

Family Assistance Program

REQUIRED DOCUMENTATION

To apply for Family Assistance, you **MUST** provide copies of (1) household income, (2) current utility bill(s), and (3) identification of household members. The average processing time for assistance is **28 business days**. TCOG is not responsible for interruption of services or fees. Applicants are responsible for providing copies of ALL required documentation in order to complete the application process.

1. **Proof of income for all adult household members eighteen (18) years of age and older.**
 - Submit consecutive paycheck stubs for the thirty (30) days prior to date of application.
 - Submit Benefit Award Letter(s) (SSA, SSI, SSDI, RSDI, VA, Retirement, Pensions, and Unemployment Payments) for current year.
 - If no income has been earned/received, household members 18 years and older must complete:
 - Declaration of Income Statement
2. **All household members age eighteen (18) and over:**
 - Valid Photo ID (Valid Driver's License or Texas ID card)
3. **If applying for rental assistance (pending available funding)**
 - Updated lease agreement that list all family members in the household.

APPLICATIONS MUST BE MAILED TO:
TEXOMA COUNCIL OF GOVERNMENTS
1117 GALLAGHER DRIVE, SUITE 200
SHERMAN, TX 75090

Has your household been affected by COVID-19? _____ If yes, how? _____

What program are you applying for: Utility Assistance Weatherization Family Services (Cooke, Fannin and Grayson counties)

If your home has been weatherized, please indicate the year: _____

PART ONE: HOUSEHOLD IDENTIFICATION

| | | | | | | |
|---------------------------|-------------------|------|--------|---------------|----------|--------|
| Residence/Service Address | Street/Box Number | | City | State | Zip Code | County |
| | Street/Box Number | | City | State | Zip Code | County |
| Mailing Address | Street/Box Number | | City | State | Zip Code | County |
| | Street/Box Number | | City | State | Zip Code | County |
| Telephone | Home | Work | Mobile | Email Address | | |
| | Home | Work | Mobile | Email Address | | |

PART TWO: HOUSEHOLD MEMBERS

| MEMBER | NAME | RACE | HISPANIC Y/N | GENDER M/F/O | AGE | DOB | RELATION | EDU. LEVEL | INS. TYPE | MILITARY STATUS | WORK STATUS | DISABLED Y/N |
|---------------------------|------|---|--------------|--------------|-----|-----|----------|------------|-----------|-----------------|-------------|--------------|
| Self | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | |
| TOTAL NUMBER IN HOUSEHOLD | | Use additional sheets if more than ten (10) household members | | | | | | | | | | |

HOUSEHOLD TYPE

Single Person
 Two Adults, NO Children
 Single Parent (F)
 Single Parent (M)
 Non-related Adults with Children
 Other
 Two-Parent Household
 Unknown/Not Reported
 Multigenerational Household

PART THREE: INCOME SOURCES (Check all that apply for anyone in the household.)

| Household Member Name | Income Source (See examples below) | How often are you paid? |
|-----------------------|------------------------------------|-------------------------|
| | | |
| | | |
| | | |
| | | |

Does anyone in the household receive... (Must provide proof of previous 30 days income)

TANF
 Unemployment Insurance
 SSI
 SSDI
 Wages
 Pension
 Retirement Income from SS
 VA Service-Connected Disability Pension
 No Income
 Other

PART FOUR: BENEFITS (Check all that apply for anyone in the household. Not used for determining eligibility. For reporting purposes only.)

SNAP
 WIC
 LIHEAP
 Affordable Care Act
 Childcare Voucher
 HUD-VASH
 Housing Voucher
 Permanent Support Housing
 Public Housing
 VA Non-Service Connected Disability
 Child Support
 Private Disability Insurance
 Alimony or Spousal Support
 Worker's Compensation
 Other
 None

| PART FIVE: HOUSING INFORMATION | | | | | |
|---|---|------------------------|--------------|-------------------------------|-------------------------------|
| Is the home rented or owned? | <input type="checkbox"/> Rented <input type="checkbox"/> Owned | Monthly Rent/Mortgage: | | | |
| What type of housing? | <input type="checkbox"/> Private Home <input type="checkbox"/> Apartment <input type="checkbox"/> Mobile Home <input type="checkbox"/> Duplex | Year Built: | | | |
| If renting, list name, address and phone number of landlord | | | | | |
| Landlord Information | Landlord Name | | Phone Number | | |
| Mailing Address | Street/Box Number | City | State | Zip Code | County |
| PART SIX: UTILITY SERVICE INFORMATION VERY IMPORTANT: Be sure to include copies of your current utility bill(s) | | | | | |
| How does your family pay for heating/cooling? | <input type="checkbox"/> To Utility Company <input type="checkbox"/> To Landlord <input type="checkbox"/> Included in Rent | | | | |
| Your Primary Heating and Cooling Source | | | | | |
| Electricity Utility Company | | Acct. # | | <input type="checkbox"/> Heat | <input type="checkbox"/> Cool |
| Gas or LP Utility Company | | Acct. # | | <input type="checkbox"/> Heat | <input type="checkbox"/> Cool |
| Propane Company | | Acct. # | | <input type="checkbox"/> Heat | <input type="checkbox"/> Cool |
| Type of Air Conditioner Used: | <input type="checkbox"/> Central Unit <input type="checkbox"/> Window Unit <input type="checkbox"/> Evaporator Cooler <input type="checkbox"/> Other | | | <input type="checkbox"/> Heat | <input type="checkbox"/> Cool |
| Type of Heater Used | <input type="checkbox"/> Central Unit <input type="checkbox"/> Wall Furnace <input type="checkbox"/> Electric Heater <input type="checkbox"/> Fireplace <input type="checkbox"/> Wood Burning Stove <input type="checkbox"/> Gas Heater <input type="checkbox"/> Other <input type="checkbox"/> None | | | | |
| PART SEVEN: CERTIFICATION | | | | | |
| <p>1. The information provided is true and correct to the best of my knowledge and belief. <i>La informacion proveida en esta forma son verdaderas y correctas segun mi saber, entender y creencia.</i></p> <p>2. My household income has been annualized, at the time of the application, according to pre-established agency procedures. <i>Los ingresos de my hogar han sido calculados anualmente segun los reglamentos preescritos por la agencia.</i></p> <p>3. I understand I may request a hearing to appeal a denial of eligibility, amount of assistance received, or a delay of service delivery. <i>Comprendo que puedo solicitar una audiencia para apelar decisiones que me afectan, tales como: la elegibilidad al programa, asistencia recibid, o tardanza de asistencia.</i></p> <p>4. I authorize the Texas Department of Housing and Community Affairs and its contracted agencies to contact any source in order to solicit/verify information on my utility and/or fuel bills, past and future, necessary for an eligible determination. <i>Autorizo al "Texas Department of Housing and Community Affairs" y a sus agencias contratadas a comunicarse con cualquier persona o agencia para verificar informacion sobremis cuentas pasadas y futuras para luz y gas cuando la informacion se usa para reporter data estadis.</i></p> <p>5. I AM AWARE THAT I AM SUBJECT TO PROSECUTION FOR PROVIDING FALSE OR FRAUDULENT INFORMATION. COMPRENDO QUE ESTOY SUJETO A SER PROCESADO SI LA INFORMACION PROVEIDO ES FALSA INCORRECTA.</p> | | | | | |
| Applicant's Signature / Firma de Solicante | | | Date / Fecha | | |
| <p>IMPORTANT INFORMATION FOR FORMER MILITARY SERVICES MEMBERS: Women and men who served in any branch of the United States Armed Forces, including Army, Navy, Marines, Coast Guard, Reserves or National Guard, may be eligible for additional benefits and services. For more information, please visit the Texas Veterans Portal at https://veterans.portal.texas.gov/</p> | | | | | |

*** FOR OFFICE USE ONLY ***

| RECOMMENDED COMPONENT | EDUCATIONAL MATERIALS |
|--|---|
| <input type="checkbox"/> CEAP Household Crisis Component <input type="checkbox"/> CEAP General Assistance Component <input type="checkbox"/> CSBG Assistance <input type="checkbox"/> Utility Company Energy Aid Programs <input type="checkbox"/> Weatherization <input type="checkbox"/> DENIED | <input type="checkbox"/> Energy Conservation <input type="checkbox"/> Budgeting Tips <input type="checkbox"/> Benefits Program Information <input type="checkbox"/> Heat Wave Tips <input type="checkbox"/> Lead-Based Paint Brochure |

| TOTAL ANNUAL HOUSEHOLD INCOME | DESCRIPTION OF HOUSEHOLD SITUATION/ELIGIBILITY DETERMINATION |
|---|--|
| _____ | <input type="checkbox"/> Vulnerable <input type="checkbox"/> Non - Vulnerable <input type="checkbox"/> High Energy USAGE = \$1000 + <input type="checkbox"/> High Energy BURDEN = 11% + |
| LEVEL OF HOUSEHOLD INCOME | |
| <input type="checkbox"/> 0 - 50% <input type="checkbox"/> 51 - 75% <input type="checkbox"/> 76 - 150% <input type="checkbox"/> 151% & over | |
| ENERGY BURDEN | |
| _____ / _____ = _____ % annual usage total annual income energy burden | |
| *not applicable for households <u>only</u> receiving HCC payments | |

IF DENIED, PROVIDE REASON:

Date Notice of Denial Mailed: _____

Client Specialist

Application Completion Date

**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 ó mas, 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 proveida de los ingresos es verdadera y correcta según mi saber y creencia.)*

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 proveido información falsa ó fraudulenta.)*

(Applicant Signature/Firma del Solicitante)

(Date/Fecha)



RELEASE OF INFORMATION
AUTHORIZATION FORM

| |
|---------------|
| Client Name |
| Date of Birth |

I give permission to _____ (name of agency) to share any information necessary with other individuals or organizations in order to provide case management services and secure resources on my behalf. I understand that information will only be shared when necessary to meet the requirements of my established service plan.

I authorize _____ (name of agency) to share my necessary information and records with individuals and organizations as needed in order to secure resources on my behalf.

Signature: _____ Date: _____

Printed Name _____

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Community Services Block Grant (CSBG) Family Assistance Program
1117 Gallagher Drive, Suite 200 Sherman, TX 75090
Phone: (903) 813-3541 option 3

