

# UTILITY ASSISTANCE INTAKE APPLICATION

Service Area: Collin, Cooke, Denton, Fannin, Grayson, Hunt and Rockwall Counties

<b>Residence Address</b>			<b>TX</b>		
	ADDRESS	City	State	Zip Code	County
PHONE NUMBER		Email Address			

**MAILING ADDRESS, IF DIFFERENT FROM ABOVE:**

**PART TWO: HOUSEHOLD MEMBERS**

	FIRST AND LAST NAME	RACE	AGE	DOB	GENDER M/F/O	RELATION	EDUCATION LEVEL	TYPE OF HEALTH INSURANCE	HISPANIC?	VETERAN?	WORKING?	DISABLED?
1						Head of Household						
2												
3												
4												
5												
6												
7												
8												
9												

<b>Household Type</b>	<input type="checkbox"/> Single Person	<input type="checkbox"/> Single Parent	<input type="checkbox"/> Two Parent Household	<input type="checkbox"/> All Adults/No Children	<input type="checkbox"/> Multi-generational	<input type="checkbox"/> Other: _____
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