Weatherization (home changes to reduce energy costs) *Can re-apply after 15 years*	□ Homebuyer Education
□ Furnace/Air Conditioner/HVAC Seasonal Startups/Repair	□ Foreclosure Prevention
□ Low Cost/Free Eyeglasses	□ Affordable Apartments
□ Low Cost/Free Medication	□ Access to safe drinking water, only for households in the Colonias with no connections 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				
	□ Employment/Work	□ Food Stamps (SNAP)	□ Social Security	□ Unemployment Benefits
	□ Cash Child Support	□ Pension	□ SSI/SSDI/RSDI	□ VA Benefits
	□ Child Support	□ Self-Employed	□ TANF	□ Other:

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

PART V: HOUSING INFORMATION

What type of home do you live in?	□ House □ Mobile Home □ Apartment □ Rented Room □ Other_____		
Do you rent or own this home?	□ Rent □ Own	**What is your monthly rent or mortgage payment?**	**$**
If you rent, are utilities included in the rent?	□ Yes □ No	**Do you live in public or subsidized housing? If yes, you must submit proof of housing utility reimbursement.**	□ Yes □ No If yes, what type? □ Section 8 □ HUD
Utility Account Numbers:	Electric Account #:	Gas Account #:	Name of Propane Co. & and Account #:
I do not have a pipe connection from my home to access the municipal water system.			□ Yes □ 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?

PROJECT BRAVO
EL PASO COMMUNITY ACTION PROGRAM

Office Use Only Complete Staff / Date

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.

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**

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)*

TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS
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.

Applicant's Signature	**Date**

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