

Utility Assistance Packet - 2022

Documents Required to Apply

1. **Provide COPIES 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 the date of application.
- ✓ Submit 2022 Benefit Award Letter(s) – SSA, SSI, SSDI, RSDI, VA, Retirement, Pensions, Unemployment Payments
- ✓ Documentation of TANF
- ✓ Complete and sign a Declaration of Income Statement (DIS) – included in packet

2. **Provide COPIES of electric, gas or propane utility bills.**

- ✓ **Water Bill - Disconnection Notices, only**

3. **Provide COPIES of State Issued Photo Identification for Household Members eighteen (18) years of age and older**

- ✓ Valid Photo I.D.
 - Driver's License
 - Texas I.D. Card

4. **Provide COPIES of U.S. Citizenship for ALL household members.**

- ✓ Birth Certificate
- ✓ United States Passport
- ✓ Certificate of Citizenship or Naturalization

5. **You will receive a letter in the mail once your application is processed. Processing times may vary based on:**

- ✓ If the application is complete
- ✓ How quickly customers respond to requests for missing documentation
- ✓ Verification of account information
- ✓ The number of applications received

Mail or drop off applications to one of the addresses below:

Home Office: 1117 Gallagher Dr, Suite 200, Sherman, TX 75090

Phone: (903) 893-2161 ext. 3541

Denton County Office: 306 N. Loop 288, Suite 108, Denton, TX 76209

Phone: (800) 677-8264 ext. 3600

Collin County Office : 900 E Park Blvd, Suite 155, Plano, TX 75074

Phone: (800) 677-8264 ext. 3601



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

What program are you applying for:	<input type="checkbox"/> Utility Assistance	<input type="checkbox"/> Weatherization	<input type="checkbox"/> Family Services (Cooke, Fannin and Grayson Counties)
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PART ONE: HOUSEHOLD IDENTIFICATION

Has your home been weatherized? _____ If so, what year _____

Residence/Service Address	Street/Box Number		City	State	Zip Code	County
Mailing Address	Street/Box Number		City	State	Zip Code	County
Telephone	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							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
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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
Water Company	Acct.#	(Disconnections ONLY)
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

- The information provided is true and correct to the best of my knowledge and belief.
La informacion proveida en esta forma son verdaderas y correctas segun mi saber, entender y creencia.
- My household income has been annualized, at the time of the application, according to pre-established agency procedures.
Los ingresos de my hogar han sido calculados anualmente segun los reglamentos preescritos por la agencia.
- I understand I may request a hearing to appeal a denial of eligibility, amount of assistance received, or a delay of service delivery.
Comprendo que puedo solicitar una audiencia para apelar decisiones que me afectan, tales como: la elegibilidad al programa, asistencia recibida, o tardanza de asistencia.
- 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.
Autorizo al "Texas Department of Housing and Community Affairs" y a sus agencias contratadas a comunicarse con cualquier persona o agencia para verificar informacion sobre mis cuentas pasadas y futuras para luz y gas cuando la informacion se usa para reportar datos estadísticos.
- 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.

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Applicant's Signature / Firma de Solicitante

Date / Fecha

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/>

*** FOR OFFICE USE ONLY ***

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

TOTAL ANNUAL HOUSEHOLD INCOME	DESCRIPTION OF HOUSEHOLD SITUATION/ELIGIBILITY DETERMINATION

LEVEL OF HOUSEHOLD INCOME <input type="checkbox"/> 0 - 50% <input type="checkbox"/> 51 - 75% <input type="checkbox"/> 76 - 150.00% <input type="checkbox"/> 150.01% & over	<input type="checkbox"/> Vulnerable <input type="checkbox"/> Non - Vulnerable <input type="checkbox"/> High Energy USAGE = \$1000 + <input type="checkbox"/> High Energy BURDEN = 11% +
*ENERGY BURDEN for CEAP and WAP, ONLY <div style="display: flex; align-items: center;"> <div style="flex: 1;"> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div>annual usage total</div> </div> <div style="flex: 0.1; text-align: center;">/</div> <div style="flex: 1;"> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div>annual income</div> </div> <div style="flex: 0.1; text-align: center;">=</div> <div style="flex: 1;"> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div>energy burden</div> </div> <div style="flex: 0.1; text-align: center;">%</div> </div> *not applicable for households <u>only</u> receiving HCC payments	

IF DENIED, PROVIDE REASON:

Date Notice of Denial Mailed: _____

Caseworker Signature

Application Completion Date

If ANY ADULT (18 years or older) in your home receives ZERO income,
this form MUST be completed and signed.

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.)*

SIGN HERE X

(Applicant Signature/Firma del Solicitante)

(Date/Fecha)

If ANY ADULT (18 years or older) in your home receives ZERO income,
this form MUST be completed and signed.



TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS

**Systematic Alien Verification for Entitlements (SAVE) System and US Citizenship/US National
Applicant Certification Form for WAP and CEAP**

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.

This form REQUIRES a signature. If this form is not signed and returned, your application will NOT be processed.

Household Member Name	U.S. Citizen (Born or Naturalized) or U.S. National (Yes/No)	Qualified Alien (Yes/No)	Documentation Provided for:	
			Status	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.

SIGN HERE X

Applicant's Signature		Date
Signature of agency staff certifying they verified the above documents	Print Staff Name	Date

To be completed by COSERV ELECTRIC Customers ONLY

Texoma Council of Governments

1117 Gallagher Drive, Suite 200

Sherman, Texas 75090

Phone (903) 893-2161 option 5

~~~~~**Authorization for Release**~~~~~

Current Date: \_\_\_\_\_

To: CoServ  
Pledge Group  
Fax- 940-270-6802

RE: Customer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Acct#: \_\_\_\_\_

I, \_\_\_\_\_, authorize CoServ to release information on my  
(Customer Prints Name Here)  
account to **Texoma Council of Governments**. I, \_\_\_\_\_, authorize this release for up to  
(Customer Initials)  
one year from the above date. \*\*This release is not transferable. \*\*

☐

Faxed # \_\_\_\_\_ Attn: \_\_\_\_\_

☐

Emailed: \_\_\_\_\_ @ \_\_\_\_\_

Contact Phone Number for Caseworker: \_\_\_\_\_

\_\_\_\_\_  
Customer's Signature



# Water Assistance

**Customer Name:**

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**Water Company Name:**

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**Water Account #:**

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## Documentation Needed:

- Disconnection Notice from Water Company
- 2022 Utility Assistance Application & required documents listed on application
  - Application available for print or to apply online at [www.tcog.com/energy/apply](http://www.tcog.com/energy/apply)
- To have an application mailed to you, call 903-893-2161 ext. 3541

