

Utility Assistance Packet - 2025

Documents Required:

We do not accept
applications by email.

Proof of Income: **ADULTS AGE 18 AND OLDER**

- Check Stubs for the past 30 days. (**MUST PROVIDE COPIES**)
- SSI, SSDI, or SSA award letter for the CURRENT YEAR (**MUST PROVIDE COPIES**)
- Unemployment Documentation (must show dates and amounts received) (**MUST PROVIDE COPIES**)
- Pension, Retirement, VA benefit letter (s) (**MUST PROVIDE COPIES**)
- Declaration of income statement (**IF ANY HOUSEHOLD MEMBER IS UNEMPLOYED OR SELF EMPLOYED**)
 - DECLARATION OF INCOME STATEMENT IS IN THE APPLICATION PACKET (**PAGE 5**).

Proof of United States Citizenship: **PROVIDE ONE (1) FOR EACH HOUSEHOLD MEMBER**

- Birth Certificate (**MUST PROVIDE COPIES**)
- United States Passport (**MUST PROVIDE COPIES**)
- Certificate of Naturalization (**MUST PROVIDE COPIES**)
- Certificate of US Citizenship (**MUST PROVIDE COPIES**)
- Permanent Resident Card (**MUST PROVIDE COPIES of FRONT AND BACK**)

Proof of Identification: **PROVIDE ONE (1) FOR EACH ADULT AGE 18 AND OLDER**

- Driver's License (**MUST PROVIDE COPIES**)
- State Issued ID (**MUST PROVIDE COPIES**)
- United States Passport (**MUST PROVIDE COPIES**)
- Permanent Resident Card (**MUST PROVIDE COPIES of FRONT AND BACK**)
- Military ID (**MUST PROVIDE COPIES**)

Utility Bills

- Electric Bill (**MUST PROVIDE COPIES**)
- Gas (if applicable) (**MUST PROVIDE COPIES**)
- Propane (if applicable) (**MUST PROVIDE COPIES**)
- Utility Bills must show a BALANCE OWED. We cannot process a bill that has a credit on the account.

MAIL APPLICATION AND COPIES OF DOCUMENTS TO:

TCOG Utility Assistance - 1117 Gallagher Dr, Suite 200, Sherman, TX 75090

Assistance is provided based on the availability of funds and eligibility.

Minimum Processing time: 8 weeks

Maximum Processing time: Wait-list pending funding availability

Submission of your application **DOES NOT GUARANTEE** payment of your utility bills.



UTILITY ASSISTANCE INTAKE APPLICATION

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

Residence Address			TX		
	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												

Household Type	<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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INCOME SOURCES - **MUST PROVIDE COPIES** OF INCOME PROOF

(Select income received for **all** household members 18 years of age or older)

	INCOME TYPE	DOCUMENTATION TO PROVIDE
<input type="checkbox"/>	EMPLOYMENT	PAYCHECK STUBS - LAST 30 DAYS
<input type="checkbox"/>	VETERAN BENEFITS	CURRENT YEAR BENEFIT LETTER
<input type="checkbox"/>	SOCIAL SECURITY	CURRENT YEAR BENEFIT LETTER
<input type="checkbox"/>	SUPPLEMENTAL SOCIAL SECURITY INCOME (SSI)	CURRENT YEAR BENEFIT LETTER
<input type="checkbox"/>	RETIREMENT FUNDS	CURRENT YEAR BENEFIT LETTER
<input type="checkbox"/>	PENSION	CURRENT YEAR BENEFIT LETTER
<input type="checkbox"/>	SELF EMPLOYED	COMPLETE FORM ON PAGE FIVE (5)
<input type="checkbox"/>	NO INCOME	COMPLETE FORM ON PAGE FIVE (5)
<input type="checkbox"/>	OTHER	COMPLETE FORM ON PAGE FIVE (5)
<input type="checkbox"/>	UNEMPLOYMENT BENEFITS	ITEMIZED STATEMENT FROM TEXAS WORKFORCE SHOWING BENEFIT AMOUNTS AND PAYMENT DATES FOR AT LEAST THE LAST 30 DAYS
<input type="checkbox"/>	PRIVATE DISABILITY INSURANCE PAYMENTS	CHECK STUBS - LAST 30 DAYS
<input type="checkbox"/>	TANF	SUBMIT A Current LETTER FROM THE HEALTH AND HUMAN SERVICES DEPARTMENT

Note: Applicants with **anyone age 18 years of age and older reporting NO INCOME** are required to complete the **Declaration of Income Statement on Page 5** of this application packet.

Note: Paycheck stub dates must cover the **30 days prior to your application signature date.**

HOUSEHOLD MEMBER	TYPE OF INCOME	HOW OFTEN ARE YOU PAID?



HOUSING INFORMATION

UTILITY COMPANY	COMPANY NAME	ACCOUNT NUMBER	HEATING?	COOLING?
ELECTRICITY COMPANY			<input type="checkbox"/>	<input type="checkbox"/>
GAS COMPANY			<input type="checkbox"/>	
PROPANE COMPANY			<input type="checkbox"/>	

***If you have a disconnection notice, you must include it with your application. We DO NOT assist with water.**

HOUSEHOLD STATUS	YES	NO
DO YOU OWN YOUR HOME?	<input type="checkbox"/>	<input type="checkbox"/>
DO YOU RENT YOUR HOME?	<input type="checkbox"/>	<input type="checkbox"/>
ARE UTILITIES INCLUDED IN YOUR RENT?	<input type="checkbox"/>	<input type="checkbox"/>

WHERE DO YOU RESIDE?	YES	NO
PRIVATE HOME?	<input type="checkbox"/>	<input type="checkbox"/>
MOBILE HOME?	<input type="checkbox"/>	<input type="checkbox"/>
APARTMENT/DUPLEX/TRI-PLEX?	<input type="checkbox"/>	<input type="checkbox"/>

Referral(s)

Would you like to be referred to Weatherization? Yes No

Weatherization assistance provides the installation of energy-saving measures to homes which reduces energy consumption up to 40%.

If you selected yes, your application will be referred to Weatherization upon completion of the Utility Assistance process.

AUTHORIZATIONS AND RELEASE OF INFORMATION:

1. I understand that the application processing time is 8 weeks, contingent on available funding.
2. I understand that we do not accept applications by email or fax.
3. I understand that assistance is provided based on the availability of funds and eligibility. Submission of your application DOES NOT GUARANTEE payment of your utility bill(s).
4. I certify that the information on this application is correct and I also understand that receipt or assistance through misrepresentation or fraud is punishable by fine or imprisonment.
5. I understand that the application processing time is 8 weeks, contingent on available funding.
6. I understand that we do not accept applications by email or fax.
7. I understand that assistance is provided based on the availability of funds and eligibility. Submission of your application DOES NOT GUARANTEE payment of your utility bill(s).
8. I understand that the application processing time is 8 weeks, contingent on available funding.

9. By signing below, you acknowledge that the application processing time is 8 weeks, contingent on available funding.
10. By signing below, you acknowledge that we do not accept applications by email or fax.
11. Assistance is provided based on the availability of funds and eligibility. Submission of your application DOES NOT GUARANTEE payment of your utility bill(s).

I certify that the information on this application is correct and I also understand that receipt or assistance through misrepresentation or fraud is punishable by fine or imprisonment.

Applicant Signature _____ **Date** / /2025

Processing Time:
Minimum: 8 weeks
Maximum: Waitlist pending funding

Mail Applications to:
 1117 Gallagher Dr, Suite 200
 Sherman, TX 75090

You MUST include COPIES of all REQUIRED documents
 Proof of Income for anyone age 18 and older
 Birth Certificates, US Passports, or Permanent Resident cards for ALL household members
 State Issued Photo Identification for anyone age 18 and older;
 Most Recent Electricity, Gas, and/or Propane Bill(s)

Application Drop Off Locations:
Denton: 306 N. Loop 288, Denton, TX 75209 (Dropbox in lobby)
Plano: 900 E. Park Blvd, Suite 155, Plano, TX 75074 (Drop slot to the left of office door)
Sherman: 1117 Gallagher Dr, 2nd Floor Lobby, Sherman, TX 75090 (Dropbox in Lobby)

TO BE COMPLETED FOR ANY ADULT (18 years of age or older) who is SELF EMPLOYED or receives ZERO income.

**DECLARATION OF INCOME STATEMENT
(DECLARACION DE INGRESOS)**

1)

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)*

2)

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)

3) 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.)*

4)

<i>(Applicant Signature/Firma del Solicitante)</i>	<i>/ /2025</i> <i>(Date/Fecha)</i>
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TO BE COMPLETED FOR ANY ADULT (18 years of age or older) who is SELF EMPLOYED or receives ZERO income.

We do not accept applications by email.



You **MUST COMPLETE and SIGN THIS FORM!!!!**
 If this form is not signed and returned, your application **WLL NOT be processed.**

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.

1)

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

To add additional household members, use another copy of this form.

2)

I AM AWARE THAT I AM SUBJECT TO PROSECUTION FOR PROVIDING FALSE OR FRAUDULANT INFORMATION.		
		/ /2025
Applicant's Signature		Date
staff use only	staff use only	
Signature of agency staff certifying they verified the above documents	Print Staff Name	Date